



# GRADUATE MEDICAL EDUCATION HANDBOOK



Effective July 1, 2022

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## Statement of Values

The Community Health Network (CHNw) Department of Academic Affairs (and its educational and research programs) support the PRIIDE values of the Network.

**P**atients First...prioritizing patients' and families' needs

**R**elationships...working together inclusively with coworkers and teams

**I**ntegrity...demonstrating truth-telling and transparency in word and action

**I**nclusion... We recognize the necessity and importance in removing societal, historical, and internal structural barriers to ensure the full participation, contribution and success of our caregivers, patients and the communities we serve across varied identities, backgrounds and experiences.

**D**iversity... We acknowledge, value and celebrate our collective experiences and differences by fostering an organizational culture that promotes a sense of belonging for our patients, caregivers and the communities we serve.

**E**xcellence...exemplifying commitment to high quality and safe patient care

Our network commitment to these values includes all learners (students, residents, and fellows) as well as faculty and staff. This handbook, which includes network policies, procedures and guidelines for Graduate medical education, supports the best patient care, highest quality education, and strongest experience of personal and professional development of each person and program. We align with network policies whenever possible.

Our philosophy of education is that learners are treated with collegial respect, participate in decision making related to their education, and supported with care and concern for their well-being. Our network commitment to GME goes beyond the program support, and includes the quality of the clinical learning environment, the treatment of patients, and service to our community.

We expect learners to demonstrate these values as they work with patients, families, colleagues and the community during training, and after, as representatives of our network.

## Statement of Institutional Philosophy and Commitment

Community Health Network is committed to:

- Provide graduate medical education that facilitates professional, ethical and personal development in accordance with national and specialty ACGME
- Provide graduate medical education (GME) to train the workforce of the future in the “Community Way”: *high quality patient care and safety, systems integration, and teamwork.*
- Provide the necessary educational, financial and human resources to ensure the effective implementation and support of its training programs
- Provide financial support and protected time for the GME Office, residency program directors, faculty, and program coordinators to carry out their educational and administrative responsibilities to the institution and their respective programs;
  - Adequate space, communication resources, technology programs and support; and access to appropriate reference material and electronic databases.
- Ensure through its GMEC and GME offices to ensure that each program provides effective educational experiences for its GME trainees that lead to measurable achievement of educational outcomes in the ACGME and CPME competencies.

Our Graduate Medical Education is under the network leadership of:

- Senior Institutional Executive (SIE), Bryan Mills, President and CEO,
- Chief Academic Officer and Designated Institutional Official (DIO) Kathy Zoppi, PhD (ACGME),
- GME operations team; Institutional Director Crystal Neal, Clinical Operations Director Allison Woody, and assistant DIO E. Ann Cunningham, DO.
- Our network executive sponsor is Dr. Ram Yeleti, Chief Physician Executive
- Network Graduate Medical Education Committee (GMEC).
  - GMEC is organized under the requirements for a sponsoring institution, guided by both ACGME and best practices for each specialty.
  - Resident/fellow representation to GMEC and on the Resident Council is an important way for residents/fellows to ensure the network is meeting high educational and patient care standards.
- Program leadership as dictated by the standards and structures applicable to each program as outlined by the ACGME and CPME.

Oversight of our GME programs is the responsibility of the DIO, Network GMEC, GME Operations team and Program Directors.

- The GMEC provides oversight of all training programs through each individual program’s annual program review, the periodic internal review of the program and necessary follow up, and annual review of corrective actions of site visit citations. Programs also complete self-studies between accreditation visits, these studies along with all other summary data about educational and program quality are part of the network Annual Institutional Report, which is delivered to



the network. The specific methodology action and response to such reviews is in accord with the requirements of ACGME standards.

- All Common Program Requirements (CPR) apply to all programs under the sponsoring institution.
- Policies not related directly to GME but which are applicable to all Network employees are found in Network Human Resources Policies and policies of affiliated hospitals.
- Within the handbook, the term “practice of medicine” includes the practice of all CHNw residency program specialties. Where program requirements differ, the specifics of the ACGME and CPME standards are reflected in the applicable portion of this Handbook and are adopted as part of the Community Health Network Graduate Medical Education policies and procedures. Further, the term ‘Resident’ is intended to represent all medical education trainees to include Resident and Fellows (both employed and visiting) throughout this handbook.
- Policies and processes are aligned with the network policies and processes where possible. CPN physician and APP handbook, and other network policies are referenced where appropriate.



## Graduate Medical Education Committee (GMEC)

All residency and clinical fellowship programs under the sponsorship of Community Health Network are overseen by the Graduate Medical Education Committee (GMEC), as required by the ACGME of every sponsoring institution.

The GMEC works under the leadership of the DIO (Designated Institutional Official) to set policies, offer oversight, and address quality and operations of GME programs.

For a full listing of GMEC responsibilities, refer to the ACGME Institutional Requirements.

## Resident Council

As a sponsoring institution, we are required to sponsor a Resident Council, membership includes peer-elected council officers elected from the resident body at large, who serve as representatives and voice for residents to GMEC and GME administration. Quarterly meetings (at a minimum) will be held by RC leaders, at which time any resident/fellow may bring matters of concern to the group for discussion. Written minutes will be kept for all meetings.

See Bylaws of the Resident Council for more information about how the council conducts business.

In all cases, when a specific concern is discussed, the names of the residents/fellows participating in the discussion and process will be confidential and not shared with anyone outside of the Resident Council. If concerns affect a specific residency or program as a whole or at the request of a single resident/fellow expressing a concern, the president of the RC will bring individual or aggregate program or institutional concerns to the DIO, the GME office, and GMEC as needed. The GMEC will approve or direct further action by the DIO.

All reports of concerns shall protect the confidentiality of the resident/fellow and the Resident Council concern process may be used by any resident/fellow without fear of retaliation of any form. Concerns of residents may also be escalated through employee relations or AlertLine. The ACGME also has a process for receiving resident concerns.

The resident council is the voice of residents for issues of workplace and culture of learning and teaching, work conditions, and management. Resident council reports out to GMEC at every meeting and raises concerns on behalf of the residents.

Retaliation in any form is specifically prohibited and may result in action by the program director, DIO, GMEC up to and including termination of the retaliating individual(s). Nothing in this policy will limit the member's right to access formal legal processes (i.e., EEOC or external bodies.)

## Common Program Requirements and Institutional Review

As a sponsoring institution under the ACGME, our graduate medical education programs must meet or exceed the common program requirements ([www.acgme.org](http://www.acgme.org)).

The highlights of these that the institution must provide or assure:

- adequate supervision in all resident/fellow assignments
- program quality and financial support
- fatigue management
- oversee and evaluate faculty evaluation and supervision
- scholarly focus of program
- program staffing and resources
- sufficient patient volumes for education
- learner records and evaluations
- curriculum
- adequate work hour management to meet work hour standards
- patient care handoffs, quality and safety

The GMEC committee (see Graduate Medical Education Committee) is required to receive regular reports, including the annual institutional report from the DIO to the board, regarding the quality and management of these programs, as well as outcomes of work done in each program. GMEC manages accreditation processes, reviews institutional support and resources, and advises the DIO, SIE and the network board about GME activities.





## Review and Approval of Documents Prior to Submission to the ACGME

The DIO, or the Assistant DIO and Network Institutional Director of GME, in the absence of the DIO, must review and cosign all program information forms and any correspondence or documents submitted to the ACGME by the program director that addresses the following issues:

- All applications for ACGME accreditation of new programs and subspecialties
- Changes in resident/fellow complement
- Major changes in program structure or length of training
- Additions and deletions of participating institutions used in a program
- Appointments of new program directors
- Progress reports requested by a Residency Review Committee or external accreditation
- Responses to all proposed adverse actions
- Requests for an appeal of an adverse action
- Appeal presentations to a Board of Appeal or the ACGME
- Requests for increases or any change in resident/fellow duty hours
- Requests for “inactive status” or to reactivate a program
- Voluntary withdrawals of ACGME-accredited programs
- Reports about changes in faculty or resident status

The documents described above should be sent to the DIO for inclusion in the agenda of the next GMEC meeting. Program directors who are applying for accreditation of new programs must also be present at the GMEC meeting to describe the program and answer any questions the GMEC may have.

No programs may submit to the ACGME or external accreditors without prior review by the DIO and GME office.

Upon approval by GMEC, the DIO will sign the document prior to sending it to the ACGME.



## CLER (Clinical Learning Environment Review)

The ACGME's CLER program focuses on the graduate medical education learning environment and how it can deliver high quality, safe patient care and physicians, prepared to contribute to health system improvement over a lifetime of practice. Reviewers from the ACGME will conduct regular visits to evaluate our residency programs on the following six focus areas: Patient Safety, Health Care Quality, Transitions of Care, Supervision, Clinical and Education Hours Oversight (including fatigue management and mitigation), and Professionalism. The goals of the CLER program and those of Community are in alignment, and are paramount to the success of our programs. CLER visits will be announced to the institution approximately 1 week before and will include the network leadership, including the CEO, CNO, CMO (or designee), CFO, and our chief patient safety officer. It will include rounding with residents/fellows and staff in office and hospital settings, with feedback to the organization, DIO, and leadership about how to improve the clinical learning environment.

Resident council will work with the GMEC members to identify improvements in the clinical learning environment and will assist with the ongoing initiatives by the organization related to safety and culture of learning and teaching.



## Procedures and Guidelines for Annual Program Evaluation of the Residency/Fellowship Programs

As required by the ACGME Institutional Requirements, the Graduate Medical Education Committee (GMEC) has the responsibility for periodic review of all residencies and fellowships that are sponsored by Community Health Network.

Annual program information will be organized in:

- a. Resident/fellow performance
- b. Faculty performance
- c. Graduate performance
- d. Program quality
- e. CLER focus areas
- f. Clinical performance
- g. SWOT analysis
- h. Benchmarking comparison with regional and national programs in specialty
- i. Financial performance as requested by GME leadership

### **Process for Review**

All residency and fellowship programs sponsored by Community Health Network will undergo a review by GMEC on an annual basis to review the Annual Program Evaluation. Annual updated reports will be submitted to the GME office, for presentation at GMEC early in the new academic year (August/September) to review previously completed academic year.

### **Required Documents**

All training programs are expected to adhere to the Institutional Requirements, Common Program Requirements, and relevant Program Specific Requirements, which are available on the ACGME website <http://www.acgme.org>, and CPME website <http://www.cpme.org>. In addition, the program faculty must align training with specific board requirements. The residents/fellows will be expected to complete the Resident/Fellow Survey requested by the ACGME on ADS, as well as periodic program, faculty and GME evaluations available on the GME data management system.

### **Annual Program Evaluation and Annual Institutional Review**

The information in the individual APEs will also be utilized to contribute to the Annual Institutional Review, required documentation of the GME programs to be presented by the DIO to GMEC and the network board or designated board committee.

We will continue to adjust our annual review process as deemed necessary to remain aligned with our institutional responsibility for oversight of all programs and quality as established by GMEC and ACGME/CPME and national recommendations.

Additional information on the Annual Program Evaluation content and purpose can be found on the ACGME website.



## Continuation of GME Support in the Event of a Disaster

**Purpose:** The ACGME requires that every sponsoring institution have a written plan to address administrative support for each of its ACGME-accredited programs and residents/fellows in the event of a disaster or interruption in patient care. The policy should include information about assistance for continuation of salary, benefits, and resident/fellow assignments. This policy applies to all ACGME and CPME programs.

**Definition of Disaster:** An event or set of events causing significant alteration to the residency/fellowship educational experience in one or more residency/fellowship programs.

**Policy:** If, because of a disaster, an adequate educational experience cannot be provided for each resident/fellow, Community Health Network through its Graduate Medical Education Program will:

1. Arrange temporary transfers to other programs/institutions if deemed necessary. Temporary transfers will continue until such time as the residency/fellowship program can provide an adequate educational experience for each of its residents/fellows. Residents/fellows who temporarily transfer to other institutions remain Community Health Network employees and receive pay and benefits from Community Health Network. Receiving institutions are responsible for requesting temporary complement increases from the respective ACGME-Review Committee (RC) and specialty board(s).
2. Inform each transferred resident/fellow of the minimum duration of his/her temporary transfer and continue to keep each resident/fellow informed of the minimum duration. If and when a program decides that a temporary transfer will continue to and/or through the end of a residency/fellowship year, it must so inform each such transferred resident/fellow.
3. Cooperate in and facilitate permanent transfers to other programs/institutions if deemed necessary. Programs/institutions will make the transfer decision expeditiously so as to maximize the likelihood that each resident/fellow will timely complete the resident/fellow year.

**Procedures:** The Designated Institutional Official (DIO) will call or email the ACGME Institutional Review Committee Executive Director with information and/or requests for information. Similarly, the program directors will contact the appropriate Residency Review Committee Executive Director with information and/or requests for information. The GMEC will meet as soon as possible following disaster declaration. The committee will determine whether existing programs can continue with or without restructuring and whether temporary transfers of residents/fellows to another institution will be necessary. If the disaster is expected to cause a serious or extended disruption of resident/fellow assignments that may affect programs' abilities to be in compliance with ACGME requirements (program, common, institutional), the DIO or designee will contact the ACGME to initiate an action plan for the programs involved, to submit program reconfigurations, and to inform each program's residents/fellows of transfer decisions. This should be done within 10 days after declaration of a disaster.

Residents/fellows should call or email the appropriate Residency Review Committee Executive Director with information and/or requests for information. The due dates for submission to the ACGME shall be no later than thirty days after the disaster unless other due dates are approved by ACGME.



## Closure or Reduction Policy for Residency and Fellowship Programs

### **Purpose**

The closure of sponsoring or participating institutions, training programs, or the reduction of residency/fellowship positions may occur for a number of reasons, such as loss of program or institution accreditation or loss of revenue. While Community Health Network has no reason to believe such a program/institution closure or loss of accreditation will occur, it is Community Health Network's responsibility to address these possibilities should they become a reality.

### **Policy**

In case of a closure, reduction, or loss of accreditation, Community Health Network will make every effort to provide residents/fellows with treatment equal to that provided to other staff affected by the event.

Community Health Network will make every effort to allow those residents/fellows in the program to complete their education at a Community site. If possible, payment of stipends and benefits will continue to the conclusion of the current contract.

### **Procedures**

Community Health Network will notify the Graduate Medical Education Committee (GMEC), the program directors, and the residents/fellows of a projected closing at as early a date as possible.

If any resident/fellow is displaced by loss of program accreditation or a reduction in the number of residents/fellows in a program, the Network will assist the residents/fellows in enrolling in an ACGME or CPME-accredited program(s) in which they can continue their Graduate Medical Education. The ACGME will also provide support if necessary for transfer due to closures.

Provision will be made for the proper disposition of residency education records, including appropriate notification to licensure and specialty boards.

Community Health Network will also inform residents/fellows of adverse accreditation actions taken by the Accreditation Council for Graduate Medical Education (ACGME) in a reasonable period of time after the action is taken.

The GMEC will supervise the implementation of this policy.

## Resident/Fellow Transfers

The Community Health Network program director must obtain either written or electronic verification of previous education experience or a summative competency-based performance evaluation from the previous program director to consider accepting a resident/fellow with existing Graduate Medical Education training. The program director must communicate to the applicant that this information will be sought from the previous program as part of the application \ transfer process.

Verification of previous educational experiences includes the following:

- A list of rotations completed
- Evaluations of various educational experiences
- Procedural/operative experiences
- Clinical performance data

The summative evaluation includes an assessment of the following:

- Clinical judgment
- Medical knowledge
- Performance on standardized tests
- Clinical skills, including history-taking, physical examination and procedural skills
- Personal skills, including interaction and communication with patients; ability to work cooperatively with colleagues and subordinates; and professional conduct and ethical behavior
- Reasons for departure from previous program, if relevant
- Any activities related to licensure, impairment, or other issues which might affect the applicant's ability to perform duties as a trainee.

The program director must maintain a record of this verification and summative evaluation as part of the applicant's file, as well as, in the resident/fellow's evaluation file if the resident/fellow is appointed to the program. A copy of the verification and evaluation must also be sent to the Graduate Medical Education office with all other required documentation when requesting a letter of appointment for the individual.

The program director will make personal contact with the previous program director and/or other individuals able to evaluate a resident's/fellow's performance and level of residency education training. The program director will document that discussion as part of the application process.

All components of this policy will also apply to any trainee requesting transfer to a Community Health Network training program who has lost a position due to the closure of a sponsoring institution or training program, reduction of residency positions, or loss of accreditation by an institution or training program.

Decisions on transfer and/or advanced standing/credit will be made by the faculty and specific program director, with consultation with the DIO and the relevant board. A written record of all decisions and the reasons for such decisions will be kept in the applicant's file.



## Medical Students:

Residents are required to develop teaching ability by assuming a role in the clinical teaching of early learners, as well as participation in developmental activities and education to develop teaching skills. Residency faculty and curriculum will provide guidance in the development of these teaching skills including additional support or guidance as needed. Residents are encouraged to request that additional help as needed.

Residents who are teachers are eligible for medical school teaching credentials and are encouraged to request assistance to submit for a teaching appointment.

Residents are not responsible for the structure of medical student rotation while supervising student clinical care. Medical student evaluations will be submitted by the responsible attending with input from the residents and staff. The medical education office will direct scheduling of medical student clerkship experiences. Medical students will be afforded adequate space, technology, scrubs, sleep areas, parking, and meals by their medical school and/or Community Health Network. Residents are not required to provide meals or scrubs for students but to direct them to the medical student office to request help.

If a resident has any questions about expectations of students and teachers, the AA Office can provide information and assistance.

## Resident Eligibility and Selection Policy

All residents within the Community Health Network Programs must possess the following characteristics and meet the following criteria for consideration for appointment and hiring.

Applicants must be U.S. citizens, permanent residents, temporary residents, applicants for temporary resident status, refugees or asylees.

We do not currently sponsor employment-based visa applications in our GME programs. Programs will be aligned with these policy requirements and recommendations.

If additional criteria are required for specialty programs, that will be noted in the specialty program documents.

### I. **Eligibility:**

- A. Applicants with one of the following educational qualifications are eligible for appointment:
  - 1. Graduates of medical schools in the United States and Canada accredited by the LCME.
  - 2. Graduates of COCA accredited colleges of osteopathic medicine in the United States
  - 3. Graduates of colleges of podiatric medicine accredited by the CPME
  - 4. Graduates of medical schools outside the United States and Canada who hold current and valid ECFMG certification.
  - 5. Graduates of medical schools outside the United States who have completed a “Fifth Pathway” program provided by an LCME-accredited medical school.
  - 6. All applicants must be qualified for approval of an Indiana license, based on the criteria current at the time of hire.
- B. Applicants must have passed USMLE Parts I, II, preferably on the first attempt. More than three attempts on any one part disqualify the applicant from licensure in the State of Indiana and application consideration.
- C. COMLEX is an acceptable substitute for osteopathic applicants.
- D. NBPME is an acceptable substitute for podiatric applicants.
- E. Applicants must be legally authorized to work in the United States without employer sponsorship.
- F. Applicants must have at least one year of direct patient clinical care experience in the United States. Research, volunteer work, or observerships do not qualify. Patient care clinical experience must be on-the-job or rotational experience.
- G. Applicants must have graduated from medical school, college of osteopathic medicine or college of podiatric medicine, within three years of application. Medical schools must be on the approved list of schools per the Indiana Professional Licensing Agency.



- H. Applicants must provide three letters of recommendation with the author's name, phone number, and address listed. References may be checked and appointment is contingent on acceptable recommendations.
- I. Appointments are contingent on verification of credentials and other information required by Indiana state law. Appointments are also contingent on the completion of a criminal history check. Community Health Network Human Resources has established a confidential background check process that consists of two parts: 1.) completion of a self-disclosure questionnaire, and 2.) consent to perform a criminal history background check and check of sex and violent offender registry; both occurring prior to the beginning of training. Exclusions established by Community Health Network or the Graduate Medical Education Committee will result in withdrawal of an offer of appointment.
- J. Applicants with prior medical education experience or military training must meet the criteria outlined in postdoctoral training standards of ACGME or CPME as applicable admission and advanced standing or credit.

II. **Selection:**

All network GME Residency Programs participate in the national matching programs (National Residency Matching Program (NRMP) or equivalent) and only accept applications through the Electronic Residency Application Service (ERAS), CASPR/CRIP or other GMEC approved mechanism, if applicable. No contracts may be offered outside these mechanisms except for transferring residents. See "Resident Transfers."

- A. Selection is based on a thorough evaluation of the information provided in the ERAS application, interview day evaluations by faculty and residents, and other contact (both formal and informal). Selection criteria include an applicant's academic credentials, communication skills, service to our patients and communities, preparedness to enter the residency program, personal qualities such as motivation and integrity and the non-academic criteria specified as part of these policies and network standards of behavior and values. Each program will set criteria for the specific needs of its specialty and curriculum goals.
- B. Community Health Network GME Residency and Fellowship Programs pride themselves on their diversity and do not discriminate with regard to sex, race, age, religion, color, creed, ancestry, marital status, national origin, sexual orientation (including gender identity), disability, status as a protected veteran or any applicable legally protected status.
- C. Selection decisions are made by the program director with input from both residents and faculty, and with review and approval of the DIO.

**III. Prior to Beginning of Program:**

- A. At the time of hire, each applicant must complete an I-9 form pursuant to the Immigration and Control Act of 1986 and Immigration Act of 1990. Each applicant must present appropriate documents to establish identity and eligibility for employment in the United States.
- B. Prior to the beginning of training, each resident/fellow must pass a physical examination administered by a network Work-Site Care Clinic and must complete and return the Immunization Verification form to employee health. Any missing vaccinations must be completed prior to the beginning of training and are available through employee health at no cost. Although not required, Hepatitis B vaccine is strongly recommended and is available without cost through any one of the Work-Site Care Clinic locations. Community also requires flu immunization for all employees on a seasonal/annual basis. COVID vaccines and boosters are required by the network as well as CMS for all hospital and health care workers as a condition of employment.
- C. Residents/fellows must complete mandatory orientation and education to prepare them for administrative, academic and clinical expectations for participation in the Graduate Medical Education Programs. This orientation and education will be at Network, GME and specialty program levels and may include multiple assigned learning modules. The orientation and education may also be site specific and include material developed by the medical staff (for example by-laws). The on-boarding process will include a formal orientation to the administrative and professional organization of the program, facilities available in the laboratories, nursing, social services, risk management, patient safety, sleep deprivation and management, quality assessment, dietetics, record room, pharmacy, and other important information.
- D. Residents and fellows are responsible for reading the Graduate Medical Education Handbook, as well as the program specific policies in their entirety. Each resident and fellow is fully responsible for being knowledgeable about and complying with the contents of all applicable policies and procedures. Residents and fellows are also expected to familiarize themselves with Community Health Network and Community Physician Network policies, which are found on InComm/Tools/PolicyStat/Search GME. Residents, fellows and faculty are governed by the Medical Staff Constitution, bylaws and policies, for each facility at which they are trained. These materials can be accessed through the Network Medical Library.
- E. In addition, residents and fellows must review, and when necessary, complete the following training and forms before beginning training:
  - 1. Health/Dental/Life/Retirement Enrollment and Benefit Forms
  - 2. OSHA-Universal Precautions
  - 3. Conflict of Interest
  - 4. HIPPA compliance
  - 5. Other general network mandatory education requirements



## Resident Promotion, Evaluation and Contract (Employment Agreement) Renewal

Within each program, each resident must meet the requirements and professional obligations of each PGY level as outlined here, in the ACGME and CPME competencies, milestones, in specifics outlined in the Common program requirements and the specialty requirements of individual review boards for that program before promotion to the next level and graduation from the program.

### **Entering year one:**

Please refer to “Resident Eligibility and Selection Policy” for criteria that must be met in order to enter as a resident into a Community Health Network residency program.

Signing a contract for services with Community Health Network and additional specific health, training and administrative requirements may be required before beginning the residency. Additional requirements will be available at the time of recruitment and when changes to the program are subsequently made, at the time of contract negotiation and signing.

### **Promotion from year to year:**

In order to successfully advance from year to year, each resident must meet the following criteria and demonstrate appropriate competence in the following areas:

- ACGME Common program requirements
- All residents must meet network and program expectations for competencies including but not limited to these six core competencies:
  - Patient Care
  - Medical Knowledge
  - Practice-Based Learning & Improvement
  - Professionalism
  - Interpersonal and Communication Skills
  - Systems-Based Practice
- For residents in osteopathic recognition tracks or who desire to practice manual medicine after graduation, the application of skills of manual medicine.
- Complete all required educational experiences and longitudinal learning
- Attend and participate in assigned hospital and medical committee meetings
- Receive passing evaluations on all learning modules; if fails any portion, must repeat that portion, with passing evaluations prior to advancement
- Be assessed by the core faculty as ready to perform duties of the next year
- Fulfill all obligations and duties specified in the contract for employment
- Abide by all medical records policies and network employee policies
- Abide by all standards of behaviors of the network

- Participate in scholarly activities as prescribed by the specialty program
- Complete all specific competencies and procedures required by the specific Board for the specialty program
- Complete evaluations of the rotations and faculty as required by the ACGME or CPME
- Pass USMLE Step III, or equivalent (COMLEX Step III, Part 3 APLME) according to timeline specified by each program.

**For successful graduation from the program:**

In order to successfully advance to graduation from the program or further study, the terminal year resident/fellow must meet all of the above and additionally:

- Hold a permanent medical license in order to apply and sit for the program appropriate specialty boards
- Complete all specific competencies and procedures required by the specific Board for the specialty program. Complete evaluations of the learning modules and faculty as required by ACGME and the network.
- Complete all required patient care duties and charting.

Each program will provide its trainees with information relating to eligibility for certification by the relevant certifying Board.

**Resident/Fellow Evaluation Process:**

Formal resident/fellow evaluations will be made in accordance with ACGME and CPME standards as set out in the Common Program Requirements. Additional informal evaluations may be made by the program director whenever he/she feels necessary.

Each program must develop specific written methods of assessment and evaluation of the trainee. Formal evaluations will take two forms: formative and summative.

**Formative evaluations:**

1. The faculty will evaluate resident/fellow performance in a timely manner during each rotation or similar educational assignment, and document this evaluation at completion of the assignment.
2. The program will:
  - a. Provide objective assessments of competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice;
  - b. Use multiple evaluators (e.g., faculty, peers, patients, patients' families, self, ancillary staff, and other professional staff);
  - c. Document progressive resident/fellow performance improvement appropriate to educational level; and,
  - d. Provide each resident/fellow with documented semi-annual evaluation of performance with feedback.



3. The evaluations of resident/fellow performance will be accessible for review by the resident/family, on request and with an appointment in the Office of Academic Affairs.

### **Summative (final) Evaluation**

The program director will provide a summative evaluation for each resident/fellow upon completion of the program. This evaluation will become part of the resident/fellow's permanent record maintained by Community Health Network, and will be accessible for review by the resident/fellow on request and with an appointment in the GME office.

This evaluation will document the resident/fellow's performance during the final period of education, and verify that the resident/fellow has demonstrated sufficient competence to enter practice without direct supervision.

### **Non-Promotion**

Resident/fellows will be appointed for the term or terms and conditions set out in their contract.

Also, they will be promoted in accordance with the provisions of their contract as set out in Network policies, the GME Handbook, and in accordance with any ACGME or specialty program requirement.

In instances where the term of a resident's contract will not be extended, or when a resident will not be promoted to the next level of training the program, the Program Director or designee will provide the resident with a written notice of intent no later than four (4) months prior to the end of the resident's current contract specifying in writing the reason(s) for not extending the term of the current contract or non-promotion. If the primary reason for not extending the term or non-promotion occurs within the four (4) months prior to the end of the contract, the program will provide the resident with as much written notice of intent not to extend the term or not to promote as circumstances will reasonably allow, prior to the end of the contract.

The program director has decision-making responsibility in resident promotion and contract extension but seeks input from multiple sources, including residency faculty, chief residents, and other parties when arriving at promotion decisions. Promotion review includes evaluation reviews.

Residents will receive a promotion letter at the end of each academic year indicating their status for promotion to the next level of training.

A resident, who is not promoted or whose contract term is not extended for academic and performance reasons stated in the letter from the program, may appeal the program director's decision. (Reference the Due Process appeal policy below.)

### **Network hiring after graduation**

It is a goal of the network to retain residents and fellows in employment when possible and mutually desired. Residents will be invited to participate in work with recruitment team members, hiring managers, and leaders. The choice to explore such employment is up to them and their career goals. Hiring managers, such as the Community Physician Network, are under no obligation to offer employment to graduates who do not fit the academic, practice needs, or behavioral standards of the group.

## Non-Academic Requirements for Appointment, Reappointment and Retention

Non-academic requirements refer to those physical, cognitive and behavioral attributes required for satisfactory completion of all aspects of the curriculum and development of those personal and professional attributes required for resident/fellow certification and the independent practice of medicine. These areas include communication, intellectual capacity (conceptual, integrative, problem solving and diagnosis), and motor, sensory, behavioral, social, and emotional aspects of the performance of a physician. .

The Graduate Medical Education Committee (GMEC) has specified the following non- academic criteria ("technical standards") that all residents/fellows are expected to meet to participate in the medical education program and the practice of medicine. As appropriate, individual training programs may add more specific standards to these criteria.

**Observation:** The resident/fellow must be able to participate actively in all demonstrations and laboratory exercises in the basic medical sciences and to assess and comprehend the condition of all patients assigned to him or her for examination, diagnosis, and treatment. Such observation and information acquisition usually requires the functional use of visual, auditory, and somatic sensation.

**Communication:** The resident/fellow must be able to communicate effectively and sensitively with patients to elicit information; describe changes in mood, activity, and posture; assess non-verbal communications; and effectively and efficiently transmit information to patients, fellow house staff, students, faculty, staff, and all members of the health care team.

Communication must be both patient centered and inclusive, exhibiting sensitivity to social and cultural differences. Communication extends to other members of the patient care team and health system, in both patient care and educational settings. Communication includes speaking, reading, and writing, as well as the observation skills described above.

**Motor:** The resident/fellow must have sufficient motor function to elicit information from patients by palpation, auscultation, percussion, and other diagnostic maneuvers; be able to perform basic laboratory tests; possess all skills necessary to carry out diagnostic procedures; and be able to execute motor movements reasonably required to provide general care and emergency treatment to patients. In addition, the resident/fellow must have adequate physical energy and stamina to carry out taxing duties over long periods of time.

**Intellectual-Conceptual, Integrative, and Quantitative Abilities:** The resident/fellow must be able to measure, calculate reason, analyze, and synthesize. Problem solving, the critical skill demanded of physicians, requires all of these intellectual abilities. The resident/fellow must be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures. The resident/fellow must have the capacity to perform these problem-solving skills in a timely manner.

The resident/fellow must be able to comprehend and learn factual knowledge from readings, didactic presentations, gather information independently, analyze and synthesize learned information and apply information to clinical situations. Residents/fellows must develop habits of lifelong learning.



Residents/fellows must be able to develop sound clinical judgment and exhibit well- integrated knowledge about the diagnosis, treatment and prevention of illness within their scope of practice.

In addition, trainees should grow in their comfort with uncertainty and ambiguity, and seek advice from others when appropriate.

**Behavioral and Social Attributes:** The resident/fellow must possess the emotional health, maturity and stability required for full utilization of his or her intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of patients, and the development of mature, sensitive, and effective relationships with patients and others.

Residents/fellows must also be able to tolerate taxing workloads, function effectively under stress, adapt to a changing environment, display flexibility, and learn to function in the face of uncertainties inherent in the clinical problems of many patients.

Compassion, integrity, empathy, concern for others, commitment, responsibility, tolerance and motivation are personal qualities that each resident/fellow should possess.

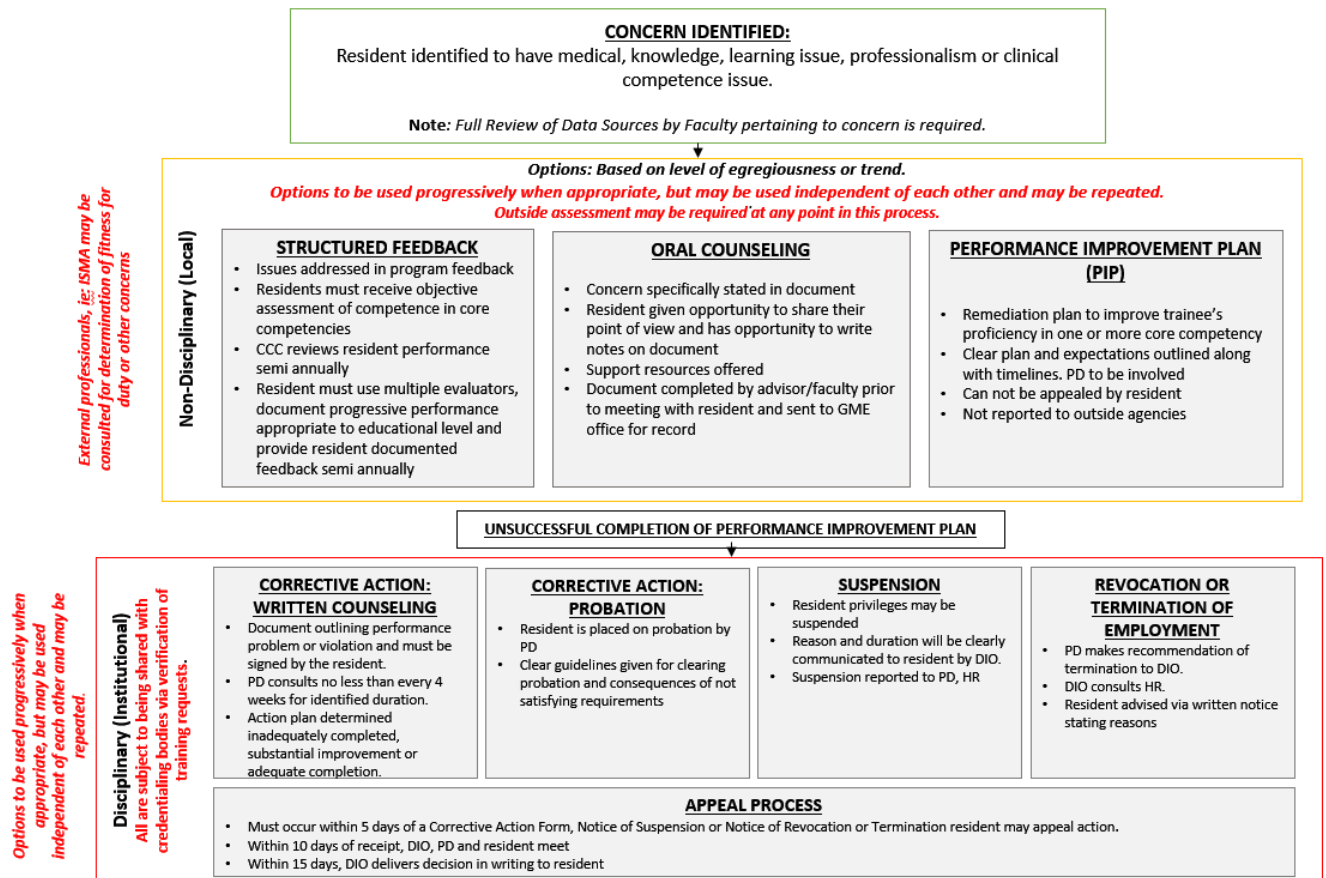
The resident must demonstrate skills of self-management, both intellectual and emotional, which enable him/her to seek help when needed for patient care, effective learning, coping with the stresses of medical practice, or social/ethical aspects of the clinical care environment.

The resident/fellow must be able to interact productively, cooperatively and in a collegial manner with individuals of differing personalities and backgrounds and contribute to providing care as a team member.

Residents/fellows must be capable of empathetic response to individuals in many circumstances and be sensitive to social and cultural differences. They must be able to exhibit an ethic of professionalism, including the ability to place other's needs and points of view above their own.

All residents, fellows, and teaching faculty are additionally expected to comply with the network expectations regarding Standards of Behavior.

## Due Process Procedures for Concerns, Performance Problems and Offenses: Correction, Discipline, Suspension and Termination



The purpose of this policy is to identify the procedure for handling resident/fellow performance problems and offenses relating to corrective action plans and disciplinary actions with Community Health Network resident/fellows.

The duties, privileges, authorities and responsibilities of residents/fellows are governed by their contract, the policies in the GME Handbook (as amended from time to time, by specific written authorization or delegation by the DIO with approval by the GMEC) and by the rules, regulations, policies and procedures of the Medical Staffs and Hospitals. In all matters, the resident/fellow must act within Network PRIIDE values. This policy is supplemental to the guidelines of Community Health Network (Network) policies concerning employee discipline and replaces Network policies with respect to actions and processes specifically described here. The Network policies delineating and describing the concerns process, classification of offenses, discipline and due process procedures apply to situations





not specifically covered by this policy. Those policies may be found on InComm/Tools/PolicyStat, and search Human Resources.

Depending on circumstances, the below procedures may be utilized when a resident/fellow fails to meet the expectations of a program. The program is not required to follow a progressive system of discipline. Serious deficiencies and/or misconduct may warrant action up to and including termination as a first offense, regardless of whether less formal actions have been taken in the past. Programs are to review the resident/fellow's past performance as well as the current performance problem on an individual basis to determine level of intervention needed for the given situation.

IF performance concerns affect either patient care or resident well-being, the process will follow guidance from the medical staff. It is possible that a resident whose patient care or self-management are of concern will be moved to an evaluation of impairment and not follow the steps for academic program improvement in sequence. At any time, any egregious violation of a network employment policy may result in immediate suspension or termination from the program and from employment. When performance issues are determined to be routine developmental issues by faculty and program director, no notification of medical staff will occur. When performance issues seriously impact patient safety or are deemed out of the scope of routine education, the medical staff will be notified confidentially.

**A. Structured Feedback:**

In accordance with ACGME common program requirements, all programs must provide objective assessment of competence in patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice based on the specialty-specific Milestones. Residents will be given feedback on both specialty specific and common program requirements. Programs must use multiple evaluators, document progressive resident/fellow performance improvement appropriate to educational level and provide each resident/fellow with documented semiannual evaluation of performance with feedback at a minimum.

Additionally, the Clinical Competency Committee will review resident/fellow performance on a semi-annual basis, and they will advise the program director regarding resident/fellow progress, including promotion, remediation, and dismissal.

Resident/fellows in Non-ACGME programs must provide objective assessments in accordance with their respective program requirements.

If the program director determines that routine structured feedback is not leading to the necessary improvement, or if the program director determines the problem is significant enough to warrant more formal action than routine feedback, the program director can proceed with formal actions as indicated by the situation.

**B. Oral Counseling:**

Formal oral counseling consists of a verbal conference between the program director/designee, faculty members (as appropriate), persons designated by the program director/designee with relevant information/involvement (as needed), and the resident/fellow. The program



director/designee will specifically state the performance problem, and the resident/fellow will be given the opportunity to present his/her point of view. The program director/designee and resident/fellow will attempt to resolve the performance issues. A record of this session will be made by the program director/designee.

**C. Performance Improvement Plan**

A Performance Improvement Plan (PIP) is a plan of remediation designed to improve a resident/fellow's proficiency in one or more ACGME Core Competencies. *A PIP is NOT considered a Corrective Action or formal disciplinary action; rather, a PIP is an educational tool to correct areas of unsatisfactory performance by a resident/fellow.* Therefore, a resident/fellow may not appeal a PIP pursuant to the Due Process procedure outlined for Corrective Actions below. A PIP does not trigger a report to any outside agencies, but it may be reported if an outside agency specifically inquires whether a PIP has ever been issued during training. Any resident whose performance is below expectations must be evaluated more frequently (than semi-annually) to assure understanding of progress within the program and quality of patient care.



A PIP worksheet (Example below) outlining specific deficiencies will be provided to the resident/fellow by the program director/designee. The worksheet will also include a plan for improvement and regular short and long term performance monitoring. The PIP is to be signed by the program director/designee and resident/fellow, the DIO and copied to the GME office.

**PERFORMANCE IMPROVEMENT PLAN WORKSHEET (example)**

Resident

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Item	Description	Plan
Characterization of the lapse or performance improvement needed	<i>Use Competencies to characterize</i>	Specific behaviors and competencies expected to be developed or observed
GOAL(s)	<i>Describe in terms of specific milestone(s) and competency(ies)</i>	
Requirements: Educate	<i>If needed, activity(ies) for learner to study about expected behavior change, why it is important, what behaviors define success</i>	
Requirements: Behavior/Performance Change	<i>SMART objectives: Specific Measurable Achievable Realistic Time frame</i>	
Requirements: Monitoring	<i>Who, frequency, expectations for f/u meetings</i>	
Consequences for incomplete success/relapse		Date for revisit and review

Resident signature: \_\_\_\_\_

Date: \_\_\_\_\_

Program Director \_\_\_\_\_

Date: \_\_\_\_\_

DIO/GME Signature \_\_\_\_\_

Date: \_\_\_\_\_

### **Corrective Action: Written Counseling**

Corrective Action is a written notice of a performance problem or violation of policy. A Written Counseling is a formal document (Example below) outlining a performance problem or violation of policy. The Written Counseling notice will be prepared by the program director/designee on the Corrective Action form, and it will include the specific performance problem(s), concerns, or deficiencies; identify a corrective action plan; outline expected timeframe for improvement; inform resident/fellow of potential outcome if performance does not improve. The notice must be signed by the resident/fellow, acknowledging receipt of the document. The resident/fellow has the option to appeal the Corrective Action (see section H. Appeal Process for Disciplinary Action /Suspension /Termination):

The program director or designee will consult frequently and no less than once every four weeks with appropriate individuals (e.g. appropriate faculty, residents, and attending physicians) to monitor the resident/fellow's performance. Written reports of progress will be generated. The reports will be discussed with the resident/fellow no less than every four weeks, and these reports will be kept in the resident/fellow's file and also forwarded to the DIO/GME. The general timeframe for improvement is 90 days (timeframe can be amended by the program director/designee dependent on the situation). At the end of the expected timeframe for improvement, the resident/fellow may be determined to have:

1. Inadequately completed the Corrective Action Plan to the program director/designee's satisfaction. The resident/fellow will be informed of the status and next steps to be taken. Any additional actions imposed will follow the designated procedures for the disciplinary action initiated.
2. Made substantial improvement, but additional time is needed for further correction. In this case, the Corrective Action Plan may be extended up to 30 days to address residual deficits. The resident/fellow will be informed of the extension of the Corrective Action period and what deficits need to be remedied during this period of extension.
3. Adequately completed the plan to the program director/designee's satisfaction. The Corrective Action period is terminated. Corrected performance is expected to be maintained.

#### **D. Corrective Action: Probation (Final Notice)**

Probation is a formal notification to the resident that there are serious identified areas of unsatisfactory performance that will require immediate remediation and/or improvement, or the resident will not be permitted to continue in the program. Probation notice will be prepared by the program director/designee on the Corrective Action form, and it will include the specific performance problem(s), concerns, or deficiencies; identify a corrective action plan; outline expected timeframe for improvement; inform resident/fellow of potential outcome if performance does not improve. The notice must be signed by the resident/fellow, acknowledging receipt of the document. The resident/fellow has the option to appeal the Corrective Action (see section H. Appeal Process for Disciplinary Action /Suspension /Termination):



If the resident/fellow's performance deficiencies are not resolved during the period of probation to the satisfaction of the program director, or the resident/fellow refuses the probationary period and plan, the resident/fellow's training may be terminated by the DIO on the written recommendation of the program director and in consultation with Human Resources (HR). The resident/fellow will be given a copy of such recommendation and a written notice of discharge/termination of training. At that time, the resident/fellow will follow all Network HR procedures.



RESIDENT CORRECTIVE ACTION FORM

- Written Counseling, Probation (Final Notice)

Resident Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Dept/Location: \_\_\_\_\_

PGY: \_\_\_\_\_ Date: \_\_\_\_\_

1. The resident is not meeting the Residency Program's expectations in the following area(s), including Common Program Requirements for performance.

- Patient Care and Procedural Skills
Medical Knowledge
Practice-based Learning and Improvement
Interpersonal and Communication Skills
Professionalism
Systems-based Practice
Other (please specify):

- 2. Cite specific examples/incidents (including dates):
3. List/describe previous corrective actions (including dates):
4. Outline the expected behavior, performance standard, or policy/procedure to be followed and how or why it is to be performed as described:
5. List the corrective action steps to address the identified problem(s). Include how the program can assist the resident AND what the resident will commit to doing to remedy the problem(s):
6. What is the expected timeframe for improvement?

If performance does not improve, the next step will be:

It is the intent of the Residency Program to support the resident to reach a satisfactory performance level. The resident will be assigned Dr. \_\_\_\_\_ as a faculty mentor during the period of corrective action. While the faculty member will provide coaching and support to the resident, it is the resident's responsibility to correct the identified deficiencies.

RESIDENT COMMENTS:

Resident: I have read and received a copy of the Corrective Action. My signature indicates receipt of this document, not necessarily agreement. I understand that failure to meet performance expectations as outlined above may result in further disciplinary action, up to and including termination.

Program Director/Designee Name Printed Resident Name Printed

Program Director/Designee Name Signature Resident Name Signature

Cc: GME office, DIO

**Removal from duty: program director may determine that an immediate removal from duty until completion of assessment occurs.**

**E. Suspension**

Whenever a resident/fellow's conduct or activities, in the opinion of the DIO/designee, based on his/her personal knowledge or information presented, may cause a threat of injury or damage to the health or safety of patients, employees, other persons in the hospital, or to him/herself unless prompt remedial action is taken, or if it appears reasonable to believe that the resident/fellow has failed to observe all laws or principles of medical ethics of the profession in such a manner as to impose a threat to patient care or the high ethical standards expected of members of the house staff, the DIO/designee may suspend all or any part of the resident/fellow's duties and privileges at such time and for such duration as outlined and documented by the DIO/designee. The DIO/designee has absolute discretion in such circumstances with respect to the terms of the suspension. Suspension may precede termination or remediation. The suspension will be reported in writing to the program director, the affected resident/fellow and Network Human Resources. The resident/fellow has the right to appeal the summary suspension (see section H. Appeal Process for Disciplinary Action /Suspension /Termination).

**F. Revocation or Termination of Appointment**

The appointment of a member of the house staff may be revoked or terminated prior to the end of a current term of appointment for failure to abide by the terms and conditions of appointment and contract, the rules and regulations, PRIIDE Values, Standards of Behavior, and policies and procedures of the hospitals and the Medical Staffs, the GME Handbook, or for activities or professional conduct considered to be disruptive to the operations of the hospitals, to the quality of patient care, or the teaching programs.

In such cases, a recommendation for revocation or termination of appointment will be made by the program director to the DIO. The DIO or designee will consult with Network Human Resources in accordance with Network policies and practices associated with termination of employment. The resident/fellow will be advised of the revocation or termination of his/her appointment in writing, stating the reasons for such action. The resident/fellow may appeal his/her termination within five (5) days of the date of the written notice following the same as outlined in section H. Appeal Process for Disciplinary Action /Suspension /Termination.

**G. Appeal Process for Disciplinary Action/Suspension/Termination/Non-Renewal/Non-Promotion**

Within 5 business days of receipt of a Corrective Action Form/Notice of Suspension/Notice of Revocation or Termination, the resident/fellow may appeal such notice in writing and provide any additional information about factors which may be contributing to his/her performance. The resident/fellow is to give this appeal to the DIO or program director/designee.



Within the next 10 business days from receipt of the resident/fellow's appeal, the DIO/designee, program director/designee, and resident/fellow will meet. Information is to be gathered from appropriate faculty, chief resident/fellows and others with information as may be designated by either the resident/fellow or program director/designee with respect to the identified performance problems and the resident/fellow's response. At this time, the DIO/designee can appoint, at his or her discretion, an ad hoc committee composed of a subset of identified GMEC members for further review and recommendation. Within 15 business days from the DIO/designee, program director/designee, and resident/fellow meeting, the DIO/designee will notify the resident/fellow and the program director of his/her decision in writing with a clear statement of facts and the reasons for their decision. The decision of the DIO/designee is final.

If a termination or suspension is reversed, the resident/fellow will be re-instated in the residency program and offered make up time for the time lost from the program during the appeal. Pay will be re-instated retroactive to the date of termination.



## Supervision of Resident/Fellows

Supervision of residents and fellows is required by the ACGME of all specialty training programs. The degree of supervision, and the methods, are determined by the development of the resident, program requirements, and the core faculty supervisors.

The optimal clinical learning environment provides all members of the clinical care team and patients with mechanisms to raise supervision concerns. It also continuously monitors resident and fellow supervision to implement actions that enhance patient safety. For each resident and fellow, GME encompasses progressive levels of supervision throughout the educational program.

Education of physicians to practice independently is experiential and necessarily occurs within the context of the health care delivery system. Developing the skills, knowledge, and attitudes leading to proficiency in all the domains of clinical competency requires the resident/fellow to assume personal responsibility for the care of individual patients, to work in a team, and develop skills of autonomy while under the guidance and supervision of faculty members who give value, context, and meaning to those interactions. As residents/fellows gain experience and demonstrate growth in their ability to care for patients, they assume roles that permit them to exercise those skills with greater independence.

Supervision in the setting of Graduate Medical Education assures safe and effective care to the individual patient; resident/fellow and team development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishment a foundation for continued professional growth.

As an institution, Community Health Network has established the following guidelines for all residency programs, recognizing that specialty programs may have additional supervision policies. These guidelines come directly from the ACGME Common Program Requirements, but provide guidance for all programs

- A. In the clinical learning environment, each patient must have an identifiable, appropriately-credentialed and privileged attending physician or licensed independent practitioner as approved by each Review Committee who is ultimately responsible for that patient's care.
  - 1. This information should be available to resident/fellows, faculty members, and patients.
  - 2. Resident/fellows and faculty members should inform patients of their respective roles in each patient's care.
- B. The program must demonstrate that the appropriate level of supervision is in place for all resident/fellows who care for patients.

Supervision may be exercised through a variety of methods. For many aspects of patient care, the supervising physician may be a more advanced resident or fellow. Other portions of care provided by

the resident can be adequately supervised by the appropriate availability of the supervising faculty member, fellow, or senior resident physician, either on site or by means of telecommunication technology. Some activities require the physical presence of the supervising faculty member. In some circumstances, supervision may include post-hoc review of resident-delivered care with feedback.

C. Levels of Supervision

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

1. Direct Supervision: the supervising physician is physically present with the resident/fellow and patient during the key portions of the patient interaction.
2. Indirect Supervision:
  - a. The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident for guidance and is immediately available to provide appropriate direct supervision.
  - b. With direct supervision available – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide direct supervision.
3. Oversight – The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

D. The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident/fellow must be assigned by the program director and faculty members.

1. The program director must evaluate each resident/fellow's abilities based on specific criteria. When available, evaluation should be guided by specific national standards-based criteria.
2. Faculty members functioning as supervising physicians should delegate portions of care to resident/fellows, based on the needs of the patient and the skills of the resident/fellow.
3. Senior residents or fellows should serve in a supervisory role of junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.

E. Programs must set guidelines for circumstances and events in which resident/fellows must communicate with appropriate supervising faculty members, such as the transfer of a patient to an intensive care unit, or end-of-life decisions.

1. Each resident/fellow must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.
  - a. PGY-1 residents should be supervised either directly or indirectly with direct supervision immediately available. [Each Review Committee will describe the

achieved competencies under which PGY-1 resident's progress to be supervised indirectly, with direct supervision available.]

- b. 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. All decisions to advance resident progressive independence should be made by program faculty, and written in evaluation files and criteria.
- F. Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each resident/fellow and delegate to him/her the appropriate level of patient care authority and responsibility.
- G. Faculty and other preceptors should be aware of the restrictions of billing for medical visits when resident/fellows are the providers and supervision is indirect. If a resident/fellow has a billing question faculty or preceptors cannot answer, the resident/faculty should contact the practice administrator or program director for clarity. (CMS rules which change and are managed by GME and our finance department)
- H. Residents and fellows are credentialed as part of the medical staff of our acute care settings for the duration of training. The responsibility for assuring patient safety, care quality and educational program progression rests on the core faculty and program director.

## Resident/Fellow Clinical Duties

The following description of resident/fellow responsibilities is applicable to all Community Health Network GME residency programs. Additional responsibilities of each specialty program are noted in that program's documents and available on the ACGME website.

### **Statement of Resident/Fellow Responsibilities**

Patient care responsibilities assigned to resident/fellows will be commensurate with their level of training, according to ACGME Special Requirements for training programs, the specific training program and the judgment of the program director, faculty where appropriate, and the attending physician. The goal of these supervision and responsibility guidelines is to always assure patient safety and high quality of care and education. These responsibilities may include:

- Where appropriate, formulate a plan of care based on a thorough assessment of the patient's history, current condition, and needs
- Write orders for the implementation of the plan of care
- Coordinate consultations with physicians and other members of the multi-disciplinary health team
- Facilitate communication(s) regarding the plan of care with the patient, family, attending physician(s), and any other involved member(s) of the health team
- Perform and/or assist in procedures according to the level of delegation appropriate to the resident/fellow's experience and ability
- Adhere to the Clinical Experience and Education regulations and policies of Network and Network GME and submit hours worked as mandated by Network GME and/or specific program
- Participate in education, research, and patient care experiences required by the particular program within which he/she is a trainee
- Supervise and teach other resident/fellows and medical students as appropriate
- Adhere to the affiliated hospitals' policies and procedures for the medical staffs including the "Bylaws, Rules, and Regulations for the Medical Staff" of each hospital in which the resident is assigned
- Before rotating to another assignment, complete and sign all medical records, charts, and reports assigned to him/her in a timely manner
- Participate in institutional orientations, relevant committees, projects, and other leadership assignments and activities involving the clinical staff
- Demonstrate the knowledge and skills necessary to provide care, based on physical, cultural, socioeconomic, psychosocial, educational, safety and related criteria, appropriate to the age of patients served in the assigned service area in a culturally sensitive manner
- Reflect a fundamental concern with and respect for patients' rights



- Develop an understanding of ethical and medical/legal issues surrounding patient care, hospitals' policies governing these issues, and structures available to support ethical decision making
- Appreciate and apply cost containment strategies while providing the standards of excellence for patient care within the Network
- Conduct him/herself professionally, ethically, and personally in a manner consistent with the standards and aims of the medical staff of the affiliated hospitals and Community Health Network, always having in mind the PRIIDE values of Community Health Network
- Develop and participate in a personal program of self-study and professional growth with guidance from the teaching staff
- Participate in the evaluation of the program and its faculty and attending physicians at least annually
- Ask for assistance from other clinicians, ethics committee consultants, faculty when needed to assure optimal patient care.

## Charting and Documentation

Our residency and fellowship programs align with Community Physician Network, Jane Pauley and CHNW medical staff standards for timeliness of charting, medical record documentation, and response to patient care needs for resident, fellow, faculty and other clinical providers.

Residents/Fellows are expected to submit records of patient care or respond to patient calls, messages or colleague texts in a timely manner. Residents/Fellows are expected to stay current on program and network policies and expectations for timely clinical documentation.

### **Clinical Documentation**

#### STATEMENT OF PURPOSE:

Clinical documentation is required to record pertinent facts, findings and observations about an individual's health, including history, past and present illnesses, examinations, tests, treatments and outcomes. The medical record should chronologically document the care of a patient and is an important element to contributing to high quality care.

#### GENERAL INFORMATION:

Community Physician Network (CPN) requires each healthcare provider to complete timely clinical documentation. Clinical documentation is an essential component of patient care. Timely and accurate clinical documentation is a requirement of third-party payers, applicable oversight agencies, reimbursement regulations and governing law.

*Timely and accurate clinical documentation is essential for many reasons, including but not limited to:*

- Allows physicians and other healthcare professionals to evaluate and plan a patient's immediate treatment, and to monitor healthcare over time

- Appropriate utilization review and quality of care evaluation
- Effective communication between our clinical partners
- Accurate documentation of clinical care
- Reduces risks
- Complies with credentialing and hospital standards
- Ensures accurate and timely bill review and payment
- Records are available to respond to patient requests for information
- Supports collection of data for research and education

*Acceptable clinical documentation must meet these minimal standards:*

- Accurate, complete and legible
- Documentation of a patient encounter should include – at a minimum:
  - Reason for the encounter and relevant history, physical examination findings and prior diagnostic test results.
    - Assessment, clinical impression or diagnosis.
    - Plan for care.
    - Date and legible identity of the patient and the author.
    - If not documented, the rationale for ordering diagnostic and other ancillary services should be easily inferred.
    - Past and present diagnoses along with allowed conditions should be accessible to the treating and/or consulting physician.
    - Appropriate health risk factors should be identified; and
    - Patient progress, response to and changes in treatment, and revision of diagnosis should be documented.
- Records should be completed timely:
  - Office documentation of ambulatory encounters – within 2 business days
  - Procedural documentation – within 24 hours

*Because accurate and timely clinical documentation is critical to care provided by CPN, the following progressive actions may result for failing to comply with this Policy:*

**Step 1** – If documentation remains incomplete for more than thirty-one (31) days, a written notice letter will be sent to the provider alerting them to the incomplete documentation. The provider shall have thirty (30) days to complete the delinquent documentation.

**Step 2** – If documentation remains incomplete for more than sixty-one (61) days, the provider will receive a second written notice and be placed on Administrative Leave until the documentation is appropriately completed. The provider shall have no more than thirty (30) days to complete the delinquent documentation. If the provider does not complete the delinquent documentation



within thirty (30) days, then the provider will be subject to further corrective action up to and including discharge.

**Recurring Non-compliance:** Providers that have recurring Step 2 written notice actions may be subject to further corrective action up to and including discharge.

**PROCEDURE:**

- A. Health Information Management (HIM) will send both Written Warning and Final Notice letters to provider via their EPIC In-basket
- B. HIM will send letters weekly no sooner than two days after the weekly report
- C. A copy of the letter will be sent to the Practice Administrator/Manager
- D. **Written Notice** - The Practice Administrator/Manager will forward the Written Notice to the Department Medical Director and Group Practice Director and also provide a hard copy to the provider.
- E. **Final Notice** - The Practice Administrator/Manager will forward the Final Notice to the Department Medical Director,

Group Practice Director and Physician Executive Product Line. The DMD or the Physician Executive will deliver a hard copy of the Final Notice and place the provider on administrative LOA

- 1. The Practice Administrator/Manager will work with the Department Medical Director to block the schedule of the provider who is not compliant and received the final notice as the provider will be placed on administrative LOA.
- 2. The Practice Administrator/Manager and/or the Physician Executive Product Line will contact Human Resources to advise that a provider is on administrative LOA

## Resident Work Hours

Resident work hours are carefully planned and constructed within the ACGME/CPME standards and guidelines to achieve a balance among education, service, patient safety and resident well-being. Each program must develop specific written policies which conform to these guidelines and any specialty specific ACGME/CPME guidelines. All programs must ensure that ACGME/CPME standards are maintained and that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations.

The structure of duty hours and on call responsibilities focus on the safety, needs and well-being of the patient; continuity of care; and the needs of the resident. In providing such care in stressful and demanding environments, the overriding policy is that faculty must monitor resident performance; and residents must recognize signs of fatigue, stress and burnout in themselves and each other, even when duty falls within allowable standards.

### **A. Supervision**

All patient care is supervised by faculty in accordance with the ACGME/CPME standards and Faculty Call Schedule. Any questions or problems that may arise should be directed to the faculty on call, chief resident or program director in accordance with specific program policies.

### **B. Clinical Experience and Education**

1. Clinical experience and education is defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in house during all call activities, and scheduled academic activities such as conferences. Clinical experience and education hours do not include reading and preparation time spent away from the clinical site.
1. The objective of on-call activities is to provide residents with continuity of patient care experiences throughout their clinical work and education period. In-house call is defined as those hours beyond the normal work day when residents are required to be immediately available in the assigned institution.
3. Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments. 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.



4. The clinical responsibilities for each resident are based on PGY level, patient safety, resident ability, severity and complexity of patient illness/condition, and available support services. Clinical and educational work hours are limited to no more than 80 hours per week, averaged over a four-week period. This time period includes clinic, rotation, on call and moonlighting experiences. The program director with review and the approval of the DIO/DME may petition a specific Review Committee to grant exceptions for up to 10% or a maximum of 88 hours to individual programs based on a sound educational rationale. The 'hour exception' policy from the ACGME Manual of Policies and Procures is to be followed when the program director is preparing a request for an exception.
5. It is essential for patient safety and resident education that effective transitions in care occur. Residents may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be aligned with ACGME duty hour rules
6. In unusual circumstances, a resident on his/her own initiative may remain beyond the scheduled duty period to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family. Under those circumstances, the resident must: appropriately hand over the care of all other patients to the team responsible for their continuing care; and document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director.
7. Residents should be scheduled for duty in alignment with the ACGME duty hour rules.

### **C. Accountability**

Each resident is expected to have read and to comply with these policies and complete all training about fatigue management. Resident duty schedules and call schedules are made with these policies in mind. Duty hours must be entered and signed off by each resident on a weekly basis through the New Innovations Residency Management Suite. The program director and GME director will regularly review duty hour logs in New Innovations as required by ACGME standards. Violations of duty hour policies will be reviewed by the program director and actions will be taken to correct the violations as required by the ACGME standards.

## Fitness and Fatigue Mitigation

The Graduate Medical Education Committee (GMEC) and DIO or designee must:

- a. Educate all faculty members and residents/fellows to recognize the signs of fatigue and sleep deprivation;
- b. Educate all faculty members and residents/fellows in alertness management and fatigue mitigation processes;
- c. Adopt fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning; program directors, faculty, or residents/fellows who recognize fatigue in a resident/fellow should provide appropriate options such as naps, back-up patient care coverage and/or safe transportation home (via taxi or Uber/Lyft, for which receipts would be reimbursed by the programs in any cases of fatigue);
- d. Monitor fitness and fatigue reports and problems in individual programs and with the program director develop responsive changes.
- e. Each program must develop a written back-up patient care system to ensure continuity of patient care in the event that a resident/fellow may be unable to perform her/her duties. (The program can use same back-up patient care system for fatigue as is used for illness).
- f. Every resident/fellow will be required to review and document education around fatigue management and fitness policies and practices each year.



## Accommodation for Residents/Fellows with Disabilities

The Americans with Disabilities Act (ADA) of 1990 requires Community Health Network to provide certain kinds of reasonable accommodation to qualified residents/fellows, when necessary to provide an equal learning opportunity. Under the law, “reasonable” must be individually determined after an individual requests accommodation.

The purpose of this policy is to outline the process whereby a resident/fellow in a Graduate Medical Education Program may request accommodation for disability. The graduate medical education division and programs follow the accommodation and disability policies established by Human Resources except as specified in this policy. A request for accommodation may be made at any time during residency/fellowship training. In order for the resident/fellow to receive maximum benefit from his/her residency/fellowship training time, requests for accommodation should be made before the beginning of the program or as early as possible after an event which may affect the resident/fellow’s ability to meet the non-academic qualifications. A request should not be made after the fact or in response to a negative evaluation or action taken by the training program.

To qualify for accommodation, the resident/fellow must identify him/herself to the program director, declare the disability in writing and request reasonable accommodation. The program director and necessary institutional staff will coordinate with the resident/fellow to determine whether the requested accommodation would be effective, reasonable, and enable the resident/fellow to perform the essential functions of the position and achieve the essential educational goals and program objectives or make a good faith effort to negotiate another accommodation. The notification of this accommodation will be communicated to the Designated Institutional Official and the GME office. The accommodation must be within standards set by the CPME, or ACGME/Resident Review Committee (RC) and approved by the Specialty Board as applicable. Accommodation for fellows must be declared and approved by the appropriate program director and where required by the specialty board.

All personal health information will be kept confidential and maintained separately from other resident/fellow records. However, the program ACGME-RC, specialty board, supervisors and managers may be advised of information necessary to make the determinations they are required to make in connection with a request for accommodation. First aid and safety personnel may be informed, in accordance with applicable laws, when appropriate, if the disability might require emergency treatment or if any specific procedures are needed in the case of fire or other evacuations. Government officials investigating compliance with the ADA may also be provided relevant information as requested.

Once an individual has been approved by the residency program and the program ACGME-RC or specialty board for specific accommodations and has subsequently received those accommodations, that individual will be held to the same essential performance standards as other trainees. Focus should be on the trainee’s performance in all evaluations. Written evaluations should not mention disabilities or accommodations for disabilities in any way. Community Health Network does not notify potential residency/fellowship programs or other employers about an individual’s disabilities without specific permission from the trainee.



## Employee Benefits and Perks

A comprehensive list of employee benefits can be found on the InComm site, under Community Service Center—Human Resources—myBenefits. There are some deviations in GME provided benefits for Paid Time Off/Leaves of Absence from Network standard benefits and you can contact the GME office (Crystal Neal) for inquiries into those benefits.

Employee Benefits, salary expectations, and time off are specifically outlined in the contract appendix for each trainee. The GMEC annually reviews benefits and salaries for approval for the subsequent academic year (July-June).

**Open Enrollment at Time of Hire:** Community provides employee benefits to all and requires active enrollment by each new hire in accordance with applicable enrollment procedures and deadlines.

**Annual Open Enrollment:** Each November the network holds Open Enrollment for all employees. Each employee is responsible for monitoring email and US Mail to ensure enrollment or desired changes occur during the defined enrollment period.

**Insurance:** Residents/fellows are eligible for the same insurance benefits available to other Network employees, which includes choices of plans. Plans include prescription, dental, and vision options. To eliminate the potential for ethical conflicts residents/fellows may not have members of their own family as their primary care providers. We also discourage residents from seeking care for their families with people who are likely to be part of their evaluation team. Due to the same ethical concerns faculty and residents/fellows may not be the primary care provider for medical students or any other learner who is rotating at their clinic. We also encourage staff in the residency programs to seek care at sites outside the residency program.

Residents are eligible for medical insurance from the first date of employment

**Domestic Partner Benefits:** For specific questions regarding Domestic Partner benefits, please contact HR and carefully review the information HR policies in the Community ABC Employee Benefits Planner.

**Mental Health and Counseling:** The network offers two free resources to residents/fellows that support mental health and well-being.

- VITALWorklife.com is a free service to all providers in the network including residents and fellows, and offers concierge services, coaching, and non-diagnostic counseling. The phone number for VITALWorklife is (877) 731-3949.
- Residents/fellows may also participate in Community Health Network's mental health and counseling services through the Network Employee Assistance Program (EAP). The Network EAP provides confidential services at no cost to the employee and to household members of an employee. The number for EAP is (317) 621-7742.
- Residents/fellow may also access the Indiana State Medical Association (ISMA) for support with issues regarding physician impairment, chemical dependency or mental health.



- Residents whose performance is considered a concern, whether mental health, physical health, or clinical performance, may be required to be evaluated for fitness to duty. This assessment will be conducted by independent professionals, typically aligned with the ISMA, to preserve learner confidentiality and licensure. See the section on physician impairment.)

**Licensure and exam fees paid for:** Resident will be reimbursed for the following fees (see PGY level job description for clarification on when these are required/allowed during training:

- Fees related to one sitting of the USLME or COMLEX Step 3.
- Permanent Indiana medical licensure
- Permanent DEA registration – the registration fee may be reimbursed after Resident has obtained his/her permanent Indiana medical license.
- One sitting of specialty relevant boards, if the specialty offers more than one board exam, the program director will designate which will be required for the program and the resident/fellow will be reimbursed in accordance with that.

**Meals:** Residents/fellows will be given an annual stipend for the payment of meals while on duty. The meal stipend is intended to provide a means of nutritional options to trainees while they are on inpatient rotations and on call in the hospital. In efforts to maintain cross-GME professional standards related to meal charges and to be mindful users of Community Health Network's resources, please adhere to the following guidelines:

- Residents and Fellows must be on active duty to be eligible to charge meals (190-202007)
- Residents and Fellows may charge food items for their own personal consumption only (not intended for students, faculty, family members, or any others)
- Starbucks or coffee-stand drink purchases are limited to 1-2 per shift
- The food from each charged expenditure should be consumed while on duty (not intended for the purchase of food items to take and consume either before or after work)
- Gift shop purchases are not included in the meal plan
- Keep health and wellness in mind as you make food choices
- Academic Affairs Department will periodically monitor individual and collective resident/fellow spending and will provide reports quarterly to enable residents/fellows to budget their stipend appropriately to cover all rotations through the academic year.

**Public Liability:** The Network provides, without cost to the resident/fellow, a public liability policy. Ask the Human Resources representative working with the GME programs for details.

**Parking:** The Network provides a parking permit without charge to the resident/fellow. In most instances, parking is without charge to the public and designed lots/spots are reserved for physicians.

**Health and Fitness Facilities and Programs:** Residents/fellows are eligible to participate in all health facilities and programs that are available to other Network employees. The purpose of this is to ensure consistent personal self-care

## Paid Time Off, Funeral Leave, Military Duty, and Program Specific Policies

Program specific information can be found in the Specialty Program Requirements and Job Description area of the Handbook.

### **Paid Time Away (PTA):**

Taking regular paid time off is encouraged for the purpose of increasing the personal well-being of the resident/fellow. This institutional level Paid Time Away Policy follows ACGME and CPME requirements. Individual programs must develop more program specific time off and leave policies that are consistent with this policy and with the program specific ACGME-RC or specialty board requirements.

- All residency/fellowship program directors must work together to create as much consistency across programs as is possible. The program specific policies must be approved by the DIO and submitted to GMEC for review and approval. This policy is applied in tandem with the Network employee PTA policies, and specifically follows and adopts for GME programs the Network FMLA and other Leave of Absence policies.
- Residents/fellows are permitted 21 paid days per academic year (July-June). Additional days, determined by program, are allowed for taking Board, USMLE, NBME/COMLEX or equivalent exams. Residents/fellows in their final year are allowed 3 additional days for interviewing. These time allowances are subject to ACGME-RC, and specialty program requirements in each year.
- Paid time off includes time off for vacation, illness, business, personal or other leaves not listed with special provisions below.
- Additional time may be allowed for residents and fellows for program required or approved educational seminars and conferences. At the program director's discretion and with DIO approval, the additional time may be considered part of training time and expenses may be paid in accord with Network and program travel policies.
- Approval for time off must be obtained from the program director or designee in advance.
  - All ACGME, and specialty board requirements must still be observed. Days not taken or approved by the program director or designee do not carry over.
  - No payment will be made for unused paid time off at the completion of training.

- Programs may place limits on the times of the year when paid time off can be taken.
  - Timing of paid time off for personal days, interview days, meeting times, or holidays or reasons other than necessary medical appointments will be at the discretion of the program director or designee and may be affected by the resident's or fellow's assignments and specialty Board certification requirements.
- 
- If the number of days away from the training program when all time off is added together exceeds program guidelines, the program director or designee and resident/fellow must design make up time within make up time guidelines in order to meet Board/ACGME/ CPME and program standards.
  - Time off and holiday assignments may be affected by agreements with hosts (department or hospital systems) for off-service, off-site, or away experiences.
  - The program director or designee may deny requested time off to remediate documented deficiencies or as part of a disciplinary plan.
  - In the case of a stated hospital or regional emergency, urgent professional responsibilities may cancel previously arranged paid time off.

### **Parental leave**

Residents who are becoming parents will follow department guidance for time away, and are eligible for FMLA for family leave after a year of employment. All residents are eligible for parental/caregiver leave as detailed by the ACGME Sponsoring Institutional Requirements. See section on leaves of absence for detailed information.

### **Bereavement Leave**

Refer to the Network Bereavement policy found on Policy Stat.

Residents/fellows are eligible for funeral leave in accordance with Network policies up to 40 hours for the death of an immediate family member (defined as spouse/domestic partner, children including foster children and fetal loss, individuals for whom you are the legal guardian, parents including foster parents, and caregiver's legal guardian, brothers, sisters, and in-law and step relatives of the same degree), 24 hours for close family (grandparents, grandchildren, and in-law and step relatives of the same degree) and 8 hours for extended family (aunts, uncles, nieces, nephews, cousins and in-law and step relatives of the same degree) , this leave time is subject to ACGME-RC, and specialty board requirements, and could result in extension of training. Leave time requests are also subject to program director approval.



### **Military Duty**

*Short Tours of Military Duty:* A resident/fellow will receive military time off in accord with applicable laws and Network policies. Written military orders must be submitted to the program director as soon as possible to allow for revision of schedules. The resident/fellow must make-up time, which exceeds program specific requirements

*Extended Active Military Duty:* A resident/fellow inducted to active military duty through Selective Service, voluntary enlistment, or called through membership in the National Guard or military reserves will be granted leave without pay. Community Health Network will continue to pay its portion of provided and elected benefits for an eligible domestic partner, spouse and eligible dependents for 30 days after the employee leaves the training program. The resident/fellow may continue participating in the Community Health Network sponsored medical, dental and vision plans for up to 24 months following the beginning of the employee's leave of absence for military duty in accord with Network policies. To continue coverage, the resident/fellow must pay the total monthly premium for that continuation coverage period. A military leave of absence may extend up to five years. This five year period may be extended in accordance with the requirements of federal law. Upon return from military leave of absence the resident/fellow will be reinstated at the PG year level appropriate to the training program provided that the resident/fellow meets all conditions for eligibility as they then exist. Community Health Network will make reasonable efforts to assist a returning service member to meet the applicable eligibility requirements as required by federal law. Military leaves may result in extension of training periods or repeat of training based on the requirements of individual specialty boards and program as they are at the time of reinstatement or at the discretion of the DIO, program DME and program director in the best interests of the program and patients.



## Leaves of Absence

Community Health Network has developed a Leave of Absence Policy which can be viewed on InComm>Tools> >Human Resources>Leaves of Absence. The GME policy merges Network policy and the needs of the Graduate Medical Education programs and the ACGME. These policies must be read together, with GME specific requirements applicable to GME resident/fellows superseding Network HR policies when in conflict.

Residents/fellows requiring a leave of absence must:

- Inform Program Director and GME (Crystal Neal) in writing at least thirty days in advance, or as soon as reasonably practicable
  - Program Directors will advise the impact on schedule/training extensions per the specialty board
  - GME will advise which type of leave and the specifics related to FMLA eligibility and ACGME requirements
- Complete a request for LOA on InComm, through the HR Portal or contact the Leave Team at 317-355-5671 to obtain approval, if directed to do so by GME.
- Complete program specific documentation with the assistance of their program coordinator.

If a leave is required by the program due to concerns about resident wellbeing, a resident may be put on administrative leave by the program director with HR and DIO agreement until disposition of the issue is clarified.

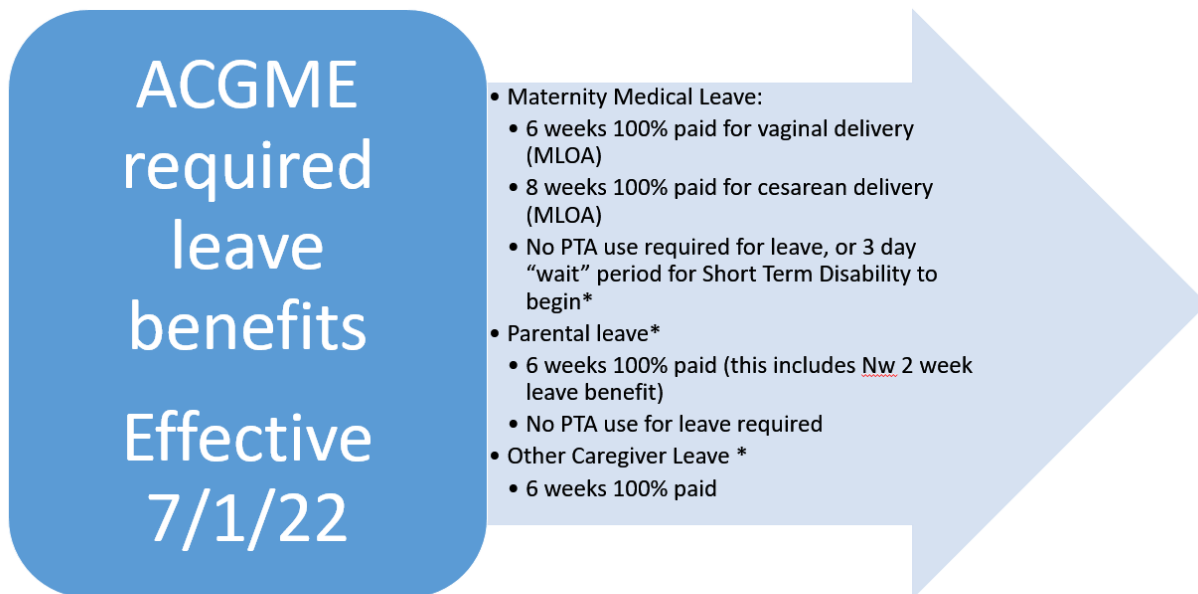
In addition, all requests for leaves of absence require the final approval of the DIO.

Paid time off (21 days off granted each academic year) may run concurrently with such leaves (detailed below):

- Medical Leaves of Absence:
  - Residents/Fellows on medical leave will be required to utilize PTA for a portion of their leave until the PTA balance is 80 hours. Those 80 hours can be left for later use. Programs may reserve use of those 80 hours or a portion of them for program required time off, such as intersession, if applicable. Once PTA has been utilized, the network will provide full pay while on short-term disability for the duration of the approved medical leave up to 13 weeks. Any time after that will be unpaid leave.
- Parental Leaves of Absence:
  - Maternity leave is a medical leave of absence and will follow the PTA guidelines outlined for medical leaves. Trainees will have the option to take one maternity leave per residency without use of PTA if they choose, with consideration of time required in training by specialty boards.

- Parental bonding leave is available for all benefits-eligible employees who have been employed for at least a year. Employees will receive two weeks of Paid Parental Bonding Leave following the birth of their newborn or for their newly adopted child. No use of PTA is required or this leave.
- ACGME Parental and Caregiver Leave requirement
  - The ACGME requires sponsoring institutions provide residents/fellows with a minimum of six weeks of approved medical, parental, and caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws at least once and at any time during an ACGME-accredited program, starting the day the resident/fellow is required to report. The Network policies for maternity leave align with this requirement and we have added a one time paid parental/caregiver leave for non-birthing parents to satisfy the ACGME requirement. The Network provided Parental Bonding leave can be used along with the ACGME required Parental and Caregiver Leave but should only be done with consideration of time away requirements of specialty boards.

See diagram below (MLOA = Medical Leave of Absence)



**\*Parental and Caregiver leave**

- 6 week 100% paid benefit can only be taken ONE time during course of residency. Deferred Network required PTA use can only be utilized ONE time for maternity leaves, all other maternity leaves would require use of PTA in alignment with Network requirements.
  - Subsequent parental leaves will utilize the Nw provided benefit of 2 weeks

In the event that the resident/fellow wishes to take a longer amount of time off beyond the allotted paid time off available under the program, requests for exceptions may be made through the Program Director. These additional days off would be unpaid (unless disability still applies) and may result in the extension of training based upon board specific requirements. In this instance, and depending on the



time during the academic year, the program director will determine if the resident/fellow is required to hold back paid days (PTA) for later use after the conclusion of the leave of absence.

The resident/fellow should notify the program director and those responsible for the scheduling of rotations and call as soon as the need for a leave of absence is confirmed. The resident/fellow should be expected to make up or trade call assignments before or after their time of leave so their total residency call amount remains consistent with what other resident/fellows in the program are assigned. Electives can be completed around the time of the leave return date if authorized by the program director. The standards of goals and objectives along with clinical obligations will remain the same for all resident/fellows.

**Extension of training due to leave of absence:**

For a leave of absence that extends beyond the maximum time off allowed by the specialty Board, the program director or designee will calculate a new date of graduation, once the leave has occurred, and determine how long the resident/fellow should extend residency. The number of days missed (that were not covered by PTA) will be added to the final day of residency, day for day, to determine the new graduation date if applicable with board requirements and/or competency concerns resulting from the missed time.

Any make-up time that is required will be scheduled with an effort to best accommodate the needs of the resident/fellow, and make-up time or a specific schedule cannot be guaranteed. When make-up time is available, the resident/fellow ordinarily will be required to make-up the absent time in excess of the maximum allowed by the specialty Board at the end of the academic year in which the absence occurred. Additional time may be required as make-up time for portions of modules or rotations started but not completed. This make-up time will necessarily delay the beginning of each of the resident or fellow's subsequent academic years by an amount equal to the make-up time. In effect, the resident's senior year or fellow's last year of training will extend beyond June 30 (or the expected conclusion of the program for mid cycle trainees) by an amount equal to the make-up time. Any required make-up time will be paid and all employee benefits provided.



## Time Away for Medical Appointments

Programs will support residents/fellows in attending medical, dental and mental health appointments, including those during work hours. The options for residents/fellows when time away from residency duties is needed for medical care are governed by independent programs. Resident/fellows should refer to program specific guidelines for parameters to request time away for medical appointments.

## Continuing Medical Education (Including Travel, Meetings and Books)

Resident/fellows are allowed 5 working days each contract/academic year for approved CME, and the resident may be reimbursed for costs of approved CME including costs of meetings, travel, books and other CME expenses up to a specified amount in each contract, and must be used within the academic year (July-June). This money must be utilized during the contract year. It cannot be carried over to the following year. Funds will be prorated by the program director if a resident/fellow is off cycle.

### Definitions:

1. CME days are any day in which half or more of the day is spent participating in a CME event approved for CME by an acceptable accreditation body and approved by the Program Director
2. Residents/Fellows receive 5 CME days per academic year where the resident/fellow or faculty can choose what activity they attend and where it is located with Program Director approval. This may include CME activities completed remotely from home. A resident/fellow may complete home based CME credits in the amount of no less than 6 hours and must present proof of CME to program director. The amount of allowable home based CME is based upon Program Director's discretion.
3. Events which faculty or resident/fellows attend, and the purpose is to learn/present for Community should follow similar rules.

### CME Travel Policy Procedure:

1. All CME activities requires prior Program Director approval. Requests should be made well in advance but no less than one (1) month in advance.
2. CME meetings and/or travel which occurs on weekends are usually not made up by giving alternative days off elsewhere.
3. For meetings starting at noon or after, travel including flights, should be the morning of the meeting.
4. For meetings starting before noon, travel should be the afternoon or evening before usually leaving after 1 pm.
5. For meetings ending before 5 pm, travel back home should be in the afternoon/evening of the day the meeting ends.
6. For meetings ending after 5 pm, travel back should be late that evening or the following morning so as to return to work by 1 pm.
7. Hotel rooms, cars, and food will be paid for only for the above times frames. Any expenses which occur outside the above times would be at the employee's personal expense. For information on reimbursable expenses and requirements, search policystat for "Network Travel and Expense Reimbursement Policy".
8. Flights may be taken earlier or later than the above as long as they are not more expensive and do not interfere with required patient care. If adding additional personal travel into a CME



activity, any additional expenses, including higher cost of airfare, hotel or food, will be at the expense of the participant. Any additional days missed will require PTA be used.

9. Travel for CME is generally limited to the continental United States. In the event a resident, fellow or faculty member identifies a relevant, unique CME opportunity outside of these parameters, Program Director and GME leadership review and approval is required.
10. Any questions regarding this policy should be directed to the Program Director and should be clarified before booking hotels or travel.

Other materials: Minor expenditures such as journal subscriptions, society memberships, books and CD/DVD which will enhance or support training do not need pre-approval and will be reimbursed from receipts and log entries up to the maximum allowable. Books may be purchased at a discount through Network purchasing agreements. For additional information contact the Network Medical Library team.

CME funds may not be used to support purchases of computer equipment, phones, medical equipment or supplies.

Faculty and residents in GME follow the guidance of the CPN CME policy, with additional oversight by the GME office.

The Program Director has complete discretion to approve or deny requests for CME attendance and all travel and related expenses. The Program Director will keep in mind Community Health Network and its GME program's support for research, scholarly and educational activities

## Off-Site “Away” Elective Rotations

Residents and fellows may desire to take an elective rotation at an outside institution within the state of Indiana, another state within the United States or abroad. Away elective rotations should have as a primary goal an educational focus that cannot be obtained within Community Health Network. All away electives must be pre-approved by the program director and the GME office.

During the elective rotation Community Health Network will continue to pay the resident/fellow’s salary, benefits, and malpractice insurance as currently provided (for rotations within Indiana). All other associated expenses (licensure, housing, meals, travel, etc.) will be the responsibility of the resident/fellow.

Away electives must be communicated to both the program for initial approval of the educational value, and the GME office to assure safety and malpractice coverage. At least 3, preferably 6 months, notice is required.

### **Malpractice insurance differs depending on rotation location:**

- Within Indiana: Coverage would be the same as a rotation within Community Health Network.
- Outside of Indiana (but still within the US): Typically CNHW will be able to produce a certificate of insurance to cover the resident/fellow at the destination of the rotation. This needs to be ascertained prior to committing to an away rotation.
- Outside the US: Malpractice coverage is never provided.
- Additional malpractice insurance beyond the current coverage will not be provided by Community Health Network. (You may be able to get this from the place you are going if needed). The resident/fellow is responsible for ensuring coverage is within the required limits of the rotation.

### **Requirements and Process:**

1. The request for an “Away Rotation” must be submitted through the program coordinator via an away rotation application and reviewed and approved by the applicant’s Program Director and GME. All requests must be received by the Program director at least 3 months (see below for out of state rotations) before the beginning of the rotation to be considered for approval. Some programs may require more advanced notice. In that case, the specific program requirements will take precedence.
2. No more than one elective away months may be taken per year per resident/fellow during their training period.

### **Types of Away rotations:**

1. **Off-site rotations within Indiana** may be allowed for educational activities not available locally. The proposed rotation must be approved by the Program Director.

In addition to all of the above, these rotations require:

- a. Written curriculum complete with goals and objectives that support both the educational benefit and the need for off-site learning during the rotation.
  - b. Preceptor who would be willing and appropriately credentialed to provide supervision of the resident/fellow during off-site rotation.
  - c. Paperwork must be submitted a minimum of three (3) months in advance (or per program guidelines if longer) in order to procure legal agreement between Community Health Network and the host site as well as malpractice coverage (Program Letter of Agreement: which is available from the Program Coordinator). Some programs may require more advanced notice. In that case, the specific program requirements will take precedence.
  - d. Once the above steps are complete, the resident/fellow shall then arrange for coverage of clinic duties and call, and trade with other residents/fellows so all duties are covered.
  - e. A time-away request must be completed and submitted.
2. **International rotations** may be taken but Malpractice coverage is not provided by Community Health Network. Additionally, residents are required to present the names and email addresses of primary supervisor and travel documents **including proof of evacuation insurance** to your Advisor to receive initial rotation approval. It must be then approved by the Program Director and the GME office (DIO).

In addition to all of the above, these rotations require:

- a. Written curriculum, complete with goals and objectives that support both the educational benefit and the need for off-site learning during the rotation.
- b. Preceptor who would be willing and appropriately credentialed to provide supervision of the resident/fellow during off-site rotation.
- c. Paperwork must be submitted at least two (3) or more months in advance in order to procure legal agreement between Community Health Network and the host site (Program Letter of Agreement: which is available from the Program Coordinator). **Some programs may require more advance notice. In that case, the specific program requirements will take precedence.**
- d. Once the above steps are complete, the resident/fellow shall then arrange for coverage of clinic duties (desktop coverage) and call trades with other residents/fellows so all duties are covered.
- e. A time-away request must be completed and submitted.
- f. Elective rotations to countries either on the U.S. State Department's Travel Warning list [http://travel.state.gov/travel/cis\\_pa\\_tw/tw/tw\\_1764.html](http://travel.state.gov/travel/cis_pa_tw/tw/tw_1764.html) or those with U.S. Treasury Office of Foreign Assets Control restrictions will not be permitted. <https://sdnsearch.ofac.treas.gov/>
- g. Failure to do all the above may result in inability to participate in international experiences.
- h. A copy of a current passport must be submitted.



3. **Off-site rotations outside Indiana but within the US** must provide an experience not available within Community or elsewhere in Indiana. Please discuss any rotation well in advance including the rationale and justification of the rotation with your Advisor and Program Director.  
It can take six months (6) or more to arrange and get the required documentation in place. If malpractice cannot be obtained, then the rotation will not be approved.

In addition to all of the above, these rotations require:

- a. Written curriculum, complete with goals and objectives that support both the educational benefit and the need for off-site learning during the rotation.
- b. Preceptor who would be willing and appropriately credentialed to provide supervision of the resident/fellow during off-site rotation.
- c. Paperwork must be submitted at least six (6) or more months in advance in order to procure a legal agreement between Community Health Network and the host site as well as malpractice coverage (Program Letter of Agreement which is available from the Program Coordinator or some places will require an Master Affiliation agreement which must come from legal and can take months to get approved.)
- d. Once the above steps are complete, the resident/fellow shall then arrange for coverage of clinic duties (desktop coverage) and call trades with other residents/fellows so all duties are covered.
- e. A time-away form must be completed and submitted.
- f. Medical license: Medical licensure is done on a state-by-state basis. If the away rotation is out-of-state, it is the responsibility of the trainee to understand and follow the applicable state licensure rules for trainees in GME programs in that state. Many states will require a training certificate to be issued by the state medical board prior to commencing any clinical activities.

## Global Health Rotations

The opportunity to study medicine and provide medical care in a foreign country is reserved for faculty and residents/fellows in good standing (i.e. not on a Performance Improvement Plan or Corrective Action).

The intent of this opportunity is to support the service of others in the world, and to gain experience in functioning with limited technology and financial resources.

Similar education must not be able to be obtained locally here in Indiana.

Global health electives will be considered only based on program and resource constraints.

The procedure for away electives as well as overseas electives will be managed by the GME office.

Goals: Productively and cooperatively participate in a multidisciplinary approach to patient management in a developing country.

1. Work cooperatively as a team member with multi-disciplinary team and support staff in the affiliated hospital, its outpatient offices and any travel clinic volunteers.
2. Understand the impact of public health infrastructure (e.g. sanitation, pollution, education, immunizations, nutritional resources, etc.) in the role of health care delivery.
3. Understand the impact of government policies in health care delivery.

Participating residents and faculty must follow all network guidelines for professional service delivery as well as team professionalism while traveling and representing the network.

Rotation requests may be denied if the GME office and legal department believe that current political, health, or risks outweigh the potential benefits.



## Moonlighting

Community Health Network Moonlighting Policy, effective 8/2/19, approved by GMEC 8/2/19.

Moonlighting is discouraged by the network residency programs, given that residency is a full time obligation. In the event a resident would like to pursue moonlighting, the resident must request a form from his/her program director. The form must be completed and the proposed moonlighting approved in writing prior to commencing the moonlighting activity. (See Moonlighting)

The ACGME does not allow internal moonlighting within the home health system for trainees.

Purpose: This policy is to specify the circumstances when residents or fellows in GME programs (ACGME, CPME, or other) are allowed to moonlight (do extra work for compensation).

Moonlighting is NOT required.

Moonlighting during training may influence resident or fellow wellness and is discouraged by the institution.

Prior to any moonlighting activities (internal or external), a resident or fellow must:

- (1) Confirm he/she is in good standing as determined by the program director;
- (2) Complete a written application (see attached); and
- (3) Obtain signed permission from the program director
- (4) Copy written signed form to GME office for tracking

Interns (first year residents) may not moonlight.

External moonlighting is permitted with the above processes.

All moonlighting hours count as work/duty hours and must be reported in New Innovations by the trainee and are subject to the 80 hour work rule.

Resident and fellow conditions and performance will be monitored by the faculty and program director.

Settings or providers who wish to have residents/fellows moonlight MUST provide to the resident/fellow:

1. A separate contract for moonlighting activities

2. An assurance that the resident/fellow has a full state license for unsupervised medical practice in the State of Indiana, DEA number, and CSR number.
3. Written assurance of malpractice coverage for the moonlighting activity

#### Glossary (from ACGME)

- Moonlighting: Voluntary, compensated, medically-related work performed beyond a resident or fellow's clinical experience and education hours, and any additional work required for successful completion of the program.
- Internal moonlighting: Voluntary, compensated, medically related work performed within the site where the resident or fellow is in training or any of its related participating sites (i.e., CHNw facility sponsoring the program and all other CHNw facilities or locations).
- External moonlighting: Voluntary compensated medically related work performed outside the site where the resident or fellow is in training and any of its related participating sites (i.e., non-CHNw facility or location).

Programs must assure structure that offers residents/fellows adequate time off from work and for rest and personal activities. Moonlighting may not interfere with adequate time off.

Residents/fellows wishing to moonlight must file a form with the program director and GME office prior to the start of external moonlighting. Refile for each new activity/site and at least one time per academic year.

Residents/fellows engaging in moonlighting activities which have not been approved risk immediate dismissal from the training program. The Residency/Fellowship program director has discretion to remove approval for moonlighting at any time, based on resident/fellow performance or interference with training.



## Information Technology and Systems Access

**Refer to PolicyStat policy titled Administrative, Technical, and Physical Safeguards for full related policy.**

Adherence to the Community Health Network information privacy and security policies is required in the use of the electronic medical record (CareConnect; EPIC).

Employee user IDs and passwords may never be shared with others, and individuals are prohibited from using/working under another individual's ID/password. Failing to preserve the unique user identification/password undermines the integrity of the clinical documentation and communication, and the privacy and confidentiality of the patient information. Violation of this policy, whether an attending physician, fellow, or resident, may result in disciplinary action, including termination.

Equipment given to residents and fellows during training is the property of the network and subject to all policies of the network for access, use and reporting. Residents or fellows who violate policies of use, confidentiality of data, loss and reporting of equipment are subject to disciplinary action. Loss may result in financial responsibility to the resident/fellow for replacement of equipment.



## IT Support and Use Policy

**Refer to PolicyStat policy titled Administrative, Technical, and Physical Safeguards for full policy**

Each resident and fellow is provided with specific technologies, which may include a laptop computer, or applications on laptops, phones, or pagers, to support the educational program.

Support for these technologies is available 24/7/365. In addition, the resident/fellow will attend training for and utilize Community CareConnect, EPIC (Electronic Medical Record or EMR).

## Protecting Patient Privacy HIPAA

**Refer to PolicyStat policy titled Administrative, Technical, and Physical Safeguards for full policy**

Laptops issued at the start of training will be yours to keep upon successful completion of Residency, and are the property of Community Health Network during your training.

Use of this or a phone or pager is a serious responsibility for patient data.

HIPAA and privacy issues require diligence and the protection of system passwords.

Report any losses immediately.

Encrypt all emails or pages with PHI by putting "secure:" in the subject line of the e-mail (the colon must be included in order to encrypt the e-mail).

Limit the transport of patient-related information from site to site; keep patient care information at the site where the patient seeks care.

If your laptop is stolen or missing, contact your program director immediately.

In addition, use or exchange of any patient data (thumbdrive, phone) must be done only using encrypted methods.



## Communications: Expectations and Policies on use of Communication Tools

Each resident/fellow is provided with technology appropriate to support his or her responsibilities and enhance communication. This technology may include a laptop computer, pager and/or other wireless devices (vocera). The following outlines the GME and Network policies on expectations and acceptable and restricted uses.

### **Mail and Address Changes**

Each program has its own arrangements for resident/fellow mail. Each resident/fellow should check with the department or Chief Resident as to where to pick up mail. Personal mail is to be delivered to your home address. Community Health Network Graduate Medical Education and its programs communicate with resident/fellows through both the U.S. Postal Service and the individual's official Network email account. Therefore, it is important for resident/fellows to update their information as soon as they have any changes in their mailing address.

An email or fax should be sent to the program director for forwarding to the Graduate Medical Education office with the full name, phone number, and new address listed. The resident/fellow should notify the Indiana Professional Licensing Agency (IPLA) any change in the home address. Updates to the address and phone number can be made on the medical license as part of the on-line renewal process. If changes need to be made after an individual has renewed their license, an email or fax should be sent to IPLA. Email: [pla3@pla.IN.gov](mailto:pla3@pla.IN.gov); Fax: 317-233-4236. Changes of address must also be reported to the Human Resources Department.

### **E-Mail**

**Refer to PolicyStat policy titled Administrative, Technical, and Physical Safeguards for full policy on email usage.**

Residents and fellows are expected to follow appropriate email etiquette when communicating with faculty, staff, and peers. Users are subject to all Network and hospital policies concerning information technology, including without limitation policies on use and misuse of information technology resources.

Inappropriate use of email may be grounds for disciplinary action up to and including dismissal. Based on HIPAA regulations, Community's Corporate Compliance Department strongly recommends that Protected Health Information (PHI) not be sent via email. Residents/fellows are instructed to consult with the program director and review Network policies before sending any PHI via email.

Each resident/fellow is issued a Network ID and email account for use during training. Accordingly, email is an available mechanism for formal communication by the GME office, program directors and faculty



with residents/fellows. Official communications will be sent to residents' Network email addresses. Residents must review email in a timely manner and manage expectations appropriately.

Email shall be considered an appropriate mechanism for official communication by Community Health Network and its Graduate Medical Education programs unless otherwise prohibited by law. Community Health Network Graduate Medical Education and its programs reserve the right to send official communications to residents/fellows by email with the full expectation that residents and fellows will receive email and read these emails daily on work days.

Residents/fellows must ensure that there is sufficient space in their accounts to allow for email to be delivered. Residents/fellows have the responsibility to recognize that certain communications may be time-critical. Residents/fellows will not be held responsible for an interruption in their ability to access a message if system malfunctions or other system-related problems prevent timely delivery of, or access to, that message (e.g., power outages or email system viruses).

### **Text messaging**

Unless a resident is using secure text messaging, no important correspondence or patient care information should be sent using texting to unsecured cell phones or other devices. (See policy in policy stat)





## Academic Integrity

Community Health Network residents and fellows are expected to maintain a high level of academic integrity in their scholarly activities. Academic misconduct is a direct violation of professionalism. Academic misconduct includes, but is not limited to, acts such as fabrication, falsification, plagiarism, and cheating. Individuals who assist others in academic misconduct are also in violation of the principle of academic integrity. Residents and fellows who engage in academic misconduct are subject to disciplinary action. While this integrity applies to all activities related to patient care, it also applies to the submission of scholarly work, authorship, data and all other aspects of professional work.

## Restrictive Covenants/Non-compete Clauses

Community Health Network fully supports the ACGME policy which prohibits the inclusion of any restrictive covenants or non-compete clauses for residents or fellows. Neither the Sponsoring Institution nor any of our ACGME-accredited programs will require a resident or fellow to sign a non-competition guarantee or restrictive covenant. Residents and fellows must immediately report to the GME Office about any Community Health Network residency/fellowship-related documents that contain language which could be construed as non-compete or restrictive covenant language.

Residents/fellows can elect to inform select patients where they will be practicing after graduation, but it is the assumption that most patients will continue treatment within the training program. Graduating residents/fellows should not solicit patients to join their new practice with letters/mailings/emails or any other correspondence.

## Ethical Conflicts in Care Management

In a complex health care system, there is the potential for conflicts to arise. When caring for patients evokes a difference in values amongst patients and family members, providers, or internal to the physician, or an ethics consultation can provide assistance. These services are to help the patient, family or treatment team in their decision making based on values and legal principles.

Residents and faculty are expected to complete periodic training in ethics of patient care, research and scholarly activity, and ethics of health care systems. These trainings are part of the core competencies of medical education and common program requirements.

The policies related to ethical care and patient care are in our network policy system, PolicyStat. These include policies about informed consent, futility of care, etc.

Current mechanism of requesting consultations for ethical dilemmas will be available on InComm or by calling the network operator.



## Malpractice

All Community Health Network employed physicians are provided professional liability coverage for the scope of duties outlined in the employment contract.

The coverage does NOT include activities which are voluntary in the community (unless requested by the Program Director in advance) or moonlighting activities outside of Community Health Network facilities.

Community shall maintain professional liability insurance in the limits necessary to qualify itself and its employees as health care providers under the Indiana Medical Malpractice Act (Ind. Code § 34-18-1 *et seq.*), as amended from time to time, or any successor legislation (the "Act").

When a Community Health Network employed physician is terminated from the Professional Liability Policy, tail coverage/extended reporting period will be provided. The termination date from the policy is the date that coverage ends. For any services provided after that date, Community Health Network will not cover. The tail coverage is in place to allow for any claims that may not have been reported as of the termination date/graduation.



## Drug-Free Workplace

**Refer to PolicyStat policy Drug Free Workplace for Network policy.**

This policy promotes Community Health Network as a drug-free and alcohol-free workplace. The policy also establishes guidelines and procedures in the detection, testing, and intervention for alcohol and drug abuse or diversion in the workplace or while working remotely.

## Physician Impairment

Residents and fellows may be unable to complete duties due to mental, physical or substance use illnesses. All GME leaders will work with residents to identify performance issues and impediments to good clinical practice, patient care and ongoing education. At times, residents may be determined to be unfit for duty. In those circumstances, an evaluation of the cause(s) for the difficulties will be required. This may involve referral to an external agency such as the ISMA for evaluation of cognitive, psychological, physical or substance use issues. These referrals for assessment will be supported by the GME leadership in time away from work, resource allocation, and return to duty when deemed fit.

Community Health Network prohibits the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance on hospital premises or while conducting hospital business off hospital premises. Violations of this policy may result in immediate termination of Graduate Medical Education training.

Community Health Network expects and requires all residents/fellows to report to work on time and inappropriate mental and physical condition. It is the hospital's intent and obligation to provide a drug-free, healthful, and secure environment for its patients, visitors and employees.

Community Health Network recognizes drug dependency as an illness and a major health problem. Community also recognizes drug usage as a potential health, safety, and security problem. Therefore, Community Health Network has contracted with the Indiana State Medical Association (ISMA) Physician Assistant Program (PAP), website <http://www.ISMAnet.org>, to coordinate efforts in identifying and assisting residents/fellows and other physicians practicing at Community Health Network with illnesses impairing their ability to practice medicine. These illnesses may include chemical dependency, psychiatric illnesses, and/or physical illnesses. The partnership between Community Health Network and ISMA was created to assist in the identification, treatment, and rehabilitation of an impaired member of the medical staff, residents, and fellows.

The objective is to serve all physicians who provide care at Community Health Network be they faculty or resident/fellow physicians in the Graduate Medical Education programs. If intervention is deemed



appropriate, it is undertaken in a confidential, positive, supportive manner, consistent with the laws of the State of Indiana, with the goals of recovery and rehabilitation foremost in mind.

### **For-Cause Drug Testing of Residents and Fellows**

If any individual has a concern or question regarding a resident/fellow's mental or physical condition due to supposed substance abuse, he or she should contact the program director or the DIO immediately and follow this up with written documentation of the event.

The program director has the authority to direct a "for cause" alcohol and drug screen. The program director should contact the Designated Institution Official (DIO) or his/her designee who will in turn, contact the ISMA PAP. A resident/fellow who declines a for cause screening may be suspended or placed on leave to be sure that patients or colleagues are not put at risk.

### **Intervention**

Intervention offers a way to approach the impaired practitioner in a caring, nonjudgmental manner and request that the physician receive assistance for a suspected problem. To set up an intervention:

- ISMA PAP staff review the information and determine if it is adequate to reasonably conclude impairment exists. If more information is needed, the referral source may be asked to identify other concerned parties to provide additional details.
- A meeting is held with the impaired physician and an assessment is requested by a source approved by the ISMA PAP.
- While engaged in the assessment and treatment planning in the ISMA PAP, the trainee will not be terminated.

### **Assessment/Treatment Referral**

Once an intervention has successfully occurred, the following usually represents the best interests of the physician and hospital:

- Formal enrollment in the ISMA PAP
- Agreement to immediately enter an approved assessment program and allow formal communication between the assessing agency and the ISMA PAP
- Agreement to follow all treatment recommendations resulting from the assessment recommendations
- Agreement that failure to comply with this plan violates the program agreement and may result in action on continuance of training, medical privileges, and/or medical licensure.

### **Monitoring/Advocacy Services**

A key service offered by the ISMA PAP is the monitoring contract. A typical physician contract remains in effect for five years and may include monitoring the following:

- Attendance at 12-step support groups, where appropriate
- Random urine drug-screen testing, where appropriate
- Individual, family and/or group counseling, where appropriate
- Communication with all appropriate therapists and treating physicians
- Attendance at Caduceus meetings, a support group for health care professionals, where appropriate
- Regular meetings with the PAP-named physician monitor and/or staff
- Any other requirements deemed necessary to aid recovery.

As part of this contract, the physician allows regular communication with all necessary and appropriate program personnel. Additionally, regular progress compliance letters can be sent on behalf of the recovering physician, when consent is given.

### **Confidentiality**

According to federal law and ISMA program policies, all participant information is confidential. The ISMA does not automatically refer a physician to the licensing board for a minor infraction of the contract. It is only after all attempts to work with a physician have failed that a referral is made to the appropriate board.

## Work Environment

**Refer to PolicyStat policy Anti-Harassment and Discrimination Policy for the Network policy.**

This policy details that all caregivers have the right to work in an environment free from all forms of discrimination and conduct which can be considered harassing, coercive, or disruptive, including sexual harassment. Community Health Network (CHNw) strives to create and maintain a work environment in which all caregivers are treated with dignity, decency and respect. CHNw has a zero tolerance towards acts of harassment, discrimination and retaliation. Through enforcement of this policy and by education of its caregivers CHNw will seek to prevent and correct behavior that violates this policy, the Standards of Behavior and PRIIDE Values.

In addition to the Network's Policy on Harassment and Workplace Threats and Violence, the office of Graduate Medical Education and its GMEC have adopted the following guidelines for its medical education programs:

1. There may be situations where residents/fellows feel they are abused or sexually harassed in the medical education setting. Because the relationship between faculty and residents is hierarchical, it remains the ethical responsibility of the faculty to assure that residents/fellows are professionally mentored and respectfully treated.  
All supervisors, whether program faculty or others, will be held to the highest standards in working with trainees.
2. Criticism of performance will be discussed in private with the resident/fellow.
3. Discussions about patient care with consulting medical staff with or among residents/fellows will be carried out in a civil tone and volume.
4. Shouting, cursing, name calling, or personal attacks have no place in any discussions.
5. When physically present in the hospitals, professional conversation and interactions are critical to patient care and to the functions of the hospitals and must be carried out civilly.

Any resident/fellow, attending physician, professional staff member or faculty member may report any such concerns about harassment, discrimination or workplace violence, including verbal communication to the program director, DIO, GME office, chairman of GMEC, to a regional physician executive, through Alertline, human resources or through program leadership, all of which will investigate and respond. All concerns will be investigated and reported to network leadership.



## Equal Opportunity and Non-Discrimination

Network statement: Community Health Network will seek and employ qualified individuals in all positions and in all departments; provide equal opportunity for advancement of employees; and administer these and all other matters concerned with employment in a manner which will not discriminate against any person in accordance with Title VII of the Civil Rights Act of 1964 (i.e. age, race, color, disability, religion, gender or national origin) and the Americans with Disability Act as amended.

In accordance with Community Health Network's values, all employees will be treated with dignity, respect and courtesy. To this end, and to provide a productive work environment, Community prohibits all forms of discrimination, including but not limited to: harassment on the basis of race, gender, ethnic background, age, religion, disability, or sexual orientation.

## Relationships with Colleagues

Community Health Network's Graduate Medical education mission is promoted by professionalism in faculty/resident/fellow/staff relationships. Professionalism is fostered by an atmosphere of mutual trust and respect. Actions of residents/fellows that harm this atmosphere undermine professionalism and hinder fulfillment of the network's educational mission. Trust and respect are diminished when those in positions of authority abuse or appear to abuse their power. Those who abuse their power in such a context violate their duty to the academic community.

Faculty and program directors, GME staff are expected to follow high standards for professionalism in working with trainees.

Residents/Fellows exercise power over other residents/fellows and staff whether in providing praise or criticism, evaluations, recommendations for their further studies or future employment, or conferring other benefits. All amorous or sexual relationships between residents/fellows or between residents/fellows and personnel staff are unacceptable when the resident/fellow has any professional responsibilities or relationship with or for the other. Such situations greatly increase the possibility that resident/fellow will abuse power and this abuse may lead to sexual exploitation. Voluntary consent by the other in such a relationship is suspect, given the fundamental asymmetric nature of the relationship.

Moreover, other residents/fellows and staff may be affected by such unprofessional behavior because it places the resident/fellow in a position to favor or advance one person's interest at the expense of others and implicitly makes obtaining benefits contingent on amorous or sexual favors.

Therefore, Community Health Network Graduate Medical Education Programs view such relationships as a violation of this policy if a resident/fellow engages in amorous or sexual relations with another resident/fellow or with staff for whom they have professional responsibility or relationship even when both parties have consented or appear to have consented to the relationship. Should a resident/fellow find him/herself in a supervisory relationship with someone he/she has already had a relationship with, he/she should notify his/her supervisor immediately and ask for reassignment.

Any concerned person may initiate complaints about alleged violations of this policy. Such complaints should be brought to the attention of the program director, DIO, or Chief Academic Officer, or SIE.

Possible sanctions may include, but are not limited to, reprimand, consideration in promotion decisions, termination of employment, and immediate dismissal.

Residents/fellows disciplined or terminated on grounds of violation of this policy shall have such rights as are provided by the Due Process policies.





## Professional Appearance Standards

When representing the Network, employees first and foremost are expected to present themselves in a manner that promotes a professional, safe, and hygienic appearance.

**Refer to PolicyStat policy Professional Image Standards, Dress Code for Direct Patient Facing Caregivers for full policy.**

The policy serves to provide appearance guidance and adherence standards. Leaders are to consult with Human Resources, the Workplace Care Clinic, Safety, or Infection prevention when circumstances that involve potential accommodation consideration exist. Departments where the standard of care requires specific appearance protocols, those apparel requirements will supersede this policy as applicable.

## Concern Resolution (Grievances)

The purpose of this policy is to identify the process in which resident/fellow can address concern(s) that arise during his/her training. It is the policy of the Community Health Network to have an identified procedure of how a resident/fellow can address his/her concern(s).

Retaliation against the resident/fellow for submitting a dispute through the concerns procedure is prohibited. Retaliation may result in action by the DIO up to and including termination of the retaliating individual(s).

This procedure may be used in conjunction with or in place of the confidential concern procedure outlined in “Resident Council” for all the above concerns.

Nothing in this policy shall be construed as limiting the resident/fellow’s right to access formal legal processes (i.e. EEOC).

This policy is supplemental to Community Health Network policies which provides the opportunity and mechanism to confidentially report concerns such as witnessed HIPAA violations or other violations of ethical standards or law.

### **Definition:**

*Concern:* Any dispute or grievance about the resident/fellow’s conditions of work, faculty member, the specialty program in which he/she is matriculating, or the interpretation/application of any rule, regulation, contract, letter of appointment, practice or policy of Community Health Network or its affiliated hospitals. It does not include any individual performance problems, discipline, failure to promote, nonrenewal of appointment, or termination.

### **Procedure:**

1. The resident/fellow shall promptly discuss the concern(s) with his/her program director.
2. If the matter is not satisfactorily resolved, or the resident/fellow is not comfortable speaking with the program director because the concern involves the program director, the resident/fellow may forward his/her written concern(s) to the DIO.
3. The DIO shall review the written concern, and he/she may, as deemed necessary, refer the concern to an appropriate body or person (e.g., Human Resources) for an advisory recommendation.
4. Following review of the written concern and advisory recommendation (if applicable), the DIO shall promptly render a final decision, including any related recommendations. A written record of the concern and decision will be kept in the Academic Affairs Office. The record will be confidential except as may be needed for further consideration (e.g., additional disciplinary actions or HR use).
5. The DIO will follow up on any recommendations which he/she has made.



## Library and Research Services

Community Health Network Library's resources and services meet the health professionals need to: maintain and improve clinical competence; support patient care management decisions; support performance improvement; and support training program scholarly needs. The library provides a wide range of services and online resources. The service is staffed by Masters trained medical librarians who can assist with evidence based database training as well as literature searches, reference work, in-person and virtual requests, orientations, and interlibrary loan services. Rush and same day evidence-based information is provided for direct patient care requests and other urgent information needs.

The main Library office is located at 6626 East 75<sup>th</sup> Street and is accessible Monday-Friday by appointment. Community Hospital North Library is staffed two days a week and is accessible with swipe badge access. The main phone number is 317-355-3600. Other questions, requests and comments can also be sent directly to [library@ecommunity.com](mailto:library@ecommunity.com).

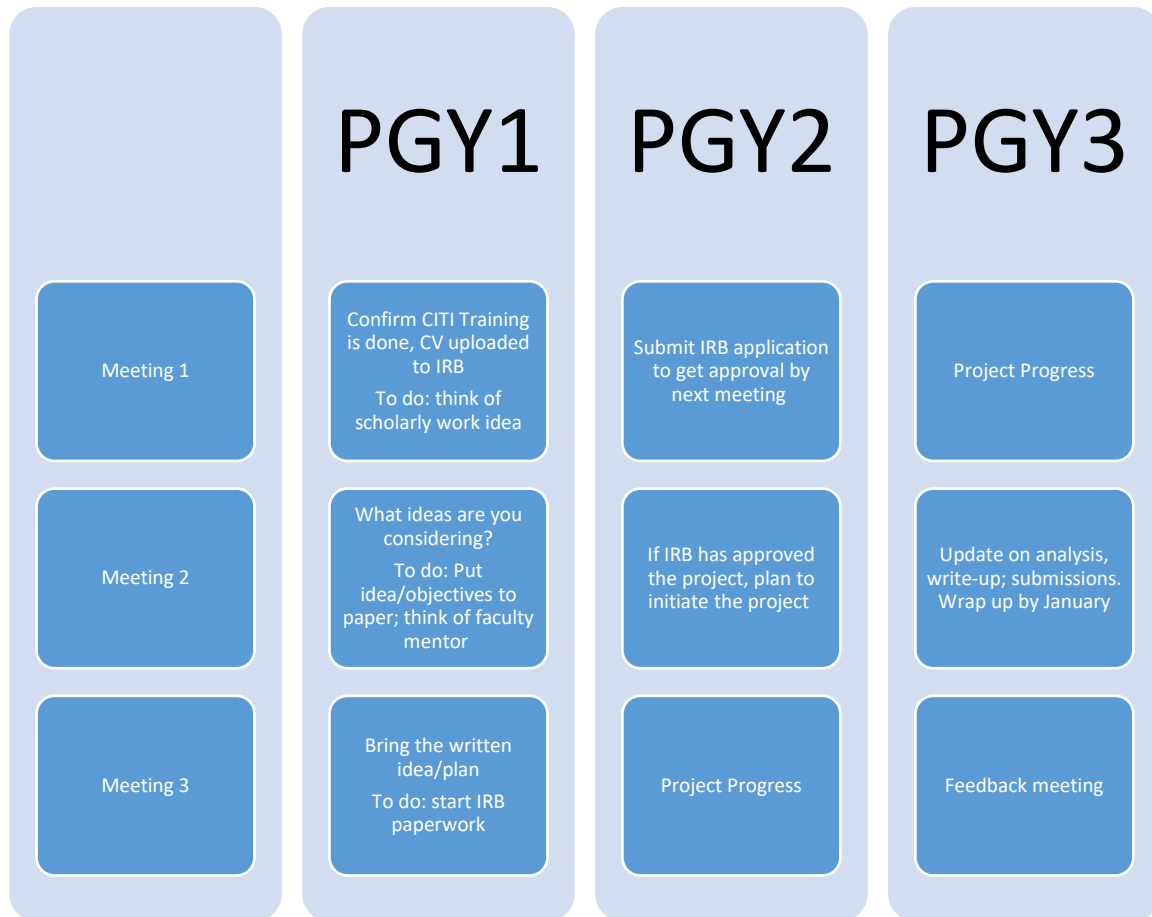
In addition to the physical locations and resources, the Community Health Network Library actively maintains an intranet website that is accessible to all clinicians at InComm>Departments>Library. The website provides evidence based resources, practice guidelines, electronic journals and databases. Included is access to Up-To-Date, PubMed database, Ovid databases, EBSCO databases, Lexicomp, Cochrane Library etc., as well as access to thousands of electronic journals.

## Scholarly and Clinical Research Support Services

The Community Health Network research section of the Office of Academic Affairs helps clinicians link to needed grant and funding resources and helps learners link to resources for scholarly activity.

Medical Education programs require that residents, fellows, and their faculty participate in active learning and scholarly activity. The active engagement in scholarly activity, whether a literature review, presentation, or practical application of evidence, is essential to learning, critical thinking, safety, quality and practice improvement. Residents/Fellows at the Network may choose from a variety of projects including advocacy, quality/process improvement, community-outreach, enduring educational material, qualitative research, or biomedical such as case series and retrospective studies.

A resident/fellow planning to complete any presentation, study, or project must speak with the Scholarship Oversight Committees (SOC). SOC are to facilitate the scholarly work of Residents/Fellows and give input on the plan, design, logistics, and presentation. Each GME Program in the Network has a site-SOC, led by 1-2 site faculty along with the Network Medical Director for Research. The site-SOC meets with each Resident/Fellow 3-4 times a year for a 15-minute one-on-one session, and ad-hoc on an as-needed basis. The figure depicts expected milestones:



The Research support services at Network include:

1. Mentoring and guidance study design, questions, and planning of projects
2. Guidance on institutional review board submissions
3. Project development, management and execution support
4. Grant submission, management, compliance and evaluation
5. Statistical analysis support

All research requires an institutional review board submission to assure protection of human subjects. This includes educational research and surveys on patients. Although these types of studies may be exempt or expedited, people who want to lead such projects must follow the guidelines of their program and the IRB to assure protection of their data. To facilitate research regulatory compliance, learners should use their [ecomunity.com](mailto:ecomunity.com) email address and address these compliance items:

1. CITI Training: Information on CITI training is provided by GME office at orientation. This training has to be completed prior to any project
2. CV: to upload your CV to Network IRB, access IRB at [iris.ecommunity.com](http://iris.ecommunity.com) and create an account; on right top of screen is My Profile; drop down the menu to My Account and on left of



screen, click on the button "Biosketch, CV, Pubs" to upload CV. The CV should show the learner's Nw affiliation eg "Resident in Family Practice Program at CHNw from (date)"

3. Slicer-Dicer/EMR use: Residents/Fellows shall not access any patient information for scholarly activity without IRB approval with one exception: the learner may review, but not record/save, a general report for study feasibility, for example, to determine number of patients who could potentially meet the study criteria

Residents and fellows are encouraged to participate in resident research competitions and symposia. The SOC and research support groups may assist residents and fellows in preparation of these submissions



## Resident/Fellow Vendor Policy

The Network has policies which guide relationships with vendors, pharmaceutical and industry influence over prescribing, and how our trainees may interact. All residents, fellows and faculty are required to follow network policies about gifts as well as interactions with representatives, samples and educational presentations.

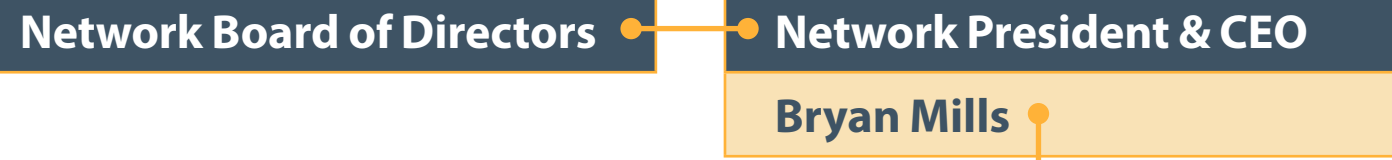
The ACGME and the GME office discourages use of pharmaceutical vendors in any educational setting. For more information related to the ACGME position on this, refer to the ACGME statement on Principles to Guide the Relationship between Graduate Medical Education, Industry, and Other Funding Sources for Programs and Sponsoring Institutions Accredited by the ACGME.

Our CME rules (ACCME) limit the participation with vendors in educational settings. For additional information, please contact the GME office.



## Organizational Structure and Responsibilities

See full Org Chart on following page



**Network Executive Leadership Team**

**Ram Yeleti, MD**  
Chief Physician Executive

**Physician Enterprise**

**Community Physician Network**  
John Kunzer, MD

**PROD LINE PHYSICIAN EXEC**  
Amanda Furr, MD, Integr Prim  
Bruce Ackerman, MD, Med Spec  
Barb Winningham, DNP, APPS  
Shekar Narayanan, MD, Surg  
Geoff Fortner, MD, Acute BH  
Sandeep Dube, MD, Acute BH  
Georges El Hoyek, MD, Post-Acute  
Indy Lane, MD, Women's  
Neil Giannini, Dir Physician Compensation

**Oncology Physician Executive**  
Sumeet Bhatia, MD

William Lowery, MD, Div Med Dir, Oncology  
Shi Jack Wei, MD, Div Med Dir, Rad Onc  
Annette Moore, MD, Prac Med Dir, Kokomo Oncology  
Pablo Bedano, MD, Div Med Dir, CHOP East  
Anuj Agarwala, MD, Div Med Dir, CHOP South  
Nataraj Reddy, MD, Div Med Dir, CHOP  
Radhika Walling, MD, Div Med Dir, CHOP North

**Nw Chief Medical Officer**  
Robin Ledyard, MD

**PHYSICIAN EXECUTIVES**  
Thomas Short, MD, Anderson  
Michael Stennis, MD, Howard  
Clark Perry, MD, Pt Experience  
Bob Baker, MD, Infection Prev

**Qual, Safety, Risk, Med Staff**  
LeAnne Horn, MS

Nicole Bohananon, Regulatory & Med Staff  
Ginger Breeck, Safety & Risk  
Julia Clement, Clin Claims Mgmt  
Clint Coys, Quality & Risk  
Sara Rankin, Dir Pt Experience  
Carol Terheide, Quality & Risk  
Kim Waters, Blood Mgmt  
Beth Wilhelm, Quality

**Academics/Research**  
Kathy Zoppi, PhD

Allison Woody, GME Clinical  
Crystal Neal, GME Institutional  
Michael Baker, MD, Podiatry  
Mark Lisby, MD, GME Hospitalist  
Randy Lee, MD, IRB and GME Hospitalist  
Sandeep K Gupta, MD, ORA & Foundation  
Scott McIew, LIME Manager  
Maurice Heinein, MD, East FM Residency  
Rachel Shockley, DO, South FM Residency  
E Ann Cunningham, DO, Psych Residency  
Kate Robinson, JD Research Compliance and IRB  
David Goodrich, MBA, Research Operations Dir

**Improvement & Phys Ldrshp**  
Tricia Hern, MD

Kevin Coss, MD, Physician Well-Being  
Ann Ostrom, Physician Leadership

**Jason Fahrlander**  
Chief Operating Officer

**Operations**

**Network CNO**  
Jean Putnam, DNP, RN

Janel Borkes, Prof Nursing Prac  
Emily Sego, Ambulatory  
Deb Lyons, Community Integration  
Karen Shaffer, Case Mgmt  
Jan Sauer, Network Policy Coord  
Christine Brenneman, RBC and Shared Governance  
Kirstine Widmann, Sr Proj Manager  
Anna Lorenzetto, CMO and Nursing Informatics

**CPN Operations**  
Kathy Krusie

**PROD LINE LEADER**  
Tam Carter, Cardiovascular  
Jon Fohrer, Med/Surg  
George Hurd, BH & Fairbanks  
Kim Jule, Post Acute  
Nichole Wilson, PhD, Retail & Primary Care  
Amy Wire, Women & Childrens  
Julie O Toole-Black, Ops & Access

**Anderson Region**  
Beth Tharp

Sherry Sidwell, Operations  
Marsha Meckel, Nursing  
Tom Bannon, Comm Engage & Foundation  
Darlene Garrison, Lab, Blood Bank, Path  
Becki Prigg, Med Staff Svcs  
Jeff Brown, Bus Relationships  
Jacob Guest, Dir HR

**Howard Region**  
Joe Hooper

Jennifer Hindman, Operations  
Tammie Floyd, Care Mgmt  
Mitch Chambers, Plant Ops & Facilities  
Rhonda Eastman, Foundation  
Steve Linrode, Risk Mgmt  
Aaron Stanley, Dir HR

**Indianapolis Region**  
David Kiley, MD

**SITE ADMINISTRATORS**  
Donnetta Gee-Weiler, CHW  
Paige Dooley, East  
Angie Dunst, North  
Anita Capps, South  
Candace Frierson, Behavioral  
Dawn Moore, Pharmacy  
Maria Coulter-McDonald, Spiritual Svcs  
Rob Campbell, Business Dev

**Oncology Services**  
Richard Funnell

Jim Hart, ED Oncology Svcs  
Tom Erickson, ED Oncology Svcs  
Barb Watson, ED Oncology Svcs  
Deana Hunsberger, Director Oncology Svcs  
Marsha Sherrell, Director Oncology Svcs  
Lindsay Gross, Group Practice Director Spec

**Real Est & Construction Svcs**  
Linda Pendleton

Darla Carpenter, Property Mgmt  
Andrea Brown, Real Estate  
Rick Absi, Project Mgmt  
Julie Christopherson, Project Mgmt  
Ryan Clark, Project Mgmt  
Laura Erhart, Project Mgmt  
Paul Robbins, Project Mgmt  
Keith Smith, Project Mgm Facilities Project Mgmt Office

**VEI**  
Mike Hogan

Natalie Christy, VP Surgical Svcs  
Michael Payne, ED Surgical Svcs  
Tara Rieman, Dir Provider Operations

**Security & Safety**  
Kevin Mahan

John Jester, Chief of Police  
Mike Howell, Dep Chief of Police  
Jeff Purkey, Safety  
Scott King, Valet

**Finance Operations**  
Jeff Kirkham

**Kyle Fisher**  
Chief Financial Officer

**Finance**

**Financial Accounting & Reporting**  
Holly Millard

Amy Campbell, VP Finance  
Brian McConnell, VP Controller  
Jason Landis, VP Finance  
John Bilo, VP Finance  
Kipp Finchum, VP Revenue Advisory Svcs  
Janine Shopp, VP Finance  
Leslie Yoder, ED Finance  
Mary Gamache, VP Finance

**Financial Planning & Support**  
Kelly George

Brette Walker, Dir Finance  
David Schulte, Dir Finance  
Nicole Alsop Arbukle, Dir Cost Accounting

**Corporate Venture Finance**  
Bret Weitzel

David Mooney, Dir Finance  
Jack Beatty, Dir Finance  
Jeff Brown, Dir Finance  
Jeff Timmons, Dir Controller  
Melissa Hughes, Dir Finance  
Terri Wealing, ED Revenue Cycle

**Managed Care & Revenue Cycle**  
Brian Schlagenhaut

Chad Bills, VP Revenue Cycle  
Josh Arthur, Dir Managed Care Analytics  
Julie Marino, ED ProHealth

**Supply Chain**  
Steve Bell

Denise Dolan, ED Sourcing and Procurement  
Beth Kanzler, ED Materials Management

**Business Development**  
Wendy Horn

Allison Lewis Lodhi, Dir Strategic Acct Integration  
Arti Patel, Business Development Associate  
Douglas Klink, ED Sales Account Management  
Ben Bruner, Dir Business Development

**Community Launchpad, LLC**  
Pete Turner

Braylon Hancock, Dir Innovation  
Jennifer Menne, Dir Strategic Planning

**Marketing & Communications**  
Al Larsen

Courtney Jones, ED Brand Positioning  
Deborah Kenemer, ED Patient Acquisition & Retention  
Steve Kaelble, Sr Corporate Communications Strategist

**Indiana Hospital Shared Services**  
Charlie Meadows

**Patrick McGill, MD**  
Chief Analytic Officer

**Network Analytics**

**Chief Information Officer**  
Rick Coppie

Glenn Berryman, CISO  
Irene Nelson, Dir PMO  
Jackson Payne, VP Operations  
Mike Sura, VP Solutions

**Analytics**  
Amy Heleine

Jim Balbach, ED Desc Support  
Alesa Brown, Dir Deployed Analytics  
Leslie Yoder, ED Finance  
Jessica Gregory, Statistician  
Nick John, Dir Analytics  
Ted Maple, Dir Data Architecture  
Lindsay Wahl, Prog Mgr Analytics

**Clinical Informatics**  
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Kate Mills-Rothenberg, Clin Desc Support Mgr  
Vanessa Lucas, Dir Clin Informatics

**Enterprise Services**  
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Danielle Bodigon, Bus Proc Analyst  
Christina Graham, Bus Proc Analyst  
Desi Huebner-Tunney, Bus Proc Analyst  
Carol Shields, Bus Proc Analyst  
LaSheena Sutton, Bus Proc Analyst

**Nursing Informatics**  
Anna Lorenzetto

Morgan Evert, RN Nurse Informatics Spec.

**Regulatory Reporting**  
Suzy Vaughn

Leslie Bayer, RN Compliance Analyst  
Chris Cunningham, Compliance Analyst  
Suzette Davis, Compliance Analyst  
Kaitlyn Hawkins, Compliance Analyst  
Carmen Williams, Compliance Analyst

**Michelle Mahaffey**  
Chief Human Resources Officer

**Human Resources**

**Employee Relations**  
Deborah Townsend

**Operations**  
Allen Wison

Andreina Healy, Bus Analyst  
Glenda Unterbrink, Bus Analyst  
Kristin Montgomery, Bus Analyst  
Mollie Bilskie, Bus Analyst  
Cory Liles, Dir HR  
Brian Clarke, Dir HR  
Joe Housh, Dir HR  
Stephen Pearcy, Dir HR  
Danielle Haag, Business Analyst  
Sylvia Burnett, Dir Human Resources

**Talent Management**  
Karly Cope

Joe Diaz, Dir T&O Dev  
Brandy Robinson, Dir L&D  
Amy Hume, Ldshp Recruit Mgr  
Kathy King, Dir Talent Acq  
Angie Trussel, Dir Talent Acq

**Total Rewards & Shared Svc**  
Joe Anderson

Kendra Meyer, Dir HRIS & HR Op  
Karen Callahan, Mgr Comp  
Carol Clayton, Mgr Comp  
Leslie Gaudreau, Mgr Comp  
Kathleen Deegan, Mgr Retromt  
Laura Mowery, Dir Payroll  
Teresa Donaldson, Dir Benefits

**Karen Ann Lloyd, ESQ**  
General Counsel

**Legal & Regulatory Affairs**

**Legal Services**  
Cliff Beyler, Sr Gen Counsel  
Shelley Fraser, Sr Gen Counsel  
Valita Fredland, Sr Gen Counsel  
Linda Reddington, Assoc Gen Counsel  
Kimberly Adams, Asst Gen Counsel

**Govt Affairs & Comm Benefit**  
Anne Murphy

Jill Christianson, VP Social Responsibility  
Cathy Boggs, ED Gov/Affiliate Relations  
Adrian Bottomley, Asst Gen Counsel  
Nick Parker, Asst Gen Counsel  
Leslie Malichi, Food Pantry Coord  
Kathleen Wendt, Food Pantry Asst.

**Internal Audit**  
Tom Tocash

Jared Boser, Lead Int Auditor  
Carol Costin, Lead Int Auditor (Coding)  
Lauri De Vries, Lead Int Auditor (Compliance)  
Angie Smith, Lead Int Auditor  
Shannon Mansfield, Int Auditor (Coding)  
Rae Maus, Int Auditor (Coding)  
Rhiannon Pope, Int Auditor (Coding)  
Jon Saladin, Int Auditor  
Leigh Wright, Compliance Auditor

**Corporate Investigations**  
Larry Collins

Charlie Driver, Investigator  
Denzil Lewis, Investigator

**Virginia Davidson**  
Chief Risk & Compliance Officer

**Organizational Risk & Compliance**

**Compliance**  
Jackie Smith

Norma Allen, Sr Compliance Analyst  
Keneshia Brown, Sr Compliance Analyst  
Sheryl Ingram, Compliance Mgr  
Devon Kennedy, Sr Privacy Analyst  
Leslee Lantz, Sr Compliance Analyst  
Brittney Sanders, Lead Compliance Consultant  
Kacie Symes, Sr Compliance Analyst

**Joyce Irwin**  
Foundation President & CEO

**Community Health Network Foundation**

**Development**  
Bente Weitekamp

Libby Pedigo, Development  
Laura Pickard, Leadership Giving  
Jennifer Bolander, Development  
Hannah Giere, Development

**Operations**  
Rob Baker

Kelly Coffey, Systems Data  
Melissa Mau, Grants & Compliance  
Keith Stafford, Grants Administration  
Deanna Strong, Sr Financial Analyst

**Donor Relations**  
Ryan Chelli

Bridget Cleveland, Mktg Communication  
Martha Henn, Grants & Proposals  
Cindy Farber, Strategic Events

**Diane McDaniel**  
SVP Chief Diversity & Inclusion Officer

**Diversity, Equity & Inclusion**  
Deborah Whitfield

Pamela Kinslow, Manager



**Specialty Program Requirements & Job Description**  
**Community Health Network, Inc.**  
**Family Medicine Residency Program PGY-1**

1. Program Specific Requirements.
  - (a) Resident shall comply with all Family Medicine Residency Program policies and procedures (“FM Policies”). In the event there is a conflict between the FM Policies and the GME Handbook, the GME Handbook shall control.
  - (b) Resident represents that he/she has read and understands the ACGME “Program Requirements in Family Medicine,” and the “Requirements for Certification by the American Board of Family Medicine.”
  
2. PGY-1 Job Description. PGY-1 Residents participating in the Family Medicine Residency Program shall:
  - (a) Obtain and maintain a license or temporary medical permit to practice medicine in the state of Indiana in accordance with the requirements of the Indiana Medical Practice Act and the Indiana Professional Licensing Agency.
  - (b) Provide appropriate care to assigned patients in a prompt manner.
  - (c) Conform to the established guidelines for the Family Medicine Center as they relate to patient care, use of faculty and educational programs.
  - (d) Follow guidelines for coverage for patients in all Facilities to maintain responsible continuous patient care during absences or illness.
  - (e) Provide night time coverage as required by the Family Medicine curriculum including teaching responsibilities of other residents and medical students as applicable.
  - (f) Report to the Family Medicine Residency Program Director (the “Program Director”) or his or her designee or Faculty Preceptor, any Community encounters with a patient or any other expressed dissatisfaction with care.
  - (g) Exhibit professional integrity and refrain from dishonesty, disruptive behavior, falsification of records, sexual abuse of patients and/or staff, intentional or negligent mistreatment of patients and from drug and/or alcohol abuse.
  - (h) Be prompt in all Facilities in seeing patients and promptly notify the Residency Program office of unexpected delays.
  - (i) Conform to all Applicable Rules and Regulations regarding the recording of data in the patient record.
  - (j) Shall not remove, download or copy records from any Facility without the prior written consent of Community.
  - (k) As directed by Program Director, attend all Family Medicine Residency Program conferences including the Community Hospital East monthly Grand Rounds and conferences provided at remote Community facilities, if not in person, then by available remote access.
  - (l) Present cases or give presentations when assigned by faculty.
  - (m) Use educational leave appropriately.
  - (n) Exhibit initiative and interest in his/her own education and patient care.

- (o) Work cooperatively and respectfully with other members of the Community GME, Community personnel and patients.
  - (p) Refrain from any behavior that is disruptive of patient care or the function of Community or residency staff in the fulfillment of their responsibilities. Such behavior may result in summary suspension of privileges.
  - (q) Refrain from outside activities so as not to interfere with meeting the requirements of the Family Medicine Residency Program.
  - (r) Maintain confidentiality of electronic information by keeping passwords secure and ensuring that his/her electronic access is secure and uninterrupted. Resident shall access Community computer systems frequently enough to maintain assigned accounts in an active status.
  - (s) Assist Community in attraction and recruitment of medical students or other candidates to become members of the Program. Such assistance shall include but not be limited to interviewing and evaluating candidates; entertaining candidates at various recruiting functions including evening meals or morning breakfasts; or performing other such reasonable recruitment duties as the Program Director or designate may request.
  - (t) Other duties as assigned by the Program Director or his or her designee in accordance with ACGME guidelines.
  - (u) Participate in hospital committees or other Community physician led committees as assigned by the Program Director from time to time.
3. PGY-1 Compensation. In consideration for the Services provided under the Agreement, Resident shall receive the following compensation:
- (a) Resident's salary shall be indicated in program contract presented to resident prior to employment. Such salary shall be paid in the normal course of Community's payroll subject to appropriate withholds and authorized deductions.
  - (b) Resident shall receive a start bonus of Seven Thousand Five hundred and 00/100 Dollars (**\$7,500.00**), subject to appropriate withholds and authorized deductions (the "Start Bonus"). The Start Bonus shall be paid to Resident no later than the second scheduled bi-weekly payroll date following the Commencement Date. **In the event Resident fails to complete his/her first year of residency with the Family Residency Program for any reason, Resident shall be required to refund the Start Bonus to Community.** Community is expressly authorized to withhold such refund from any amounts payable to the Resident. Resident agrees to execute the necessary document to provide for the salary deduction under applicable law in the form attached to contract. In the event the final payment hereunder is insufficient to meet this amount, then Resident agrees to pay said difference to Community within thirty (30) days following the termination of this Agreement.
  - (c) Resident shall be granted an annual allowance of Two Thousand Five Hundred and 00/100 Dollars (\$2,500.00) for continuing medical education ("CME") expenses subject to approval by the Program Director or designated assistant. Any portion of the annual allowance not used during a contract year shall expire and shall not carry over to the following contract year.
  - (d) Resident shall be reimbursed for the fees related to one sitting of the USLME or COMLEX Step 3 and Indiana Permanent Licensure. These funds can be utilized in either the PGY-1 or PGY-2 year; if ineligible to sit for exam or apply for permanent licensure earlier, the funds can be used in the PGY-3 year.
4. PGY-1 Paid Time Off. Resident shall be entitled to the following paid time off during the term of this Agreement:

- (a) Twenty-one (21) days of paid time off (“PTO”) that includes: (i) sixteen (16) weekdays for vacation, illness, business, personal or other leaves of absence not otherwise addressed herein; and (ii) five (5) paid days off for continuing medical education (“CME”). Scheduled PTO must be approved in accordance with the GME Handbook. Paid time off for CME shall only be for the time spent at an educational conference and may include reasonable travel time surrounding a conference. Time off requests for PTO and CME must be approved in accordance with the GME Handbook.
- (b) Five (5) paid days off during the two-week December holiday period that includes Christmas and New Year’s Day or such other dates as determined by Community in its sole discretion (“Holiday Days”). The Holiday Days will be scheduled by the Program Director or designated assistant.
- (c) Two (2) paid days off to take the United States Medical Licensing Examination (“USMLE”) Step 3 or Comprehensive Osteopathic Medical Licensing Examination (“COMLEX”) Step 3 during Resident’s first OR second year, if eligible. No additional paid time off will be awarded to Resident if his or her first attempt is unsuccessful.

No scheduled PTO shall be taken during the period of new intern orientation during the last two weeks of June. Any PTO or CME time not taken during the term of this Agreement shall expire at the end of the term and shall not carry over to the following year; nor shall Resident be entitled to any payment for unused PTO or CME time.

**IF RESIDENT EXCEEDS THE PAID TIME OFF ALLOWED ABOVE FOR ANY REASON, HIS/HER PROGRAM MAY BE EXTENDED IN ORDER TO ALLOW THE RESIDENT TO MAKE-UP THE DAYS MISSED AND GRADUATION MAY BE DELAYED, ALL IN ACCORDANCE WITH THE GME HANDBOOK.**

## **Specialty Program Requirements & Job Description**

### **Community Health Network, Inc. Family Medicine Residency Program PGY-II**

#### 1. Program Specific Requirements.

- (a) Resident shall comply with all Family Medicine Residency Program policies and procedures (“FM Policies”). In the event there is a conflict between the FM Policies and the GME Handbook, the GME Handbook shall control.
- (b) Resident represents that he/she has read and understands the ACGME “Program Requirements in Family Medicine,” and the “Requirements for Certification by the American Board of Family Medicine.”

#### 2. PGY-II Job Description. PGY-II Residents participating in the Family Medicine Residency Program shall:

- (a) Obtain and maintain a license or temporary medical permit to practice medicine in the state of Indiana in accordance with the requirements of the Indiana Medical Practice Act and the Indiana Professional Licensing Agency.
- (b) Provide appropriate care to assigned patients in a prompt manner.
- (c) Conform to the established guidelines for the Family Medicine Center as they relate to patient care, use of faculty and educational programs.
- (d) Follow guidelines for coverage for patients in all Facilities to maintain responsible continuous patient care during absences or illness.
- (e) Provide night time coverage as required by the Family Medicine curriculum including teaching responsibilities of other residents and medical students as applicable.
- (f) Report to the Family Medicine Residency Program Director (the “Program Director”) or his or her designee or Faculty Preceptor, any patient or family member’s expressed dissatisfaction with care.
- (g) Exhibit professional integrity and refrain from dishonesty, disruptive behavior, falsification of records, sexual abuse of patients and/or staff, intentional or negligent mistreatment of patients and from drug and/or alcohol abuse.
- (h) Be prompt in all Facilities in seeing patients and promptly notify the Residency Program office of unexpected delays.
- (i) Conform to all Applicable Rules and Regulations regarding the recording of data in the patient record.
- (j) Shall not remove records from any Facility without the prior written consent of Community.
- (k) Attend all Family Medicine Residency Program conferences (including Community Hospital East monthly Grand Rounds).
- (l) Present cases or give presentations when assigned by faculty.
- (m) Use educational leave appropriately.
- (n) Exhibit initiative and interest in his/her own education and patient care.

- (o) Work cooperatively and respectfully with other members of the Community GME, Community personnel and patients.
  - (p) Refrain from any behavior that is disruptive of patient care or the function of Community or residency staff in the fulfillment of their responsibilities. Such behavior may result in summary suspension of privileges.
  - (q) Refrain from outside activities so as not to interfere with meeting the requirements of the Family Medicine Residency Program.
  - (r) Maintain confidentiality of electronic information by keeping passwords secure and ensuring that his/her electronic access is secure and uninterrupted. Resident shall access Community computer systems frequently enough to maintain assigned accounts in an active status.
  - (s) Assist Community in attraction and recruitment of medical students or other candidates to become members of the Program. Such assistance shall include but not be limited to interviewing and evaluating candidates; entertaining candidates at various recruiting functions including evening meals or morning breakfasts; or performing other such reasonable recruitment duties as the Program Director or designate may request.
  - (t) Other duties as assigned by the Program Director or his or her designee in accordance with ACGME guidelines.
  - (u) Participate in hospital committees or other Community physician led committees as assigned by the Program Director from time to time.
3. PGY-II Compensation. In consideration for the Services provided under the Agreement, Resident shall receive the following compensation:
- (a) Resident's salary will be subject to market rates and network approval each year. Resident salary will be communicated via promotion letters from the program. Such salary shall be paid in the normal course of Community's payroll subject to appropriate withholds and authorized deductions.
  - (b) Resident shall be granted an annual allowance of Two Thousand Five Hundred and 00/100 Dollars (\$2,500.00) for continuing medical education ("CME") expenses subject to approval by the Program Director or designated assistant. Any portion of the annual allowance not used during a contract year shall expire and shall not carry over to the following contract year.
  - (c) Resident shall be reimbursed for the following the fees:
    - (i) Permanent Indiana medical licensure – The fee for licensure may be reimbursed in PGY-II or PGY-III years depending on eligibility of Resident; and
    - (ii) Permanent DEA registration – the registration fee may be reimbursed after Resident has obtained his/her permanent Indiana medical license.
4. PGY-II Paid Time Off. Resident shall be entitled to the following paid time off during the term of this Agreement:
- (a) Twenty-one (21) days of paid time off ("PTO") that includes (i) sixteen (16) weekdays for vacation, illness, business, personal or other leaves of absence not otherwise addressed herein and (ii) five (5) paid days off for continuing medical education ("CME"). Paid time off for CME shall only be for the time spent at an educational conference and may include reasonable travel time surrounding a conference. Time off requests for PTO and CME must be approved in accordance with the GME Handbook.

- (b) Five (5) paid days off during the two-week December holiday period that includes Christmas and New Year's or such other dates as determined by Community in its sole discretion ("Holiday Days"). The Holiday Days will be scheduled by the Program Director or designated assistant.

No scheduled PTO shall be taken during the period of new intern orientation during the last two weeks of June. Any PTO or CME time not taken during the term of this Agreement shall expire at the end of the term and shall not carry over to the following year; nor shall Resident be entitled to any payment for unused PTO or CME time.

**IF RESIDENT EXCEEDS THE PAID TIME OFF ALLOWED ABOVE FOR ANY REASON, HIS/HER PROGRAM MAY BE EXTENDED IN ORDER TO ALLOW THE RESIDENT TO MAKE-UP THE DAYS MISSED AND GRADUATION MAY BE DELAYED, ALL IN ACCORDANCE WITH THE GME HANDBOOK.**

## **Specialty Program Requirements & Job Description**

### **Community Health Network, Inc. Family Medicine Residency Program PGY-III**

#### 1. Program Specific Requirements.

- (a) Resident shall comply with all Family Medicine Residency Program policies and procedures (“FM Policies”). In the event there is a conflict between the FM Policies and the GME Handbook, the GME Handbook shall control.
- (b) Resident represents that he/she has read and understands the ACGME “Program Requirements in Family Medicine,” and the “Requirements for Certification by the American Board of Family Medicine.”

#### 2. PGY-III Job Description. PGY-III Residents participating in the Family Medicine Residency Program shall:

- (a) Obtain and maintain a license or temporary medical permit to practice medicine in the state of Indiana in accordance with the requirements of the Indiana Medical Practice Act and the Indiana Professional Licensing Agency.
- (b) Provide appropriate care to assigned patients in a prompt manner.
- (c) Conform to the established guidelines for the Family Medicine Center as they relate to patient care, use of faculty and educational programs.
- (d) Follow guidelines for coverage for patients in all Facilities to maintain responsible continuous patient care during absences or illness.
- (e) Provide night time coverage as required by the Family Medicine curriculum including teaching responsibilities of other residents and medical students as applicable.
- (f) Report to the Family Medicine Residency Program Director (the “Program Director”) or his or her designee or Faculty Preceptor, any patient or family member’s expressed dissatisfaction with care.
- (g) Exhibit professional integrity and refrain from dishonesty, disruptive behavior, falsification of records, sexual abuse of patients and/or staff, intentional or negligent mistreatment of patients and from drug and/or alcohol abuse.
- (h) Be prompt in all Facilities in seeing patients and promptly notify the Residency Program office of unexpected delays.
- (i) Conform to all Applicable Rules and Regulations regarding the recording of data in the patient record.
- (j) Shall not remove records from any Facility without the prior written consent of Community.
- (k) Attend all Family Medicine Residency Program conferences (including Community Hospital East monthly Grand Rounds).
- (l) Present cases or give presentations when assigned by faculty.
- (m) Use educational leave appropriately.
- (n) Exhibit initiative and interest in his/her own education and patient care.

- (o) Work cooperatively and respectfully with other members of the Community GME, Community personnel and patients.
  - (p) Refrain from any behavior that is disruptive of patient care or the function of Community or residency staff in the fulfillment of their responsibilities. Such behavior may result in summary suspension of privileges.
  - (q) Refrain from outside activities so as not to interfere with meeting the requirements of the Family Medicine Residency Program.
  - (r) Maintain confidentiality of electronic information by keeping passwords secure and ensuring that his/her electronic access is secure and uninterrupted. Resident shall access Community computer systems frequently enough to maintain assigned accounts in an active status.
  - (s) Assist Community in attraction and recruitment of medical students or other candidates to become members of the Program. Such assistance shall include but not be limited to interviewing and evaluating candidates; entertaining candidates at various recruiting functions including evening meals or morning breakfasts; or performing other such reasonable recruitment duties as the Program Director or designate may request.
  - (t) Other duties as assigned by the Program Director or his or her designee in accordance with ACGME guidelines.
  - (u) Participate in hospital committees or other Community physician led committees as assigned by the Program Director from time to time.
3. PGY-III Compensation. In consideration for the Services provided under the Agreement, Resident shall receive the following compensation:
- (a) Resident's salary will be subject to market rates and network approval each year. Resident salary will be communicated via promotion letters from the program. Such salary shall be paid in the normal course of Community's payroll subject to appropriate withholds and authorized deductions.
  - (b) Resident shall be granted an annual allowance of Two Thousand Five Hundred and 00/100 Dollars (\$2,500.00) for continuing medical education ("CME") expenses subject to approval by the Program Director or designated assistant. Any portion of the annual allowance not used during a contract year shall expire and shall not carry over to the following contract year.
  - (c) Resident shall be reimbursed for the following the fees:
    - (i) Permanent Indiana medical licensure – The fee for licensure may be reimbursed in PGY-II or PGY-III years depending on eligibility of Resident; and
    - (ii) Permanent DEA registration – the registration fee may be reimbursed after Resident has obtained his/her permanent Indiana medical license.
4. PGY-III Paid Time Off. Resident shall be entitled to the following paid time off during the term of this Agreement:
- (a) Twenty-one (21) days of paid time off ("PTO") that includes (i) sixteen (16) weekdays for vacation, illness, business, personal or other leaves of absence not otherwise addressed herein and (ii) five (5) paid days off for continuing medical education ("CME"). Paid time off for CME shall only be for the time spent at an educational conference and may include reasonable travel time surrounding a conference. Time off requests for PTO and CME must be approved in accordance with the GME Handbook.



- (b) Five (5) paid days off during the two-week December holiday period that includes Christmas and New Year's or such other dates as determined by Community in its sole discretion ("Holiday Days"). The Holiday Days will be scheduled by the Program Director or designated assistant.
- (c) Three (3) paid days off for interviewing.

No scheduled PTO shall be taken during the period of new intern orientation during the last two weeks of June. Any PTO or CME time not taken during the term of this Agreement shall expire at the end of the term and shall not carry over to the following year; nor shall Resident be entitled to any payment for unused PTO or CME time.

IF RESIDENT EXCEEDS THE PAID TIME OFF ALLOWED ABOVE FOR ANY REASON, HIS/HER PROGRAM MAY BE EXTENDED IN ORDER TO ALLOW THE RESIDENT TO MAKE-UP THE DAYS MISSED AND GRADUATION MAY BE DELAYED, ALL IN ACCORDANCE WITH THE GME HANDBOOK.

**Community Health Network, Inc.**  
**Family Medicine Residency Program**  
**Chief Resident (PGY-III)**

1. Program Specific Requirements.

- (a) Resident shall comply with all Family Medicine Residency Program policies and procedures (“FM Policies”). In the event there is a conflict between the FM Policies and the GME Handbook, the GME Handbook shall control.
- (b) Resident represents that he/she has read and understands the ACGME “Program Requirements in Family Medicine,” and the “Requirements for Certification by the American Board of Family Medicine.”

2. Chief Resident Job Description. The Chief Resident participating in the Family Medicine Residency Program shall:

- (a) Obtain and maintain a license or temporary medical permit to practice medicine in the state of Indiana in accordance with the requirements of the Indiana Medical Practice Act and the Indiana Professional Licensing Agency.
- (b) Provide appropriate care to assigned patients in a prompt manner.
- (c) Conform to the established guidelines for the Family Medicine Center as they relate to patient care, use of faculty and educational programs.
- (d) Follow guidelines for coverage for patients in all Facilities to maintain responsible continuous patient care during absences or illness.
- (e) Provide night time coverage as required by the Family Medicine curriculum including teaching responsibilities of other residents and medical students as applicable.
- (f) Report to the Family Medicine Residency Program Director (the “Program Director”) or his or her designee or Faculty Preceptor, any patient or family members’ expressed dissatisfaction with care.
- (g) Exhibit professional integrity and refrain from dishonesty, disruptive behavior, falsification of records, sexual abuse of patients and/or staff, intentional or negligent mistreatment of patients and from drug and/or alcohol abuse.
- (h) Be prompt in all Facilities in seeing patients and promptly notify the Residency Program office of unexpected delays.
- (i) Conform to all Applicable Rules and Regulations regarding the recording of data in the patient record.
- (j) Shall not remove records from any Facility without the prior written consent of Community.
- (k) Attend all Family Medicine Residency Program conferences (including Community Hospital East monthly Grand Rounds).
- (l) Present cases or give presentations when assigned by faculty.
- (m) Use educational leave appropriately.
- (n) Exhibit initiative and interest in his/her own education and patient care.
- (o) Work cooperatively and respectfully with other members of the Community GME, Community personnel and patients.

- (p) Refrain from any behavior that is disruptive of patient care or the function of Community or residency staff in the fulfillment of their responsibilities. Such behavior may result in summary suspension of privileges.
  - (q) Refrain from outside activities so as not to interfere with meeting the requirements of the Family Medicine Residency Program.
  - (r) Maintain confidentiality of electronic information by keeping passwords secure and ensuring that his/her electronic access is secure and uninterrupted. Resident shall access Community computer systems frequently enough to maintain assigned accounts in an active status.
  - (s) Assist Community in attraction and recruitment of medical students or other candidates to become members of the Program. Such assistance shall include but not be limited to interviewing and evaluating candidates; entertaining candidates at various recruiting functions including evening meals or morning breakfasts; or performing other such reasonable recruitment duties as the Program Director or designate may request.
  - (t) Other duties as assigned to the Chief Resident by the Program Director or his or her designee in accordance with ACGME guidelines.
  - (u) Participate in hospital committees or other Community physician led committees as assigned by the Program Director from time to time.
3. Compensation. In consideration for the Services provided under the Agreement, Resident shall receive the following compensation:
- (a) Chief Resident's salary will be subject to market rates and network approval each year. Resident salary will be communicated via promotion letters from the program. Such salary shall be paid in the normal course of Community's payroll subject to appropriate withholds and authorized deductions.
  - (b) Resident shall be granted an annual allowance of Two Thousand Five Hundred and 00/100 Dollars (\$2,500.00) for continuing medical education ("CME") expenses subject to approval by the Program Director or designated assistant. Any portion of the annual allowance not used during a contract year shall expire and shall not carry over to the following contract year.
  - (c) Resident shall be reimbursed for the following the fees:
    - (i) Permanent Indiana medical licensure – The fee for licensure may be reimbursed in PGY–II or PGY–III years depending on eligibility of Resident; and
    - (ii) Permanent DEA registration – the registration fee may be reimbursed after Resident has obtained his/her permanent Indiana medical license.
4. Paid Time Off. Resident shall be entitled to the following paid time off during the term of this Agreement:
- (a) Twenty-one (21) days of paid time off ("PTO") that includes (i) sixteen (16) weekdays for vacation, illness, business, personal or other leaves of absence not otherwise addressed herein and (ii) five (5) paid days off for continuing medical education ("CME"). Paid time off for CME shall only be for the time spent at an educational conference and may include reasonable travel time surrounding a conference. Time off requests for PTO and CME must be approved in accordance with the GME Handbook.
  - (b) Five (5) paid days off during the two-week December holiday period that includes Christmas and New Years or such other dates as determined by Community in its sole discretion ("Holiday Days"). The Holiday Days will be scheduled by the Program Director or designated assistant.
  - (c) Three (3) paid days off for interviewing.

No scheduled PTO shall be taken during the period of new intern orientation during the last two weeks of June. Any PTO or CME time not taken during the term of this Agreement shall expire at the end of the term and shall not carry over to the following year; nor shall Resident be entitled to any payment for unused PTO or CME time.

IF RESIDENT EXCEEDS THE PAID TIME OFF ALLOWED ABOVE FOR ANY REASON, HIS/HER PROGRAM MAY BE EXTENDED IN ORDER TO ALLOW THE RESIDENT TO MAKE-UP THE DAYS MISSED AND GRADUATION MAY BE DELAYED, ALL IN ACCORDANCE WITH THE GME HANDBOOK.

## Specialty Program Requirements & Job Description

### **Community Health Network, Inc. South Osteopathic Family Medicine Residency Program PGY-1**

1. Program Specific Requirements.

- (a) Resident shall comply with all Family Medicine Residency Program policies and procedures (“FM Policies”). In the event there is a conflict between the FM Policies and the GME Handbook, the GME Handbook shall control.
- (b) Resident represents that he/she has read and understands the AOA “Basic Documents for Postdoctoral Training,” the ACOFP “Basic Standards for Residency in Osteopathic Family Medicine and Manipulative Treatment,” and the “Requirements for Certification by the American Osteopathic Board of Family Physicians” (“AOBFP”).
- (c) Resident agrees to carry out all assignments and rotations as defined by the Program Director under the guidelines of the AOA, ACGME and GMEC.
- (d) Resident shall comply with all ACGME requirements, as applicable from time to time.

2. PGY-1 Job Description. PGY-1 Residents participating in the South Osteopathic Family Medicine Residency Program shall:

- (a) Obtain and maintain a license or temporary medical permit to practice medicine in the state of Indiana in accordance with the requirements of the Indiana Medical Practice Act and the Indiana Professional Licensing Agency.
- (b) Provide appropriate care to assigned patients in a prompt manner.
- (c) Conform to the established guidelines for the Family Medicine Continuity of Care Clinic as they relate to patient care, use of faculty and educational programs.
- (d) Follow guidelines for coverage for patients in all Facilities to maintain responsible continuous patient care during absences or illness.
- (e) Provide night time coverage as required by the Family Medicine curriculum including teaching responsibilities of other residents and medical students as applicable.
- (f) Report to the Family Medicine Residency Program Director (the “Program Director”) or his or her designee or Faculty Preceptor, any Community encounters with a patient or any other expressed dissatisfaction with care.
- (g) Exhibit professional integrity and refrain from dishonesty, disruptive behavior, falsification of records, sexual abuse of patients and/or staff, intentional or negligent mistreatment of patients and from drug and/or alcohol abuse.
- (h) Be prompt in all Facilities in seeing patients and promptly notify the Residency Program office of unexpected delays.
- (i) Conform to all Applicable Rules and Regulations regarding the recording of data in the patient record.
- (j) Shall not remove records from any Facility without the prior written consent of Community.

- (k) As directed by the Program Director, attend Family Medicine Residency Program conferences including those provided at remote Community facilities, if not in person, then by available remote access.
  - (l) Present cases or give presentations when assigned by faculty.
  - (m) Use educational leave appropriately.
  - (n) Exhibit initiative and interest in his/her own education and patient care.
  - (o) Work cooperatively and respectfully with other members of the Community GME, Community personnel and patients.
  - (p) Refrain from any behavior that is disruptive of patient care or the function of Community or residency staff in the fulfillment of their responsibilities. Such behavior may result in summary suspension of privileges.
  - (q) Refrain from outside activities so as not to interfere with meeting the requirements of the Family Medicine Residency Program.
  - (r) Maintain confidentiality of electronic information by keeping passwords secure and ensuring that his/her electronic access is secure and uninterrupted. Resident shall access Community computer systems frequently enough to maintain assigned accounts in an active status.
  - (s) Assist Community in attraction and recruitment of medical students or other candidates to become members of the Program. Such assistance shall include but not be limited to interviewing and evaluating candidates; entertaining candidates at various recruiting functions including evening meals or morning breakfasts; or performing other such reasonable recruitment duties as the Program Director or designate may request.
  - (t) Other duties as assigned by the Program Director or his or her designee in accordance with AOA and ACGME guidelines, as applicable.
  - (u) Participate in hospital committees or other Community physician led committees as assigned by the Program Director from time to time.
3. PGY-1 Compensation. In consideration for the Services provided under the Agreement, Resident shall receive the following compensation:
- (a) Resident shall receive a start bonus of Seven Thousand Five hundred and 00/100 Dollars (**\$7,500.00**), subject to appropriate withholds and authorized deductions (the "Start Bonus"). The Start Bonus shall be paid to Resident no later than the second scheduled bi-weekly payroll date following the Commencement Date. **In the event Resident fails to complete his/her first year of residency with the Family Residency Program for any reason, Resident shall be required to refund the Start Bonus to Community.** Community is expressly authorized to withhold such refund from any amounts payable to the Resident. Resident agrees to execute the necessary document to provide for the salary deduction under applicable law in the form attached hereto as Schedule A-1. In the event the final payment hereunder is insufficient to meet this amount, then Resident agrees to pay said difference to Community within thirty (30) days following the termination of this Agreement.
  - (b) Resident's salary shall be indicated in program contract presented to resident prior to employment. Such salary shall be paid in the normal course of Community's payroll subject to appropriate withholds and authorized deductions.
  - (c) Resident shall be granted an annual allowance of Two Thousand Five Hundred Dollars (\$2,500.00) for continuing medical education ("CME") expenses subject to approval by the Program Director or designated assistant. Any portion of the annual allowance not used during a contract year shall expire and shall not carry over to the following contract year.

(d) Resident shall be reimbursed for one (1) sitting of the United States Medical Licensing Examination (“USMLE”) Step 3 or the Comprehensive Osteopathic Medical Licensing Examination (“COMLEX”) Step 3; provided, however, the exam must be taken in the PGY-1 year.

4. PGY-1 Paid Time Off. Resident shall be entitled to the following paid time off during the term of this Agreement:

- (a) Twenty-one (21) days of paid time off (“PTO”). Scheduled PTO must be approved in accordance with the GME Handbook.
- (b) Five (5) paid days off for continuing medical education (“CME”). Paid time off for CME shall only be for the time spent at an educational conference and shall not include any extra days surrounding a conference. Time off requests for CME must be approved in accordance with the GME Handbook.
- (c) Two (2) paid days off to take the USMLE Step 3 or COMLEX Step 3 **during Resident’s first year** (PGY-1). No additional paid time off will be awarded to Resident if his or her first attempt is unsuccessful.

No scheduled PTO shall be taken during the period of new intern orientation during the last two weeks of June. Any PTO or CME time not taken during the term of this Agreement shall expire at the end of the term and shall not carry over to the following year; nor shall Resident be entitled to any payment for unused PTO or CME time.

IF RESIDENT EXCEEDS THE PAID TIME OFF ALLOWED ABOVE FOR ANY REASON, HIS/HER PROGRAM MAY BE EXTENDED IN ORDER TO ALLOW THE RESIDENT TO MAKE-UP THE DAYS MISSED AND GRADUATION MAY BE DELAYED, ALL IN ACCORDANCE WITH THE GME HANDBOOK.

**Community Health Network, Inc.**  
**South Osteopathic Family Medicine Residency Program**  
**PGY-II**

1. Program Specific Requirements.

- (a) Resident shall comply with all Family Medicine Residency Program policies and procedures (“FM Policies”). In the event there is a conflict between the FM Policies and the GME Handbook, the GME Handbook shall control.
- (b) Resident represents that he/she has read and understands the AOA “Basic Documents for Postdoctoral Training,” the ACOFP “Basic Standards for Residency in Osteopathic Family Medicine and Manipulative Treatment,” and the “Requirements for Certification by the American Osteopathic Board of Family Physicians” (“AOBFP”).
- (c) Resident agrees to carry out all assignments and rotations as defined by the Program Director under the guidelines of the AOA, ACGME and GMEC.
- (d) Resident represents that he/she has read and understands the ACGME “Program Requirements in Family Medicine,” and the “Requirements for Certification by the American Board of Family Medicine.”
- (e) Resident shall comply with all ACGME requirements, as applicable from time to time.

2. PGY-II Job Description. PGY-II Residents participating in the South Osteopathic Family Medicine Residency Program shall:

- (a) Obtain and maintain a license or temporary medical permit to practice medicine in the state of Indiana in accordance with the requirements of the Indiana Medical Practice Act and the Indiana Professional Licensing Agency.
- (b) Provide appropriate care to assigned patients in a prompt manner.
- (c) Conform to the established guidelines for the Family Medicine Continuity of Care Clinic as they relate to patient care, use of faculty and educational programs.
- (d) Follow guidelines for coverage for patients in all Facilities to maintain responsible continuous patient care during absences or illness.
- (e) Provide night time coverage as required by the Family Medicine curriculum including teaching responsibilities of other residents and medical students as applicable.
- (f) Report to the Family Medicine Residency Program Director (the “Program Director”) or his or her designee or Faculty Preceptor, any patient or family member’s expressed dissatisfaction with care.
- (g) Exhibit professional integrity and refrain from dishonesty, disruptive behavior, falsification of records, sexual abuse of patients and/or staff, intentional or negligent mistreatment of patients and from drug and/or alcohol abuse.
- (h) Be prompt in all Facilities in seeing patients and promptly notify the Residency Program office of unexpected delays.
- (i) Conform to all Applicable Rules and Regulations regarding the recording of data in the patient record.
- (j) Shall not remove records from any Facility without the prior written consent of Community.



- (k) As directed by the Program Director, attend Family Medicine Residency Program conferences including those provided at remote Facilities, if not in person, then by remote access, if available.
  - (l) Present cases or give presentations when assigned by faculty.
  - (m) Use educational leave appropriately.
  - (n) Exhibit initiative and interest in his/her own education and patient care.
  - (o) Work cooperatively and respectfully with other members of the Community GME, Community personnel and patients.
  - (p) Refrain from any behavior that is disruptive of patient care or the function of Community or residency staff in the fulfillment of their responsibilities. Such behavior may result in summary suspension of privileges.
  - (q) Refrain from outside activities so as not to interfere with meeting the requirements of the Family Medicine Residency Program.
  - (r) Maintain confidentiality of electronic information by keeping passwords secure and ensuring that his/her electronic access is secure and uninterrupted. Resident shall access Community computer systems frequently enough to maintain assigned accounts in an active status.
  - (s) Assist Community in attraction and recruitment of medical students or other candidates to become members of the Program. Such assistance shall include but not be limited to interviewing and evaluating candidates; entertaining candidates at various recruiting functions including evening meals or morning breakfasts; or performing other such reasonable recruitment duties as the Program Director or designate may request.
  - (t) Other duties as assigned by the Program Director or his or her designee in accordance with AOA and ACGME guidelines, as applicable.
  - (u) Participate in hospital committees or other Community physician led committees as assigned by the Program Director from time to time.
3. PGY-II Compensation. In consideration for the Services provided under the Agreement, Resident shall receive the following compensation:
- (a) Resident's salary will be subject to market rates and network approval each year. Resident salary will be communicated via promotion letters from the program. Such salary shall be paid in the normal course of Community's payroll subject to appropriate withholds and authorized deductions.
  - (b) Resident shall be granted an annual allowance of Two Thousand Five Hundred and 00/100 Dollars (\$2,500.00) for continuing medical education ("CME") expenses subject to approval by the Program Director or designated assistant. Any portion of the annual allowance not used during a contract year shall expire and shall not carry over to the following contract year.
  - (c) Resident shall be reimbursed for the following the fees:
    - (i) Permanent Indiana medical licensure – The fee for licensure may be reimbursed in PGY-2 or PGY-3 years depending on eligibility of Resident; and
    - (ii) Permanent DEA registration – the registration fee may be reimbursed after Resident has obtained his/her permanent Indiana medical license.
4. PGY-II Paid Time Off. Resident shall be entitled to the following paid time off during the term of this Agreement:

- (a) Twenty-one (21) days of paid time off (“PTO”). Scheduled PTO must be approved in accordance with the GME Handbook.
- (b) Five (5) paid days off for continuing medical education (“CME”). Paid time off for CME shall only be for the time spent at an educational conference and shall not include any extra days surrounding a conference. Time off requests for CME must be approved in accordance with the GME Handbook.

No scheduled PTO shall be taken during the period of new intern orientation during the last two weeks of June. Any PTO or CME time not taken during the term of this Agreement shall expire at the end of the term and shall not carry over to the following year; nor shall Resident be entitled to any payment for unused PTO or CME time.

IF RESIDENT EXCEEDS THE PAID TIME OFF ALLOWED ABOVE FOR ANY REASON, HIS/HER PROGRAM MAY BE EXTENDED IN ORDER TO ALLOW THE RESIDENT TO MAKE-UP THE DAYS MISSED AND GRADUATION MAY BE DELAYED, ALL IN ACCORDANCE WITH THE GME HANDBOOK.

## Specialty Program Requirements & Job Description

### **Community Health Network, Inc. South Osteopathic Family Medicine Residency Program PGY-III**

1. Program Specific Requirements.

- (a) Resident shall comply with all Family Medicine Residency Program policies and procedures (“FM Policies”). In the event there is a conflict between the FM Policies and the GME Handbook, the GME Handbook shall control.
- (b) Resident represents that he/she has read and understands the AOA “Basic Documents for Postdoctoral Training,” the ACOFP “Basic Standards for Residency in Osteopathic Family Medicine and Manipulative Treatment,” and the “Requirements for Certification by the American Osteopathic Board of Family Physicians” (“AOBFP”).
- (c) Resident agrees to carry out all assignments and rotations as defined by the Program Director under the guidelines of the AOA, ACGME and GMEC.
- (d) Resident represents that he/she has read and understands the ACGME “Program Requirements in Family Medicine,” and the “Requirements for Certification by the American Board of Family Medicine.”
- (e) Resident shall comply with all ACGME requirements, as applicable from time to time.

2. PGY-III Job Description. PGY-III Residents participating in the South Osteopathic Family Medicine Residency Program shall:

- (a) Obtain and maintain a license or temporary medical permit to practice medicine in the state of Indiana in accordance with the requirements of the Indiana Medical Practice Act and the Indiana Professional Licensing Agency.
- (b) Provide appropriate care to assigned patients in a prompt manner.
- (c) Conform to the established guidelines for the Family Medicine Continuity of Care Clinic as they relate to patient care, use of faculty and educational programs.
- (d) Follow guidelines for coverage for patients in all Facilities to maintain responsible continuous patient care during absences or illness.
- (e) Provide night time coverage as required by the Family Medicine curriculum including teaching responsibilities of other residents and medical students as applicable.
- (f) Report to the Family Medicine Residency Program Director (the “Program Director”) or his or her designee or Faculty Preceptor, any patient or family member’s expressed dissatisfaction with care.
- (g) Exhibit professional integrity and refrain from dishonesty, disruptive behavior, falsification of records, sexual abuse of patients and/or staff, intentional or negligent mistreatment of patients and from drug and/or alcohol abuse.
- (h) Be prompt in all Facilities in seeing patients and promptly notify the Residency Program office of unexpected delays.
- (i) Conform to all Applicable Rules and Regulations regarding the recording of data in the patient record.
- (j) Shall not remove records from any Facility without the prior written consent of Community.

- (k) As directed by the Program Director, attend Family Medicine Residency Program conferences including those provided at remote Facilities, if not by person, then by remote access, if available.
- (l) Present cases or give presentations when assigned by faculty.
- (m) Use educational leave appropriately.
- (n) Exhibit initiative and interest in his/her own education and patient care.
- (o) Work cooperatively and respectfully with other members of the Community GME, Community personnel and patients.
- (p) Refrain from any behavior that is disruptive of patient care or the function of Community or residency staff in the fulfillment of their responsibilities. Such behavior may result in summary suspension of privileges.
- (q) Refrain from outside activities so as not to interfere with meeting the requirements of the Family Medicine Residency Program.
- (r) Maintain confidentiality of electronic information by keeping passwords secure and ensuring that his/her electronic access is secure and uninterrupted. Resident shall access Community computer systems frequently enough to maintain assigned accounts in an active status.
- (s) Assist Community in attraction and recruitment of medical students or other candidates to become members of the Program. Such assistance shall include but not be limited to interviewing and evaluating candidates; entertaining candidates at various recruiting functions including evening meals or morning breakfasts; or performing other such reasonable recruitment duties as the Program Director or designate may request.
- (t) Other duties as assigned by the Program Director or his or her designee in accordance with AOA and ACGME guidelines, as applicable.
- (u) Participate in hospital committees or other Community physician led committees as assigned by the Program Director from time to time.

3. PGY-III Compensation. In consideration for the Services provided under the Agreement, Resident shall receive the following compensation:

- (a) Resident's salary will be subject to market rates and network approval each year. Resident salary will be communicated via promotion letters from the program. Such salary shall be paid in the normal course of Community's payroll subject to appropriate withholds and authorized deductions.
- (b) Resident shall be granted an annual allowance of Two Thousand Five Hundred and 00/100 Dollars (\$2,500.00) for continuing medical education ("CME") expenses subject to approval by the Program Director or designated assistant. Any portion of the annual allowance not used during a contract year shall expire and shall not carry over to the following contract year.
- (c) Resident shall be reimbursed for the following the fees:
  - (i) Permanent Indiana medical licensure – The fee for licensure may be reimbursed in PGY-2 or PGY-3 years depending on eligibility of Resident; and
  - (ii) Permanent DEA registration – The registration fee may be reimbursed after Resident has obtained his/her permanent Indiana medical license.

4. PGY-III Paid Time Off. Resident shall be entitled to the following paid time off during the term of this Agreement:

- (a) Twenty-one (21) days of paid time off (“PTO”). Scheduled PTO must be approved in accordance with the GME Handbook.
- (b) Five (5) paid days off for continuing medical education (“CME”). Paid time off for CME shall only be for the time spent at an educational conference and shall not include any extra days surrounding a conference. Time off requests for CME must be approved in accordance with the GME Handbook.

No scheduled PTO shall be taken during the period of new intern orientation during the last two weeks of June. Any PTO or CME time not taken during the term of this Agreement shall expire at the end of the term and shall not carry over to the following year; nor shall Resident be entitled to any payment for unused PTO or CME time.

IF RESIDENT EXCEEDS THE PAID TIME OFF ALLOWED ABOVE FOR ANY REASON, HIS/HER PROGRAM MAY BE EXTENDED IN ORDER TO ALLOW THE RESIDENT TO MAKE-UP THE DAYS MISSED AND GRADUATION MAY BE DELAYED, ALL IN ACCORDANCE WITH THE GME HANDBOOK.

## Specialty Program Requirements & Job Description

### **Community Health Network, Inc. South Osteopathic Family Medicine Residency Program PGY-III Chief Resident**

1. Program Specific Requirements.

- (a) Resident shall comply with all Family Medicine Residency Program policies and procedures (“FM Policies”). In the event there is a conflict between the FM Policies and the GME Handbook, the GME Handbook shall control.
- (b) Resident represents that he/she has read and understands the AOA “Basic Documents for Postdoctoral Training,” the ACOFP “Basic Standards for Residency in Osteopathic Family Medicine and Manipulative Treatment,” and the “Requirements for Certification by the American Osteopathic Board of Family Physicians” (“AOBFP”).
- (c) Resident agrees to carry out all assignments and rotations as defined by the Program Director under the guidelines of the AOA, ACGME and GMEC.
- (d) Resident represents that he/she has read and understands the ACGME “Program Requirements in Family Medicine,” and the “Requirements for Certification by the American Board of Family Medicine.”
- (e) Resident shall comply with all ACGME requirements, as applicable from time to time.

2. Chief Resident Job Description. The Chief Resident participating in the South Osteopathic Family Medicine Residency Program shall:

- (a) Obtain and maintain a license or temporary medical permit to practice medicine in the state of Indiana in accordance with the requirements of the Indiana Medical Practice Act and the Indiana Professional Licensing Agency.
- (b) Provide appropriate care to assigned patients in a prompt manner.
- (c) Conform to the established guidelines for the Family Medicine Continuity of Care Clinic as they relate to patient care, use of faculty and educational programs.
- (d) Follow guidelines for coverage for patients in all Facilities to maintain responsible continuous patient care during absences or illness.
- (e) Provide night time coverage as required by the Family Medicine curriculum including teaching responsibilities of other residents and medical students as applicable.
- (f) Report to the Family Medicine Residency Program Director (the “Program Director”) or his or her designee or Faculty Preceptor, any patient or family member’s expressed dissatisfaction with care.
- (g) Exhibit professional integrity and refrain from dishonesty, disruptive behavior, falsification of records, sexual abuse of patients and/or staff, intentional or negligent mistreatment of patients and from drug and/or alcohol abuse.
- (h) Be prompt in all Facilities in seeing patients and promptly notify the Residency Program office of unexpected delays.
- (i) Conform to all Applicable Rules and Regulations regarding the recording of data in the patient record.
- (j) Shall not remove records from any Facility without the prior written consent of Community.

- (k) As directed by the Program Director, attend Family Medicine Residency Program conferences including those provided at remote Facilities, if not by person, then by remote access, if available.
- (l) Present cases or give presentations when assigned by faculty.
- (m) Use educational leave appropriately.
- (n) Exhibit initiative and interest in his/her own education and patient care.
- (o) Work cooperatively and respectfully with other members of the Community GME, Community personnel and patients.
- (p) Refrain from any behavior that is disruptive of patient care or the function of Community or residency staff in the fulfillment of their responsibilities. Such behavior may result in summary suspension of privileges.
- (q) Refrain from outside activities so as not to interfere with meeting the requirements of the Family Medicine Residency Program.
- (r) Maintain confidentiality of electronic information by keeping passwords secure and ensuring that his/her electronic access is secure and uninterrupted. Resident shall access Community computer systems frequently enough to maintain assigned accounts in an active status.
- (s) Assist Community in attraction and recruitment of medical students or other candidates to become members of the Program. Such assistance shall include but not be limited to interviewing and evaluating candidates; entertaining candidates at various recruiting functions including evening meals or morning breakfasts; or performing other such reasonable recruitment duties as the Program Director or designate may request.
- (t) Other duties as assigned to the Chief Resident by the Program Director or his or her designee in accordance with AOA and ACGME guidelines, as applicable.
- (u) Participate in hospital committees or other Community physician led committees as assigned by the Program Director from time to time.

3. Chief Resident Compensation. In consideration for the Services provided under the Agreement, Chief Resident shall receive the following compensation:

- (a) Resident's salary will be subject to market rates and network approval each year. Resident salary will be communicated via promotion letters from the program. Such salary shall be paid in the normal course of Community's payroll subject to appropriate withholds and authorized deductions.
- (b) Resident shall be granted an annual allowance of Two Thousand Five Hundred and 00/100 Dollars (\$2,500.00) for continuing medical education ("CME") expenses subject to approval by the Program Director or designated assistant. Any portion of the annual allowance not used during a contract year shall expire and shall not carry over to the following contract year.
- (c) Resident shall be reimbursed for the following the fees:
  - (i) Permanent Indiana medical licensure – The fee for licensure may be reimbursed in PGY–2 or PGY–3 years depending on eligibility of Resident; and
  - (ii) Permanent DEA registration – The registration fee may be reimbursed after Resident has obtained his/her permanent Indiana medical license.

4. Chief Resident Paid Time Off. Chief Resident shall be entitled to the following paid time off during the term of this Agreement:

- (a) Twenty-one (21) days of paid time off (“PTO”). Scheduled PTO must be approved in accordance with the GME Handbook.
- (b) Five (5) paid days off for continuing medical education (“CME”). Paid time off for CME shall only be for the time spent at an educational conference and shall not include any extra days surrounding a conference. Time off requests for CME must be approved in accordance with the GME Handbook.

No scheduled PTO shall be taken during the period of new intern orientation during the last two weeks of June. Any PTO or CME time not taken during the term of this Agreement shall expire at the end of the term and shall not carry over to the following year; nor shall Resident be entitled to any payment for unused PTO or CME time.

IF RESIDENT EXCEEDS THE PAID TIME OFF ALLOWED ABOVE FOR ANY REASON, HIS/HER PROGRAM MAY BE EXTENDED IN ORDER TO ALLOW THE RESIDENT TO MAKE-UP THE DAYS MISSED AND GRADUATION MAY BE DELAYED, ALL IN ACCORDANCE WITH THE GME HANDBOOK.



## Specialty Program Requirements & Job Description

### **Community Health Network, Inc. Podiatry Residency Program PGY-1**

1. **Program Specific Requirements.**

- (a) Resident shall comply with all Podiatry Residency Program policies and procedures as defined in Podiatry Residency Manual for which every resident must sign prior starting the Residency Program and the GME Handbook. In the event there is a conflict between the Podiatry Residency Manual and the GME Handbook, the GME Handbook shall control.
- (b) Resident represents that he/she has read and understands both the Podiatry Residency Manual as well as the residency documentation requirements of CPME 320, *Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies*. Resident understands these requirements are his/her responsibility to fulfill.
- (c) Resident shall follow the academic and rotational schedules per Academic Year as defined in New Innovations. Resident shall log all required patient encounters including biomechanicals and surgeries in the Podiatry Residency Resource as defined by CPME. Documentation of these activities should be completed on a daily basis but is required within one week of such encounters.
- (d) Resident agrees to carry out all assignments and rotations as defined by the Podiatry Residency Program Director (“Program Director”) under the guidelines of the CPME and GMEC.
- (e) Resident understands they will be offered reconstructive rearfoot/ankle credential in this program.

2. **PGY-1 Job Description.** PGY-1 Residents participating in the Podiatry Residency Program shall:

- (a) Obtain and maintain a license or temporary medical license to practice Podiatric medicine in the state of Indiana in accordance with the requirements of the Indiana Board of Podiatric Medicine and the Indiana Professional Licensing Agency.
- (b) Provide appropriate care to assigned patients in a prompt manner.
- (c) Follow guidelines for coverage for patients in all Facilities to maintain responsible continuous patient care during absences or illness.
- (d) Report to the Program Director or his or her designee or Faculty Preceptor, any patient or family member’s expressed dissatisfaction with care.
- (e) Exhibit professional integrity and refrain from dishonesty, disruptive behavior, falsification of records, sexual abuse of patients and/or staff, intentional or negligent mistreatment of patients and from drug and/or alcohol abuse.
- (f) Be prompt in all Facilities in seeing patients and promptly notify the Residency Program office of unexpected delays.
- (g) Conform to all Applicable Rules and Regulations regarding the recording of data in the patient record.
- (h) Shall not remove, download or copy records from any Facility without the prior written consent of Community.
- (i) Attend GME residency conferences as required by the Podiatry Residency Program including those provided at remote Facilities, if not in person, then by remote access if available.

- (j) Present cases or give presentations when assigned by faculty.
- (k) Use educational leave appropriately.
- (l) Exhibit initiative and interest in his/her own education and patient care.
- (m) Work cooperatively and respectfully with other members of the Community GME, Community personnel and patients.
- (n) Refrain from any behavior that is disruptive of patient care or the function of Community or residency staff in the fulfillment of their responsibilities. Such behavior may result in summary suspension of privileges.
- (o) Refrain from outside activities so as not to interfere with meeting the requirements of the Podiatry Residency Program.
- (p) Maintain confidentiality of electronic information by keeping passwords secure and ensuring that his/her electronic access is secure and uninterrupted. Resident shall access Community computer systems frequently enough to maintain assigned accounts in an active status.
- (q) Assist Community in attraction and recruitment of medical students or other candidates to become members of the Program. Such assistance shall include but not be limited to interviewing and evaluating candidates; entertaining candidates at various recruiting functions including evening meals or morning breakfasts; or performing other such reasonable recruitment duties as the Program Director or designate may request.
- (r) Other duties as assigned by the Program Director or his or her designee in accordance with CPME guidelines.
- (s) Participate in hospital committees or other Community physician led committees as assigned by the Program Director from time to time.
- (t) Call schedule will be assigned by the Chief Resident in coordination with the Program Director. The call schedule will be provided to residents on a monthly basis. Any issues with the call schedule will be addressed and/or the call schedule may be modified.

3. **PGY-1 Compensation.** In consideration for the Services provided under the Agreement, Resident shall receive the following compensation:

- (a) Resident shall receive a start bonus of One Thousand and 00/100 Dollars (**\$1,000.00**), subject to appropriate withholds and authorized deductions (the "Start Bonus"). The Start Bonus shall be paid to Resident no later than the second scheduled bi-weekly payroll date following the Commencement Date. **In the event Resident fails to complete his/her first year of residency with the Family Residency Program for any reason, Resident shall be required to refund the Start Bonus to Community.** Community is expressly authorized to withhold such refund from any amounts payable to the Resident. Resident agrees to execute the necessary document to provide for the salary deduction under applicable law in the form attached hereto as Schedule A-1. In the event the final payment hereunder is insufficient to meet this amount, then Resident agrees to pay said difference to Community within thirty (30) days following the termination of this Agreement.
- (b) Resident's salary shall be indicated in program contract presented to resident prior to employment. Such salary shall be paid in the normal course of Community's payroll subject to appropriate withholds and authorized deductions.

- (c) Resident shall be granted an annual allowance of Two Thousand Five Hundred and 00/100 Dollars (\$2,500.00) for continuing medical education (“CME”) expenses subject to approval by the Program Director or designated assistant. Any portion of the annual allowance not used during a contract year shall expire and shall not carry over to the following contract year.
  - (d) Resident shall be reimbursed the full amount for Board/Exam fees for the APMLE Part 3 Exam.
  - (e) Community shall pay for Resident’s Indiana State Medical License fee (temporary or permanent).
  - (f) Resident shall be reimbursed for his/her membership fee in the American College of Foot and Ankle Surgeons (ACFAS).
4. **PGY-1 Paid Time Off.** Resident shall be entitled to the following paid time off during the term of this Agreement:
- (a) Twenty-one (21) days of paid time off (“PTO”) for vacation, illness, business, personal or other leaves of absence not otherwise addressed herein.
  - (b) Five (5) paid days off for attendance to the Indiana Podiatric State Conference. Paid time off for the Conference shall only be for the time spent at the Conference and taking the exam and shall not include any extra days surrounding the Conference or exam.
  - (c) Three (3) paid days off for interviewing.

No scheduled PTO shall be taken during the period of new intern orientation during the last two weeks of June. PTO requests must be approved in accordance with the GME Handbook. Any PTO time not taken during the term of this Agreement shall expire at the end of the term and shall not carry over to the following year; nor shall Resident be entitled to any payment for unused PTO.

IF RESIDENT EXCEEDS THE PAID TIME OFF ALLOWED ABOVE FOR ANY REASON, HIS/HER PROGRAM MAY BE EXTENDED IN ORDER TO ALLOW THE RESIDENT TO MAKE-UP THE DAYS MISSED AND GRADUATION MAY BE DELAYED, ALL IN ACCORDANCE WITH THE GME HANDBOOK.

## Specialty Program Requirements & Job Description

### **Community Health Network, Inc. Podiatry Residency Program PGY-2**

#### 1. **Program Specific Requirements.**

- (a) Resident shall comply with all Podiatry Residency Program policies and procedures as defined in Podiatry Residency Manual for which every resident must sign prior starting the Residency Program and the GME Handbook. In the event there is a conflict between the Podiatry Residency Manual and the GME Handbook, the GME Handbook shall control.
- (b) Resident represents that he/she has read and understands both the Podiatry Residency Manual as well as the residency documentation requirements of CPME 320, *Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies*. Resident understands these requirements are his/her responsibility to fulfill.
- (c) Resident shall follow the academic and rotational schedules per Academic Year as defined in New Innovations. Resident shall log all required patient encounters including biomechanicals and surgeries in the Podiatry Residency Resource as defined by CPME. Documentation of these activities should be completed on a daily basis but is required within one week of such encounters.
- (d) Resident agrees to carry out all assignments and rotations as defined by the Podiatry Residency Program Director (“Program Director”) under the guidelines of the CPME and GMEC.
- (e) Resident understands they will be offered reconstructive rearfoot/ankle credential in this program.

#### 2. **PGY-2 Job Description.** PGY-2 Residents participating in the Podiatry Residency Program shall:

- (a) Obtain and maintain a license or temporary medical license to practice Podiatric medicine in the state of Indiana in accordance with the requirements of the Indiana Board of Podiatric Medicine and the Indiana Professional Licensing Agency.
- (b) Provide appropriate care to assigned patients in a prompt manner.
- (c) Follow guidelines for coverage for patients in all Facilities to maintain responsible continuous patient care during absences or illness.
- (d) Report to the Program Director or his or her designee or Faculty Preceptor, any encounters with a patient or any other expressed dissatisfaction with care.
- (e) Exhibit professional integrity and refrain from dishonesty, disruptive behavior, falsification of records, sexual abuse of patients and/or staff, intentional or negligent mistreatment of patients and from drug and/or alcohol abuse.
- (f) Be prompt in all Facilities in seeing patients and promptly notify the Residency Program office of unexpected delays.
- (g) Conform to all Applicable Rules and Regulations regarding the recording of data in the patient record.
- (h) Shall not remove, download or copy records from any Facility without the prior written consent of Community.

- (i) Attend GME residency conferences as required by the Podiatry Residency Program including those provided at remote Community facilities, if not in person, then by available remote access if available.
- (j) Present cases or give presentations when assigned by faculty.
- (k) Use educational leave appropriately.
- (l) Exhibit initiative and interest in his/her own education and patient care.
- (m) Work cooperatively and respectfully with other members of the Community GME, Community personnel and patients.
- (n) Refrain from any behavior that is disruptive of patient care or the function of Community or residency staff in the fulfillment of their responsibilities. Such behavior may result in summary suspension of privileges.
- (o) Refrain from outside activities so as not to interfere with meeting the requirements of the Podiatry Residency Program.
- (p) Maintain confidentiality of electronic information by keeping passwords secure and ensuring that his/her electronic access is secure and uninterrupted. Resident shall access Community computer systems frequently enough to maintain assigned accounts in an active status.
- (q) Assist Community in attraction and recruitment of medical students or other candidates to become members of the Program. Such assistance shall include but not be limited to interviewing and evaluating candidates; entertaining candidates at various recruiting functions including evening meals or morning breakfasts; or performing other such reasonable recruitment duties as the Program Director or designate may request.
- (r) Other duties as assigned by the Program Director or his or her designee in accordance with CPME guidelines.
- (s) Participate in hospital committees or other Community physician led committees as assigned by the Program Director from time to time.
- (t) Call schedule will be assigned by the Chief Resident in coordination with the Program Director. The call schedule will be provided to residents on a monthly basis. Any issues with the call schedule will be addressed and/or the call schedule may be modified.

3. **PGY-2 Compensation.** In consideration for the Services provided under the Agreement, Resident shall receive the following compensation:

- (a) Resident's salary will be subject to market rates and network approval each year. Resident salary will be communicated via promotion letters from the program. Such salary shall be paid in the normal course of Community's payroll subject to appropriate withholds and authorized deductions.
- (b) Resident shall be granted an annual allowance of Two Thousand Five Hundred and 00/100 Dollars (\$2,500.00) for continuing medical education ("CME") expenses subject to approval by the Program Director or designated assistant. Any portion of the annual allowance not used during a contract year shall expire and shall not carry over to the following contract year.
- (c) Resident shall be reimbursed the full amount for Board/Exam fees for the NBPME Part 3 Exam, if not previously taken, and the ABPS Exam.
- (d) Community shall pay for Resident's Indiana State Medical License fee (temporary or permanent).

- (e) Resident shall be reimbursed for his/her membership fee in the American College of Foot and Ankle Surgeons (ACFAS).

4. **PGY-2 Paid Time Off.** Resident shall be entitled to the following paid time off during the term of this Agreement:

- (a) Twenty-one (21) days of paid time off (“PTO”) for vacation, illness, business, personal or other leaves of absence not otherwise addressed herein.
- (b) Five (5) paid days off for attendance to the Indiana Podiatric State Conference. Paid time off for the Conference shall only be for the time spent at the Conference and taking the exam and shall not include any extra days surrounding the Conference or exam.
- (c) Three (3) paid days off for interviewing.

No scheduled PTO shall be taken during the period of new intern orientation during the last two weeks of June. PTO requests must be approved in accordance with the GME Handbook. Any PTO time not taken during the term of this Agreement shall expire at the end of the term and shall not carry over to the following year; nor shall Resident be entitled to any payment for unused PTO.

IF RESIDENT EXCEEDS THE PAID TIME OFF ALLOWED ABOVE FOR ANY REASON, HIS/HER PROGRAM MAY BE EXTENDED IN ORDER TO ALLOW THE RESIDENT TO MAKE-UP THE DAYS MISSED AND GRADUATION MAY BE DELAYED, ALL IN ACCORDANCE WITH THE GME HANDBOOK.

## Specialty Program Requirements & Job Description

### **Community Health Network, Inc. Podiatry Residency Program PGY-3**

#### 1. **Program Specific Requirements.**

- (a) Resident shall comply with all Podiatry Residency Program policies and procedures as defined in Podiatry Residency Manual for which every resident must sign prior starting the Residency Program and the GME Handbook. In the event there is a conflict between the Podiatry Residency Manual and the GME Handbook, the GME Handbook shall control.
- (b) Resident represents that he/she has read and understands both the Podiatry Residency Manual as well as the residency documentation requirements of CPME 320, *Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies*. Resident understands these requirements are his/her responsibility to fulfill.
- (c) Resident shall follow the academic and rotational schedules per Academic Year as defined in New Innovations. Resident shall log all required patient encounters including biomechanicals and surgeries in the Podiatry Residency Resource as defined by CPME. Documentation of these activities should be completed on a daily basis but is required within one week of such encounters.
- (d) Resident agrees to carry out all assignments and rotations as defined by the Podiatry Residency Program Director (“Program Director”) under the guidelines of the CPME and GMEC.
- (e) Resident understands they will be offered reconstructive rearfoot/ankle credential in this program.

#### 2. **PGY-3 Job Description.** PGY-3 Residents participating in the Podiatry Residency Program shall:

- (a) Obtain and maintain a license or temporary medical license to practice Podiatric medicine in the state of Indiana in accordance with the requirements of the Indiana Board of Podiatric Medicine and the Indiana Professional Licensing Agency.
- (b) Provide appropriate care to assigned patients in a prompt manner.
- (c) Follow guidelines for coverage for patients in all Facilities to maintain responsible continuous patient care during absences or illness.
- (d) Report to the Program Director or his or her designee or Faculty Preceptor, any encounters with a patient or any other expressed dissatisfaction with care.
- (e) Exhibit professional integrity and refrain from dishonesty, disruptive behavior, falsification of records, sexual abuse of patients and/or staff, intentional or negligent mistreatment of patients and from drug and/or alcohol abuse.
- (f) Be prompt in all Facilities in seeing patients and promptly notify the Residency Program office of unexpected delays.
- (g) Conform to all Applicable Rules and Regulations regarding the recording of data in the patient record.
- (h) Shall not remove, download or copy records from any Facility without the prior written consent of Community.

- (i) Attend GME residency conferences as required by the Podiatry Residency Program including those provided at remote Community facilities, if not in person, then by available remote access if available.
- (j) Present cases or give presentations when assigned by faculty.
- (k) Use educational leave appropriately.
- (l) Exhibit initiative and interest in his/her own education and patient care.
- (m) Work cooperatively and respectfully with other members of the Community GME, Community personnel and patients.
- (n) Refrain from any behavior that is disruptive of patient care or the function of Community or residency staff in the fulfillment of their responsibilities. Such behavior may result in summary suspension of privileges.
- (o) Refrain from outside activities so as not to interfere with meeting the requirements of the Podiatry Residency Program.
- (p) Maintain confidentiality of electronic information by keeping passwords secure and ensuring that his/her electronic access is secure and uninterrupted. Resident shall access Community computer systems frequently enough to maintain assigned accounts in an active status.
- (q) Assist Community in attraction and recruitment of medical students or other candidates to become members of the Program. Such assistance shall include but not be limited to interviewing and evaluating candidates; entertaining candidates at various recruiting functions including evening meals or morning breakfasts; or performing other such reasonable recruitment duties as the Program Director or designate may request.
- (r) Other duties as assigned by the Program Director or his or her designee in accordance with CPME guidelines.
- (s) Participate in hospital committees or other Community physician led committees as assigned by the Program Director from time to time.
- (t) Call schedule will be assigned by the Chief Resident in coordination with the Program Director. The call schedule will be provided to residents on a monthly basis. Any issues with the call schedule will be addressed and/or the call schedule may be modified.

3. **PGY-3 Compensation.** In consideration for the Services provided under the Agreement, Resident shall receive the following compensation:

- (a) Resident's salary will be subject to market rates and network approval each year. Resident salary will be communicated via promotion letters from the program. Such salary shall be paid in the normal course of Community's payroll subject to appropriate withholds and authorized deductions.
- (b) Resident shall be granted an annual allowance of Two Thousand Five Hundred and 00/100 Dollars (\$2,500.00) for continuing medical education ("CME") expenses subject to approval by the Program Director or designated assistant. Any portion of the annual allowance not used during a contract year shall expire and shall not carry over to the following contract year.
- (c) Resident shall be reimbursed the full amount for Board/Exam fees for the ABPS Exam, if not previously taken.
- (d) Community shall pay for Resident's Indiana State Medical License fee (temporary or permanent).



- (e) Resident shall be reimbursed for his/her membership fee in the American College of Foot and Ankle Surgeons (ACFAS).

4. **PGY-3 Paid Time Off.** Resident shall be entitled to the following paid time off during the term of this Agreement:

- (a) Twenty-one (21) days of paid time off (“PTO”) for vacation, illness, business, personal or other leaves of absence not otherwise addressed herein.
- (b) Five (5) paid days off for attendance to the Indiana Podiatric State Conference. Paid time off for the Conference shall only be for the time spent at the Conference and taking the exam and shall not include any extra days surrounding the Conference or exam.
- (c) Three (3) paid days off for interviewing.

No scheduled PTO shall be taken during the period of new intern orientation during the last two weeks of June. PTO requests must be approved in accordance with the GME Handbook. Any PTO time not taken during the term of this Agreement shall expire at the end of the term and shall not carry over to the following year; nor shall Resident be entitled to any payment for unused PTO.

IF RESIDENT EXCEEDS THE PAID TIME OFF ALLOWED ABOVE FOR ANY REASON, HIS/HER PROGRAM MAY BE EXTENDED IN ORDER TO ALLOW THE RESIDENT TO MAKE-UP THE DAYS MISSED AND GRADUATION MAY BE DELAYED, ALL IN ACCORDANCE WITH THE GME HANDBOOK.

## Specialty Program Requirements & Job Description

### **Community Health Network, Inc. Podiatry Residency Program PGY –3 Chief Resident**

1. **Program Specific Requirements.**

- (a) Resident shall comply with all Podiatry Residency Program policies and procedures as defined in Podiatry Residency Manual for which every resident must sign prior starting the Residency Program and the GME Handbook. In the event there is a conflict between the Podiatry Residency Manual and the GME Handbook, the GME Handbook shall control.
- (b) Resident represents that he/she has read and understands both the Podiatry Residency Manual as well as the residency documentation requirements of CPME 320, *Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies*. Resident understands these requirements are his/her responsibility to fulfill.
- (c) Resident shall follow the academic and rotational schedules per Academic Year as defined in New Innovations. Resident shall log all required patient encounters including biomechanicals and surgeries in the Podiatry Residency Resource as defined by CPME. Documentation of these activities should be completed on a daily basis but is required within one week of such encounters.
- (d) Resident agrees to carry out all assignments and rotations as defined by the Podiatry Residency Program Director (“Program Director”) under the guidelines of the CPME and GMEC.
- (e) Resident understands they will be offered reconstructive rearfoot/ankle credential in this program.

2. **Chief Resident Job Description.** The PGY –3 Chief Resident participating in the Podiatry Residency Program shall:

- (a) Obtain and maintain a license or temporary medical license to practice Podiatric medicine in the state of Indiana in accordance with the requirements of the Indiana Board of Podiatric Medicine and the Indiana Professional Licensing Agency.
- (b) Provide appropriate care to assigned patients in a prompt manner.
- (c) Follow guidelines for coverage for patients in all Facilities to maintain responsible continuous patient care during absences or illness.
- (d) Report to the Program Director or his or her designee or Faculty Preceptor, any encounters with a patient or any other expressed dissatisfaction with care.
- (e) Exhibit professional integrity and refrain from dishonesty, disruptive behavior, falsification of records, sexual abuse of patients and/or staff, intentional or negligent mistreatment of patients and from drug and/or alcohol abuse.
- (f) Be prompt in all Facilities in seeing patients and promptly notify the Residency Program office of unexpected delays.
- (g) Conform to all Applicable Rules and Regulations regarding the recording of data in the patient record.
- (h) Shall not remove, download or copy records from any Facility without the prior written consent of Community.

- (i) Attend GME residency conferences as required by the Podiatry Residency Program including those provided at remote Community facilities, if not in person, then by available remote access if available.
- (j) Present cases or give presentations when assigned by faculty.
- (k) Use educational leave appropriately.
- (l) Exhibit initiative and interest in his/her own education and patient care.
- (m) Work cooperatively and respectfully with other members of the Community GME, Community personnel and patients.
- (n) Refrain from any behavior that is disruptive of patient care or the function of Community or residency staff in the fulfillment of their responsibilities. Such behavior may result in summary suspension of privileges.
- (o) Refrain from outside activities so as not to interfere with meeting the requirements of the Podiatry Residency Program.
- (p) Maintain confidentiality of electronic information by keeping passwords secure and ensuring that his/her electronic access is secure and uninterrupted. Resident shall access Community computer systems frequently enough to maintain assigned accounts in an active status.
- (q) Assist Community in attraction and recruitment of medical students or other candidates to become members of the Program. Such assistance shall include but not be limited to interviewing and evaluating candidates; entertaining candidates at various recruiting functions including evening meals or morning breakfasts; or performing other such reasonable recruitment duties as the Program Director or designate may request.
- (r) Other duties as assigned to the Chief Resident by the Program Director or his or her designee in accordance with CPME guidelines.
- (s) Participate in hospital committees or other Community physician led committees as assigned by the Program Director from time to time.
- (t) In coordination with the Program Director, assign residents to call schedule on a monthly basis. Address issues with the call schedule and/or modify the call schedule as may be necessary in consultation with the Program Director.

3. **Compensation.** In consideration for the Services provided under the Agreement, Chief Resident shall receive the following compensation:

- (a) Resident's salary will be subject to market rates and network approval each year. Resident salary will be communicated via promotion letters from the program. Such salary shall be paid in the normal course of Community's payroll subject to appropriate withholds and authorized deductions.
- (b) Resident shall be granted an annual allowance of Two Thousand Five Hundred and 00/100 Dollars (\$2,500.00) for continuing medical education ("CME") expenses subject to approval by the Program Director or designated assistant. Any portion of the annual allowance not used during a contract year shall expire and shall not carry over to the following contract year.
- (c) Resident shall be reimbursed the full amount for Board/Exam fees for the ABPS Exam, if not previously taken.
- (d) Community shall pay for Resident's Indiana State Medical License fee (temporary or permanent).

- (e) Resident shall be reimbursed for his/her membership fee in the American College of Foot and Ankle Surgeons (ACFAS).

4. **Paid Time Off.** Chief Resident shall be entitled to the following paid time off during the term of this Agreement:

- (a) Twenty-one (21) days of paid time off (“PTO”) for vacation, illness, business, personal or other leaves of absence not otherwise addressed herein.
- (b) Five (5) paid days off for attendance to the Indiana Podiatric State Conference. Paid time off for the Conference shall only be for the time spent at the Conference and taking the exam and shall not include any extra days surrounding the Conference or exam.
- (c) Three (3) paid days off for interviewing.

No scheduled PTO shall be taken during the period of new intern orientation during the last two weeks of June. PTO requests must be approved in accordance with the GME Handbook. Any PTO time not taken during the term of this Agreement shall expire at the end of the term and shall not carry over to the following year; nor shall Resident be entitled to any payment for unused PTO.

IF RESIDENT EXCEEDS THE PAID TIME OFF ALLOWED ABOVE FOR ANY REASON, HIS/HER PROGRAM MAY BE EXTENDED IN ORDER TO ALLOW THE RESIDENT TO MAKE-UP THE DAYS MISSED AND GRADUATION MAY BE DELAYED, ALL IN ACCORDANCE WITH THE GME HANDBOOK.

**Specialty Program Requirements & Job Description**  
**Community Health Network, Inc.**  
**Psychiatry Residency Program PGY-1**

**1. Program Specific Requirements & General Criteria for Advancement.**

- (a) Resident shall comply with all Psychiatry Residency Program policies and procedures (“Psychiatry Policies”). In the event there is a conflict between the Psychiatry Policies and the GME Handbook, the GME Handbook shall control.
- (b) Resident represents that he/she has read and understands the ACGME “Program Requirements in Psychiatry,” and the “Requirements for Certification by the American Board of Psychiatry and Neurology.”
- (c) Resident shall maintain compliance with ACGME Program requirements as outlined by the Psychiatry Residency Review Committee.
- (d) Resident shall sufficiently demonstrate the acquisition of specific knowledge, clinical skills, competence, and professionalism expected by the ACGME NAS, Common, and Specialty Specific Psychiatry requirements for each level of training and specified experiences, including, without limitation: roles, responsibilities, Milestones and increasing competence and independence in the evaluation and continuous management of patients with acute and chronic psychiatric illnesses in a variety of clinical settings.
- (e) Resident shall maintain professional conduct, compassion, and ethical integrity in the care and treatment of patients and families and in the interactions with staff and colleagues.
- (f) For each PGY year, Resident must demonstrate competence for his/her level of training in each area of a documented Clinical Skills Examination (*i.e.*, ability to interview patients and families; ability to establish an appropriate physician/patient relationship; ability to elicit an appropriate present and past psychiatric, medical, social, and developmental history; ability to assess mental status; ability to provide a relevant formulation, differential diagnosis, and provisional treatment plan; and, ability to make an organized presentation of the pertinent history, including the mental status examination) to advance in level of training/graduation.
- (g) Satisfactory completion of rotations.
- (h) Satisfactory completion of evaluations by faculty.
- (i) Regular attendance and participation in scheduled didactics.

**2. PGY-1 Goals, Objectives and Criteria for Advancement from PGY-1 to PGY-2. Rotations include: *Internal Medicine, Emergency Medicine, Neurology, Adult Inpatient Psychiatry, and extended work hour assignments.***

- (a) Resident shall demonstrate competence in the general medical skills, Milestones, and knowledge relevant to the practice of psychiatry, such that Resident can perform competent clinical evaluation and assessment of patients presenting with common medical, surgical and neurological disorders and be able to collaborate with colleagues from other medical specialties in treating such patients.
- (b) Through both inpatient and emergency psychiatry (via extended work hour assignments) experiences during PGY-1, Resident shall demonstrate competence in supervised evaluation and management of acutely ill, suicidal and dangerous patients, crisis intervention, psychiatric triage, and the stabilization and disposition of patients.

- (c) Resident has successfully progressed from requiring direct supervision to indirect supervision status with direct supervision available.

3. **PGY-1 Job Description.** PGY-1 Residents participating in the Psychiatry Residency Program shall:

- (a) Obtain and maintain a license or temporary medical permit to practice medicine in the state of Indiana in accordance with the requirements of the Indiana Medical Practice Act and the Indiana Professional Licensing Agency.
- (b) Provide appropriate care to assigned patients in a prompt manner.
- (c) Participate in the clinical evaluation and care of patients in a variety of settings with sufficient frequency to achieve the competencies required under the supervision of attending staff.
- (d) Assume progressive responsibility for patient care activities according to Resident's level of education, ability, experience and the needs of the patient. The Psychiatry Residency Program Director (the "Program Director") and attending staff will determine the Resident's level of autonomy and responsibility.
- (e) Effectively communicate with supervising attending staff concerning evaluation findings, Mental Status Exam, physical examination, interpretation of diagnostic tests, diagnostic formulation and intended interventions.
- (f) Conform to the established guidelines for the Psychiatry Residency Program and the Behavioral Health Pavilion as they relate to patient care.
- (g) Follow guidelines for coverage of patients in all Facilities to maintain responsible continuous patient care during absence or illness.
- (h) Provide extended work hour assignment coverage as required by the Psychiatry Residency curriculum including teaching responsibilities of other residents and medical students as applicable.
- (i) Report to the Psychiatry Residency Program Director or his or her designee or Faculty Preceptor, any patient or family member's expressed dissatisfaction with care.
- (j) Exhibit professional integrity and refrain from dishonesty, disruptive behavior, falsification of records, sexual abuse of patients and/or staff, intentional or negligent mistreatment of patients and from drug and/or alcohol abuse.
- (k) Be prompt in all Facilities in seeing patients and promptly notify the Residency Program office of unexpected delays.
- (l) Conform to all Applicable Rules and Regulations regarding the recording of data in the patient record. Thoroughly complete all required patient care documentation as specified by the preceptor or Facility guidelines.
- (m) Fully participate in the scholarly and educational activities of the Psychiatry Residency Program, as well as Cross-GME didactic sessions. Attend a minimum of 70% of Psychiatry Residency Program conferences, including Psychiatry Grand Rounds.
- (n) Present cases or give presentations and/or collaborate in scholarly activity with faculty when assigned.
- (o) Use educational leave appropriately.
- (p) Shall not remove, download or copy records from any Facility without the prior written consent of Community.

- (q) Exhibit initiative and interest in his/her own education and patient care.
- (r) Work cooperatively and respectfully with other members of the Community GME, Community personnel and patients.
- (s) Refrain from any behavior that is disruptive of patient care or the function of Community or residency staff in the fulfillment of their responsibilities. Such behavior may result in termination.
- (t) Refrain from outside activities so as not to interfere with meeting the requirements of the Psychiatry Residency Program.
- (u) Maintain confidentiality of electronic information by keeping passwords secure and ensuring that electronic access is secure and uninterrupted. Resident shall access Community computer systems frequently enough to maintain assigned accounts in an active status.
- (v) Assist Community in attraction and recruitment of medical students or other candidates to become members of the Program. Such assistance shall include, but not be limited to, entertaining candidates at various recruiting functions including evening meals or morning breakfasts; or performing other such reasonable recruitment duties as the Program Director or designee may request.
- (w) Other duties as assigned by the Program Director or his or her designee in accordance with ACGME guidelines.
- (x) Participate in hospital committees or other Community physician led committees as assigned by the Program Director.

4. **PGY-1 Compensation.** In consideration for the Services provided under the Agreement, Resident shall receive the following compensation:

- (a) Resident's salary shall be indicated in program contract presented to resident prior to employment. Such salary shall be paid in the normal course of Community's payroll subject to appropriate withholds and authorized deductions.
- (b) Resident shall receive a start bonus of Seven Thousand Five hundred and 00/100 Dollars (**\$7,500.00**), subject to appropriate withholds and authorized deductions (the "Start Bonus"). The Start Bonus shall be paid to Resident no later than the second scheduled bi-weekly payroll date following the Commencement Date. **In the event Resident fails to complete his/her first year of residency with the Psychiatry Residency Program for any reason, Resident shall be required to refund the Start Bonus to Community.** Community is expressly authorized to withhold such refund from any amounts payable to the Resident. Resident agrees to execute the necessary document to provide for the salary deduction under applicable law in the form attached hereto as Schedule A-1. In the event the final payment hereunder is insufficient to meet this amount, then Resident agrees to pay said difference to Community within thirty (30) days following the termination of this Agreement.
- (c) Resident shall be granted an annual allowance of Two Thousand Five Hundred and 00/100 Dollars (\$2,500.00) for continuing medical education ("CME") expenses subject to approval by the Program Director or designated assistant. Any portion of the annual allowance not used during a contract year shall expire and shall not carry over to the following contract year.
- (d) Resident shall be reimbursed for the fees related to one sitting of the USLME or COMLEX Step 3 and Indiana Permanent Licensure. These funds can be utilized in either the PGY-1 or PGY-2 year; if ineligible to sit for exam or apply for permanent licensure earlier, the funds can be used in the PGY-3 year.

5. **PGY-1 Paid Time Off.** Resident shall be entitled to the following paid time off during the term of this Agreement:

- (a) Twenty-one (21) days of paid time off (“PTO”) for vacation, illness, business, personal or other leaves of absence not otherwise addressed herein. Time off requests for PTO must be approved in accordance with the GME Handbook and relevant Program Manual.
- (b) Five (5) paid days off for continuing medical education (“CME”). Paid time off for CME shall only be for the time spent at an educational conference and shall not include any extra days surrounding a conference. Time off requests for CME must be approved in accordance with the GME Handbook.
- (c) Two (2) paid days off to take the United States Medical Licensing Examination (“USMLE”) Step 3 or Comprehensive Osteopathic Medical Licensing Examination (“COMLEX”) Step 3 during Resident’s first OR second year, if eligible. No additional paid time off will be awarded to Resident if his or her first attempt is unsuccessful.

No scheduled PTO shall be taken during the period of New Intern Orientation during the last two weeks of June. Any PTO or CME time not taken during the term of this Agreement shall expire at the end of the term and shall not carry over to the following year; nor shall Resident be entitled to any payment for unused PTO or CME time.

**IF RESIDENT EXCEEDS THE PAID TIME OFF ALLOWED ABOVE FOR ANY REASON, HIS/HER PROGRAM MAY BE EXTENDED IN ORDER TO ALLOW THE RESIDENT TO MAKE-UP THE DAYS MISSED AND GRADUATION MAY BE DELAYED, ALL IN ACCORDANCE WITH THE GME HANDBOOK.**



## Specialty Program Requirements & Job Description

### Community Health Network, Inc. Psychiatry Residency Program PGY-2

#### 1. Program Specific Requirements & General Criteria for Advancement.

- (a) Resident shall comply with all Psychiatry Residency Program policies and procedures (“Psychiatry Policies”). In the event there is a conflict between the Psychiatry Policies and the GME Handbook, the GME Handbook shall control.
- (b) Resident represents that he/she has read and understands the ACGME “Program Requirements in Psychiatry,” and the “Requirements for Certification by the American Board of Psychiatry and Neurology.”
- (c) Resident shall maintain compliance with ACGME Program requirements as outlined by the Psychiatry Residency Review Committee.
- (d) Resident shall sufficiently demonstrate the acquisition of specific knowledge, clinical skills, competence, and professionalism expected by the ACGME NAS, Common, and Specialty Specific Psychiatry requirements for each level of training and specified experiences, including, without limitation: roles, responsibilities, Milestones and increasing competence and independence in the evaluation and continuous management of patients with acute and chronic psychiatric illnesses in a variety of clinical settings.
- (e) Resident shall maintain professional conduct, compassion, and ethical integrity in the care and treatment of patients and families and in the interactions with staff and colleagues.
- (f) For each PGY year, Resident must demonstrate competence for his/her level of training in each area of a documented Clinical Skills Examination (*i.e.*, ability to interview patients and families; ability to establish an appropriate physician/patient relationship; ability to elicit an appropriate present and past psychiatric, medical, social, and developmental history; ability to assess mental status; ability to provide a relevant formulation, differential diagnosis, and provisional treatment plan; and, ability to make an organized presentation of the pertinent history, including the mental status examination) to advance in level of training/graduation.
- (g) Satisfactory completion of rotations.
- (h) Satisfactory completion of evaluations by faculty.
- (i) Regular attendance and participation in scheduled didactics.

#### 2. PGY-2 Goals, Objectives and Criteria for Advancement from PGY-2 to PGY-3.

*Rotations include: Adult Inpatient Psychiatry, Emergency Psychiatry, Child and Adolescent Psychiatry, Addiction Psychiatry, Geriatric Psychiatry, and extended work hour assignments.*

- (a) Through Adult Inpatient Psychiatry and Emergency Psychiatry (rotation and extended work hour assignments) experiences, Resident’s level of competence shall progress to more independently manage the evaluation and treatment of acutely ill, suicidal and dangerous patients, crisis intervention, psychiatric triage, conducting supportive psychotherapy and psychopharmacology, and the stabilization and disposition of patients.
- (b) Through Child and Adolescent Psychiatry experiences, Resident shall develop competence in the understanding of the biological, psychological, social, economic, cultural, gender, ethnic and family factors that influence normal and abnormal development. Resident will acquire an understanding of

the types of psychopathology and the appropriate treatments associated with younger age groups and their families.

- (c) Through Addiction Psychiatry experiences, Resident shall demonstrate competence to evaluate and treat patients with significant chemical dependency problems, including the recognition of signs and symptoms of abuse and dependence and the management of medical detoxification.
- (d) Through Geriatric Psychiatry experiences, Resident shall competently evaluate and assist in the management of older patients.
- (e) Through various rotation experiences and didactics, Resident shall gain exposure to family, couples, and group therapy.
- (f) Resident shall complete a supervised Quality Improvement project.
- (g) Resident is expected to pass United States Medical Licensing Examination (“USMLE”) Step 3 or the Comprehensive Osteopathic Medical Licensing Examination (“COMLEX”) Step 3.
- (h) Resident must demonstrate the capability to safely supervise fellow residents during the course of the PGY-2 year.
- (i) Attainment of relevant Next Accreditation System (“NAS”) Milestone sub-competencies are also considered for advancement.

**3. PGY–2 Job Description.** PGY–2 Residents participating in the Psychiatry Residency Program shall:

- (a) Obtain and maintain a license or temporary medical permit to practice medicine in the state of Indiana in accordance with the requirements of the Indiana Medical Practice Act and the Indiana Professional Licensing Agency.
- (b) Provide appropriate care to assigned patients in a prompt manner.
- (c) Participate in the clinical evaluation and care of patients in a variety of settings with sufficient frequency to achieve the competencies required under the supervision of attending staff.
- (d) Assume progressive responsibility for patient care activities according to Resident’s level of education, ability, experience and the needs of the patient. The Psychiatry Residency Program Director (the “Program Director”) and attending staff will determine the Resident’s level of autonomy and responsibility.
- (e) Effectively communicate with supervising attending staff concerning evaluation findings, Mental Status Exam, physical examination, interpretation of diagnostic tests, diagnostic formulation and intended interventions.
- (f) Conform to the established guidelines for the Psychiatry Residency Program, Community GME, and the Behavioral Health Pavilion as they relate to patient care.
- (g) Follow guidelines for coverage of patients in all Facilities to maintain responsible continuous patient care during absence or illness.
- (h) Provide extended work hour assignment coverage as required by the Psychiatry Residency curriculum including teaching responsibilities of other residents and medical students as applicable.
- (i) Report to the Program Director or his or her designee or faculty preceptor, any patient or family member’s expressed dissatisfaction with patient care.

- (j) Exhibit professional integrity and refrain from dishonesty, disruptive behavior, falsification of records, sexual abuse of patients and/or staff, intentional or negligent mistreatment of patients and from drug and/or alcohol abuse.
- (k) Be prompt in all Facilities in seeing patients and promptly notify the Residency Program office of unexpected delays.
- (l) Conform to all Applicable Rules and Regulations regarding the recording of data in the patient record. Thoroughly complete all required patient care documentation as specified by the preceptor or Facility guidelines.
- (m) Shall not remove, download or copy records from any Facility without the prior written consent of Community.
- (n) Fully participate in the scholarly and educational activities of the Psychiatry Residency Program, as well as Cross-GME didactic sessions. Attend a minimum of 70% of Psychiatry Residency Program conferences, including Psychiatry Grand Rounds.
- (o) Present cases or give presentations and/or collaborate in scholarly activity with faculty when assigned.
- (p) Use educational leave appropriately.
- (q) Exhibit initiative and interest in his/her own education and patient care.
- (r) Work cooperatively and respectfully with other members of the Community GME, Community personnel and patients.
- (s) Refrain from any behavior that is disruptive of patient care or the function of Community or residency staff in the fulfillment of their responsibilities. Such behavior may result in termination.
- (t) Refrain from outside activities so as not to interfere with meeting the requirements of the Psychiatry Residency Program.
- (u) Maintain confidentiality of electronic information by keeping passwords secure and ensuring that electronic access is secure and uninterrupted. Resident shall access Community computer systems frequently enough to maintain assigned accounts in an active status.
- (v) Assist Community in attraction and recruitment of medical students or other candidates to become members of the Program. Such assistance shall include but not be limited to entertaining candidates at various recruiting functions including evening meals or morning breakfasts; or performing other such reasonable recruitment duties as the Program Director or designee may request.
- (w) Other duties as assigned by the Program Director or his or her designee in accordance with ACGME guidelines.
- (x) Participate in hospital committees or other Community physician led committees as assigned by the Program Director.

4. **Compensation.** In consideration for the Services provided under the Agreement, Resident shall receive the following compensation:

- (a) Resident's salary will be subject to market rates and network approval each year. Resident salary will be communicated via promotion letters from the program. Such salary shall be paid in the normal course of Community's payroll subject to appropriate withholds and authorized deductions.

- (b) Resident shall be granted an annual allowance of Two Thousand Five Hundred and 00/100 Dollars (\$2,500.00) for continuing medical education (“CME”) expenses subject to approval by the Program Director or designated assistant. Any portion of the annual allowance not used during a contract year shall expire and shall not carry over to the following contract year.
- (c) Resident shall be reimbursed up to One Thousand Five Hundred and 00/100 Dollars (\$1,500.00) for the fees related to one sitting of the USLME or COMLEX Step 3 and Indiana Permanent Licensure. These funds can be utilized in either the PGY-1 or PGY-2 year; if ineligible to sit for exam or apply for permanent licensure earlier, the funds can be used in the PGY-3 year.
- (d) Resident shall be reimbursed for the fees related to one sitting of the USLME or COMLEX Step 3 and Indiana Permanent Licensure. These funds can be utilized in either the PGY-1 or PGY-2 year; if ineligible to sit for exam or apply for permanent licensure earlier, the funds can be used in the PGY-3 year.

5. **Paid Time Off.** Resident shall be entitled to the following paid time off during the term of this Agreement:

- (a) Twenty-one (21) days of paid time off (“PTO”) for vacation, illness, business, personal or other leaves of absence not otherwise addressed herein. Time off requests for PTO must be approved in accordance with the GME Handbook and relevant Program Manual.
- (b) Five (5) paid days off for CME. Paid time off for CME shall only be for the time spent at an educational conference and shall not include any extra days surrounding a conference (except reasonable travel time surrounding a conference). Time off requests for CME must be approved in accordance with the GME Handbook.
- (c) Two (2) paid days off to take the USMLE Step 3 or COMLEX Step 3 during Resident’s first OR second year, if eligible. No additional paid time off will be awarded to Resident if his or her first attempt is unsuccessful.

No scheduled PTO shall be taken during the period of New Intern Orientation during last two weeks of June. Any PTO or CME time not taken during the term of this Agreement shall expire at the end of the term and shall not carry over to the following year; nor shall Resident be entitled to any payment for unused PTO or CME time.

IF RESIDENT EXCEEDS THE PAID TIME OFF ALLOWED ABOVE FOR ANY REASON, HIS/HER PROGRAM MAY BE EXTENDED IN ORDER TO ALLOW THE RESIDENT TO MAKE-UP THE DAYS MISSED AND GRADUATION MAY BE DELAYED, ALL IN ACCORDANCE WITH THE GME HANDBOOK.

## Specialty Program Requirements & Job Description

### **Community Health Network, Inc. Psychiatry Residency Program PGY-III**

#### **1. Program Specific Requirements & General Criteria for Advancement.**

- (a) Resident shall comply with all Psychiatry Residency Program policies and procedures (“Psychiatry Policies”). In the event there is a conflict between the Psychiatry Policies and the GME Handbook, the GME Handbook shall control.
- (b) Resident represents that he/she has read and understands the ACGME “Program Requirements in Psychiatry,” and the “Requirements for Certification by the American Board of Psychiatry and Neurology.”
- (c) Resident shall maintain compliance with ACGME Program requirements as outlined by the Psychiatry Residency Review Committee.
- (d) Resident shall sufficiently demonstrate the acquisition of specific knowledge, clinical skills, competence, and professionalism expected by the ACGME NAS, Common, and Specialty Specific Psychiatry requirements for each level of training and specified experiences, including, without limitation: roles, responsibilities, Milestones and increasing competence and independence in the evaluation and continuous management of patients with acute and chronic psychiatric illnesses in a variety of clinical settings.
- (e) Resident shall maintain professional conduct, compassion, and ethical integrity in the care and treatment of patients and families and in the interactions with staff and colleagues.
- (f) For each PGY year, Resident must demonstrate competence for his/her level of training in each area of a documented Clinical Skills Examination (*i.e.*, ability to interview patients and families; ability to establish an appropriate physician/patient relationship; ability to elicit an appropriate present and past psychiatric, medical, social, and developmental history; ability to assess mental status; ability to provide a relevant formulation, differential diagnosis, and provisional treatment plan; and, ability to make an organized presentation of the pertinent history, including the mental status examination) to advance in level of training/graduation.
- (g) Satisfactory completion of rotations.
- (h) Satisfactory completion of evaluations by faculty.
- (i) Regular attendance and participation in scheduled didactics.

#### **2. PGY 3 Goals, Objectives and Criteria for Advancement from PGY-3 to PGY-4.**

*Rotations include: Outpatient Psychiatry (Continuity Clinic), Community Psychiatry, Consultation-Liaison, Forensic Psychiatry, IOP/PHP, elective and extended work hour assignments. In addition to the general criteria expected at the end of PGY-2, the PGY-3 must also meet the following criteria:*

- (a) Over the course of the more advanced level of training, the resident will demonstrate competence in the biopsychosocial evaluation and management of outpatient psychiatric disorders and provide a balanced treatment approach to include various psychotherapy modalities (competency in required psychotherapies must be demonstrated and documented prior to graduation), psychopharmacologic therapy, crisis intervention, and social rehabilitation.
- (b) Through the Consultation-Liaison experience, the resident will perform supervised clinical evaluation and assessment of patients presenting with psychiatric symptoms and coexistent medical, surgical, and

neurological disorders and be able to collaborate with colleagues from other medical specialties in assessing and treating such patients.

- (c) Through the Forensic Psychiatry experience, the resident is to have an understanding of forensic evaluations and the role of the forensic consultant. The resident is required to complete a forensic report.
- (d) Through the IOP/PHP rotation, the resident will develop competence in the biopsychosocial evaluation and treatment of patients that are in need of intensive services but are able to safely reside in the community.
- (e) Through the Community Psychiatry rotation, the resident is to be able to perform evaluations and devise supervised treatment plans for persistently and chronically ill patients in the community. Residents are to demonstrate competence to consult and work collaboratively with case managers, crisis teams, and other mental health professionals, as well as to consult with, learn about, and use community resources and services in planning patient care.
- (f) The resident will demonstrate competence in the administrative, teaching, supervisory, utilization review, quality assurance, and performance improvement aspects of Psychiatry in multidisciplinary clinical and education settings.
- (g) PGY-3 and PGY-4 residents must be able to provide direct or indirect supervision for a more junior resident while having an attending physician available for back-up supervision which may be by phone.
- (h) Attainment of relevant NAS Milestone subcompetencies are also considered for advancement.

3. **PGY-3 Resident Job Description.** The PGY-3 Resident participating in the Psychiatry Residency Program shall:

- (a) Obtain and maintain a license or temporary medical permit to practice medicine in the state of Indiana in accordance with the requirements of the Indiana Medical Practice Act and the Indiana Professional Licensing Agency.
- (b) Provide appropriate care to assigned patients in a prompt manner.
- (c) Participate in the clinical evaluation and care of patients in a variety of settings with sufficient frequency to achieve the competencies required under the supervision of attending staff.
- (d) Assume progressive responsibility for patient care activities according to Resident's level of education, ability, experience and the needs of the patient. The Program Director and attending staff will determine the Resident's level of autonomy and responsibility.
- (e) Effectively communicate with supervising attending staff concerning evaluation findings, Mental Status Exam, physical examination, interpretation of diagnostic tests, diagnostic formulation and intended interventions.
- (f) Conform to the established guidelines for the Psychiatry Residency Program and Community GME as outlined in the current Program and GME Handbooks.
- (g) Follow guidelines for coverage of patients in all Facilities to maintain responsible continuous patient care during absence or illness.
- (h) Provide extended work hour assignment coverage as required by the Psychiatry Residency curriculum including teaching responsibilities of other residents and medical students as applicable.

- (i) Report to the Psychiatry Residency Program Director (the "Program Director") or his or her designee or Faculty Preceptor, any Community encounters with a patient or any other expressed dissatisfaction with care.
- (j) Exhibit professional integrity and refrain from dishonesty, disruptive behavior, falsification of records, sexual abuse of patients and/or staff, intentional or negligent mistreatment of patients and from drug and/or alcohol abuse.
- (k) Be prompt in all Facilities in seeing patients and promptly notify the Residency Program office of unexpected delays.
- (l) Conform to all Applicable Rules and Regulations regarding the recording of data in the patient record. Thoroughly complete all required patient care documentation as specified by the preceptor or Facility guidelines.
- (m) Shall not remove, download or copy records from any Facility without the prior written consent of Community.
- (n) Fully participate in the scholarly and educational activities of the Psychiatry Residency Program, as well as Cross-GME didactic sessions. Attend a minimum of 70% of Psychiatry Residency Program conferences, including Psychiatry Grand Rounds.
- (o) Present cases or give presentations and/or collaborate in scholarly activity with faculty when assigned.
- (p) Use educational leave appropriately.
- (q) Exhibit initiative and interest in his/her own education and patient care.
- (r) Work cooperatively and respectfully with other members of the Community GME, Community personnel and patients.
- (s) Refrain from any behavior that is disruptive of patient care or the function of Community or residency staff in the fulfillment of their responsibilities. Such behavior may result in summary suspension of privileges or termination.
- (t) Refrain from outside activities so as not to interfere with meeting the requirements of the Psychiatry Residency Program.
- (u) Maintain confidentiality of electronic information by keeping passwords secure and ensuring that electronic access is secure and uninterrupted. Resident shall access Community computer systems frequently enough to maintain assigned accounts in an active status.
- (v) Assist Community in attraction and recruitment of medical students or other candidates to become members of the Program. Such assistance shall include but not be limited to entertaining candidates at various recruiting functions including evening meals or morning breakfasts; or performing other such reasonable recruitment duties as the Program Director or designee may request.
- (w) Other duties as assigned by the Program Director or his or her designee in accordance with ACGME guidelines.
- (x) Participate in hospital committees or other Community physician led committees as assigned by the Program Director.

4. **Compensation.** In consideration for the Services provided under the Agreement, Resident shall receive the following compensation:

- (a) Resident's salary will be subject to market rates and network approval each year. Resident salary will be communicated via promotion letters from the program. Such salary shall be paid in the normal course of Community's payroll subject to appropriate withholds and authorized deductions.
- (b) Resident shall be granted an annual allowance of Two Thousand Five Hundred and 00/100 Dollars (\$2,500.00) for continuing medical education ("CME") expenses subject to approval by the Program Director or designated assistant. Any portion of the annual allowance not used during a contract year shall expire and shall not carry over to the following contract year.
- (c) Resident shall be reimbursed for the following fees:
  - (i) Permanent Indiana medical licensure – the fee for licensure may be reimbursed in PGY-II, PGY-III or PGY-IV years, depending on eligibility of Resident; and
  - (ii) Permanent DEA registration – the registration fee may be reimbursed after Resident has obtained his/her permanent Indiana medical license.

5. **Paid Time Off.** Resident shall be entitled to the following paid time off during the term of this Agreement:

- (a) Twenty-one (21) days of paid time off ("PTO") for vacation, illness, business, personal or other leaves of absence not otherwise addressed herein. Time off requests for PTO must be approved in accordance with the GME Handbook and relevant Program Manual.
- (b) Five (5) paid days off for continuing medical education ("CME"). Paid time off for CME shall only be for the time spent at an educational conference and shall not include any extra days surrounding a conference. Time off requests for CME must be approved in accordance with the GME Handbook.

No scheduled PTO shall be taken during the period of New Intern Orientation. Any PTO or CME time not taken during the term of this Agreement shall expire at the end of the term and shall not carry over to the following year; nor shall Resident be entitled to any payment for unused PTO or CME time.

IF RESIDENT EXCEEDS THE PAID TIME OFF ALLOWED ABOVE FOR ANY REASON, HIS/HER PROGRAM MAY BE EXTENDED IN ORDER TO ALLOW THE RESIDENT TO MAKE-UP THE DAYS MISSED AND GRADUATION MAY BE DELAYED, ALL IN ACCORDANCE WITH THE GME HANDBOOK.



## Specialty Program Requirements & Job Description

### Community Health Network, Inc. Psychiatry Residency Program PGY-IV

#### 1. Program Specific Requirements & General Criteria for Advancement.

- (a) Resident shall comply with all Psychiatry Residency Program policies and procedures (“Psychiatry Policies”). In the event there is a conflict between the Psychiatry Policies and the GME Handbook, the GME Handbook shall control.
- (b) Resident represents that he/she has read and understands the ACGME “Program Requirements in Psychiatry,” and the “Requirements for Certification by the American Board of Psychiatry and Neurology.”
- (c) Resident shall maintain compliance with ACGME Program requirements as outlined by the Psychiatry Residency Review Committee.
- (d) Resident shall sufficiently demonstrate the acquisition of specific knowledge, clinical skills, competence, and professionalism expected by the ACGME NAS, Common, and Specialty Specific Psychiatry requirements for each level of training and specified experiences, including, without limitation: roles, responsibilities, Milestones and increasing competence and independence in the evaluation and continuous management of patients with acute and chronic psychiatric illnesses in a variety of clinical settings.
- (e) Resident shall maintain professional conduct, compassion, and ethical integrity in the care and treatment of patients and families and in the interactions with staff and colleagues.
- (f) For each PGY year, Resident must demonstrate competence for his/her level of training in each area of a documented Clinical Skills Examination (*i.e.*, ability to interview patients and families; ability to establish an appropriate physician/patient relationship; ability to elicit an appropriate present and past psychiatric, medical, social, and developmental history; ability to assess mental status; ability to provide a relevant formulation, differential diagnosis, and provisional treatment plan; and, ability to make an organized presentation of the pertinent history, including the mental status examination) to advance in level of training/graduation.
- (g) Satisfactory completion of rotations.
- (h) Satisfactory completion of evaluations by faculty.
- (i) Regular attendance and participation in scheduled didactics.

2. **PGY 4 Goals and Objectives and Criteria for Advancement of PGY-4 to Completion of Residency Program**

Rotations include: Outpatient Psychiatry (Continuity Clinic), Consultation-Liaison, extended work hour assignments, and electives.

In addition to the general criteria expected at the end of PGY-3, the graduating resident must also meet the following criteria:

- a) The graduate must be a proficient physician who can independently practice General Psychiatry without direct supervision with a high degree of professionalism, compassion, and adherence to ethical behavior.
- b) The graduate must demonstrate competence in psychiatric interviewing prior to completion of the program.
- c) The graduate must be proficient to independently provide biopsychosocial evaluation and management of psychiatric patients and provide an appropriate, balanced treatment approach.
- d) The graduate will have the ability to independently and proficiently supervise and monitor other mental health professionals and students.
- e) The graduate will sufficiently prepare for, participate in and demonstrate competence in the educational and clinical training provided during the residency as outlined by the residency program, the A.C.G.M.E. accreditation requirements and expected by the American Board of Psychiatry and Neurology. Such will include regular attendance and participation of scheduled didactic seminars throughout all years of training, accurate completion and submitting of case logs demonstrating an adequate depth and breadth of clinical experiences, sufficient performance on standardized written and clinical exams, and passing evaluations by supervising faculty for all required experiences and professional skills.
- f) Attainment of NAS Milestone subcompetencies are also considered for graduation.
- g) Graduates will demonstrate a commitment to life-long learning through ongoing regular study.

3. **PGY-4 Resident Job Description.** The PGY-3 Resident participating in the Psychiatry Residency Program shall:

- (a) Obtain and maintain a license or temporary medical permit to practice medicine in the state of Indiana in accordance with the requirements of the Indiana Medical Practice Act and the Indiana Professional Licensing Agency.
- (b) Provide appropriate care to assigned patients in a prompt manner.
- (c) Participate in the clinical evaluation and care of patients in a variety of settings with sufficient frequency to achieve the competencies required under the supervision of attending staff.
- (d) Assume progressive responsibility for patient care activities according to Resident's level of education, ability, experience and the needs of the patient. The Program Director and attending staff will determine the Resident's level of autonomy and responsibility.
- (e) Effectively communicate with supervising attending staff concerning evaluation findings, Mental Status Exam, physical examination, interpretation of diagnostic tests, diagnostic formulation and intended interventions.

- (f) Conform to the established guidelines for the Psychiatry Residency Program and Community GME as outlined in the current Program and GME Handbooks.
- (g) Follow guidelines for coverage of patients in all Facilities to maintain responsible continuous patient care during absence or illness.
- (h) Provide extended work hour assignment coverage as required by the Psychiatry Residency curriculum including teaching responsibilities of other residents and medical students as applicable.
- (i) Report to the Psychiatry Residency Program Director (the "Program Director") or his or her designee or Faculty Preceptor, any Community encounters with a patient or any other expressed dissatisfaction with care.
- (j) Exhibit professional integrity and refrain from dishonesty, disruptive behavior, falsification of records, sexual abuse of patients and/or staff, intentional or negligent mistreatment of patients and from drug and/or alcohol abuse.
- (k) Be prompt in all Facilities in seeing patients and promptly notify the Residency Program office of unexpected delays.
- (l) Conform to all Applicable Rules and Regulations regarding the recording of data in the patient record. Thoroughly complete all required patient care documentation as specified by the preceptor or Facility guidelines.
- (m) Shall not remove, download or copy records from any Facility without the prior written consent of Community.
- (n) Fully participate in the scholarly and educational activities of the Psychiatry Residency Program, as well as Cross-GME didactic sessions. Attend a minimum of 70% of Psychiatry Residency Program conferences, including Psychiatry Grand Rounds.
- (o) Present cases or give presentations and/or collaborate in scholarly activity with faculty when assigned.
- (p) Use educational leave appropriately.
- (q) Exhibit initiative and interest in his/her own education and patient care.
- (r) Work cooperatively and respectfully with other members of the Community GME, Community personnel and patients.
- (s) Refrain from any behavior that is disruptive of patient care or the function of Community or residency staff in the fulfillment of their responsibilities. Such behavior may result in summary suspension of privileges or termination.
- (t) Refrain from outside activities so as not to interfere with meeting the requirements of the Psychiatry Residency Program.
- (u) Maintain confidentiality of electronic information by keeping passwords secure and ensuring that electronic access is secure and uninterrupted. Resident shall access Community computer systems frequently enough to maintain assigned accounts in an active status.
- (v) Assist Community in attraction and recruitment of medical students or other candidates to become members of the Program. Such assistance shall include but not be limited to entertaining candidates at various recruiting functions including evening meals or morning breakfasts; or performing other such reasonable recruitment duties as the Program Director or designee may request.

- (w) Other duties as assigned by the Program Director or his or her designee in accordance with ACGME guidelines.
- (x) Participate in hospital committees or other Community physician led committees as assigned by the Program Director.

4. **Compensation.** In consideration for the Services provided under the Agreement, Resident shall receive the following compensation:
- (a) Resident's salary will be subject to market rates and network approval each year. Resident salary will be communicated via promotion letters from the program. Such salary shall be paid in the normal course of Community's payroll subject to appropriate withholds and authorized deductions.
  - (b) Resident shall be granted an annual allowance of Two Thousand Five Hundred and 00/100 Dollars (\$2,500.00) for continuing medical education ("CME") expenses subject to approval by the Program Director or designated assistant. Any portion of the annual allowance not used during a contract year shall expire and shall not carry over to the following contract year.
  - (c) Resident shall be reimbursed for the following fees:
    - (a) Permanent Indiana medical licensure – the fee for licensure may be reimbursed in PGY-II, PGY-III or PGY-IV years, depending on eligibility of Resident; and
    - (ii) Permanent DEA registration – the registration fee may be reimbursed after Resident has obtained his/her permanent Indiana medical license.

5. **Paid Time Off.** Resident shall be entitled to the following paid time off during the term of this Agreement:
- (a) Twenty-one (21) days of paid time off ("PTO") for vacation, illness, business, personal or other leaves of absence not otherwise addressed herein. Time off requests for PTO must be approved in accordance with the GME Handbook and relevant Program Manual.
  - (b) Five (5) paid days off for continuing medical education ("CME"). Paid time off for CME shall only be for the time spent at an educational conference and shall not include any extra days surrounding a conference. Time off requests for CME must be approved in accordance with the GME Handbook.

No scheduled PTO shall be taken during the period of New Intern Orientation. Any PTO or CME time not taken during the term of this Agreement shall expire at the end of the term and shall not carry over to the following year; nor shall Resident be entitled to any payment for unused PTO or CME time.

IF RESIDENT EXCEEDS THE PAID TIME OFF ALLOWED ABOVE FOR ANY REASON, HIS/HER PROGRAM MAY BE EXTENDED IN ORDER TO ALLOW THE RESIDENT TO MAKE-UP THE DAYS MISSED AND GRADUATION MAY BE DELAYED, ALL IN ACCORDANCE WITH THE GME HANDBOOK.

## Specialty Program Requirements & Job Description

### **Community Health Network, Inc. Psychiatry Residency Program Chief Resident (PGY-3)**

#### **1. Program Specific Requirements & General Criteria for Advancement.**

- (a) Resident shall comply with all Psychiatry Residency Program policies and procedures (“Psychiatry Policies”). In the event there is a conflict between the Psychiatry Policies and the GME Handbook, the GME Handbook shall control.
- (b) Resident represents that he/she has read and understands the ACGME “Program Requirements in Psychiatry,” and the “Requirements for Certification by the American Board of Psychiatry and Neurology.”
- (c) Resident shall maintain compliance with ACGME Program requirements as outlined by the Psychiatry Residency Review Committee.
- (d) Resident shall sufficiently demonstrate the acquisition of specific knowledge, clinical skills, competence, and professionalism expected by the ACGME NAS, Common, and Specialty Specific Psychiatry requirements for each level of training and specified experiences, including, without limitation: roles, responsibilities, Milestones and increasing competence and independence in the evaluation and continuous management of patients with acute and chronic psychiatric illnesses in a variety of clinical settings.
- (e) Resident shall maintain professional conduct, compassion, and ethical integrity in the care and treatment of patients and families and in the interactions with staff and colleagues.
- (f) For each PGY year, Resident must demonstrate competence for his/her level of training in each area of a documented Clinical Skills Examination (*i.e.*, ability to interview patients and families; ability to establish an appropriate physician/patient relationship; ability to elicit an appropriate present and past psychiatric, medical, social, and developmental history; ability to assess mental status; ability to provide a relevant formulation, differential diagnosis, and provisional treatment plan; and, ability to make an organized presentation of the pertinent history, including the mental status examination) to advance in level of training/graduation.
- (g) Satisfactory completion of rotations.
- (h) Satisfactory completion of evaluations by faculty.
- (i) Regular attendance and participation in scheduled didactics.

#### **2. PGY 3 Goals, Objectives and Criteria for Advancement from PGY-3 to PGY-4.**

*Rotations include: Outpatient Psychiatry (Continuity Clinic), Community Psychiatry, Consultation-Liaison, Forensic Psychiatry, IOP/PHP, elective and extended work hour assignments. In addition to the general criteria expected at the end of PGY-2, the PGY-3 must also meet the following criteria:*

- (a) Over the course of the more advanced level of training, the resident will demonstrate competence in the biopsychosocial evaluation and management of outpatient psychiatric disorders and provide a balanced treatment approach to include various psychotherapy modalities (competency in required psychotherapies must be demonstrated and documented prior to graduation), psychopharmacologic therapy, crisis intervention, and social rehabilitation.

- (b) Through the Consultation-Liaison experience, the resident will perform supervised clinical evaluation and assessment of patients presenting with psychiatric symptoms and coexistent medical, surgical, and neurological disorders and be able to collaborate with colleagues from other medical specialties in assessing and treating such patients.
- (c) Through the Forensic Psychiatry experience, the resident is to have an understanding of forensic evaluations and the role of the forensic consultant. The resident is required to complete a forensic report.
- (d) Through the IOP/PHP rotation, the resident will develop competence in the biopsychosocial evaluation and treatment of patients that are in need of intensive services but are able to safely reside in the community.
- (e) Through the Community Psychiatry rotation, the resident is to be able to perform evaluations and devise supervised treatment plans for persistently and chronically ill patients in the community. Residents are to demonstrate competence to consult and work collaboratively with case managers, crisis teams, and other mental health professionals, as well as to consult with, learn about, and use community resources and services in planning patient care.
- (f) The resident will demonstrate competence in the administrative, teaching, supervisory, utilization review, quality assurance, and performance improvement aspects of Psychiatry in multidisciplinary clinical and education settings.
- (g) PGY-3 and PGY-4 residents must be able to provide direct or indirect supervision for a more junior resident while having an attending physician available for back-up supervision which may be by phone.
- (h) Attainment of relevant NAS Milestone subcompetencies are also considered for advancement.

3. **PGY-3 Chief Resident Job Description.** The PGY-3 Chief Resident participating in the Psychiatry Residency Program shall:

- (a) Obtain and maintain a license or temporary medical permit to practice medicine in the state of Indiana in accordance with the requirements of the Indiana Medical Practice Act and the Indiana Professional Licensing Agency.
- (b) Provide appropriate care to assigned patients in a prompt manner.
- (c) Participate in the clinical evaluation and care of patients in a variety of settings with sufficient frequency to achieve the competencies required under the supervision of attending staff.
- (c) Assume progressive responsibility for patient care activities according to Resident's level of education, ability, experience and the needs of the patient. The Program Director and attending staff will determine the Resident's level of autonomy and responsibility.
- (d) Effectively communicate with supervising attending staff concerning evaluation findings, Mental Status Exam, physical examination, interpretation of diagnostic tests, diagnostic formulation and intended interventions.
- (e) Conform to the established guidelines for the Psychiatry Residency Program and Community GME as outlined in the current Program and GME Handbooks.
- (f) Follow guidelines for coverage of patients in all Facilities to maintain responsible continuous patient care during absence or illness.

- (d) Provide extended work hour assignment coverage as required by the Psychiatry Residency curriculum including teaching responsibilities of other residents and medical students as applicable.
- (e) Report to the Psychiatry Residency Program Director (the "Program Director") or his or her designee or Faculty Preceptor, any patient or family member's expressed dissatisfaction with care.
- (f) Exhibit professional integrity and refrain from dishonesty, disruptive behavior, falsification of records, sexual abuse of patients and/or staff, intentional or negligent mistreatment of patients and from drug and/or alcohol abuse.
- (g) Be prompt in all Facilities in seeing patients and promptly notify the Residency Program office of unexpected delays.
- (h) Conform to all Applicable Rules and Regulations regarding the recording of data in the patient record. Thoroughly complete all required patient care documentation as specified by the preceptor or Facility guidelines.
- (i) Shall not remove, download or copy records from any Facility without the prior written consent of Community.
- (j) Fully participate in the scholarly and educational activities of the Psychiatry Residency Program, as well as Cross-GME didactic sessions. Attend a minimum of 70% of Psychiatry Residency Program conferences, including Psychiatry Grand Rounds.
- (k) Present cases or give presentations and/or collaborate in scholarly activity with faculty when assigned.
- (l) Use educational leave appropriately.
- (m) Exhibit initiative and interest in his/her own education and patient care.
- (n) Work cooperatively and respectfully with other members of the Community GME, Community personnel and patients.
- (o) Refrain from any behavior that is disruptive of patient care or the function of Community or residency staff in the fulfillment of their responsibilities. Such behavior may result in summary suspension of privileges or termination.
- (p) Refrain from outside activities so as not to interfere with meeting the requirements of the Psychiatry Residency Program.
- (q) Maintain confidentiality of electronic information by keeping passwords secure and ensuring that electronic access is secure and uninterrupted. Resident shall access Community computer systems frequently enough to maintain assigned accounts in an active status.
- (r) Assist Community in attraction and recruitment of medical students or other candidates to become members of the Program including, but not limited to, application review, interviewing and evaluating candidates, entertaining candidates at various recruiting functions including evening meals or morning breakfasts, or performing other such reasonable recruitment duties as the Program Director or designee may request.
- (s) Other duties as assigned to the Chief Resident by the Program Director or his or her designee in accordance with ACGME guidelines.
- (t) Participate in hospital committees or other Community physician led committees as assigned by the Program Director.



- (u) Work cooperatively with Residency Coordinator on developing the extended work hour assignment, didactic and Psychiatry Grand Rounds schedules.
  - (v) Assist Program Director or designee with design and oversight of medical student clerkship and elective rotations.
4. **PGY 3 Chief Resident Compensation.** In consideration for the Services provided under the Agreement, Resident shall receive the following compensation:
- (a) Resident's salary will be subject to market rates and network approval each year. Resident salary will be communicated via promotion letters from the program. Such salary shall be paid in the normal course of Community's payroll subject to appropriate withholds and authorized deductions.
  - (b) Resident shall be granted an annual allowance of Two Thousand Five Hundred and 00/100 Dollars (\$2,500.00) for continuing medical education ("CME") expenses subject to approval by the Program Director or designated assistant. Any portion of the annual allowance not used during a contract year shall expire and shall not carry over to the following contract year.
  - (c) Resident shall be reimbursed for the following fees:
    - (i) Permanent Indiana medical licensure – the fee for licensure may be reimbursed in PGY-II, PGY-III or PGY-IV years, depending on eligibility of Resident; and
    - (ii) Permanent DEA registration – the registration fee may be reimbursed after Resident has obtained his/her permanent Indiana medical license.
5. **PGY 3 Paid Time Off.** Resident shall be entitled to the following paid time off during the term of this Agreement:
- (a) Twenty-one (21) days of paid time off ("PTO") for vacation, illness, business, personal or other leaves of absence not otherwise addressed herein. Time off requests for PTO must be approved in accordance with the GME Handbook.
  - (b) Five (5) paid days off for continuing medical education ("CME"). Paid time off for CME shall only be for the time spent at an educational conference and shall not include any extra days surrounding a conference. Time off requests for CME must be approved in accordance with the GME Handbook.

No scheduled PTO shall be taken during the period of New Intern Orientation. Any PTO or CME time not taken during the term of this Agreement shall expire at the end of the term and shall not carry over to the following year; nor shall Resident be entitled to any payment for unused PTO or CME time.

IF RESIDENT EXCEEDS THE PAID TIME OFF ALLOWED ABOVE FOR ANY REASON, HIS/HER PROGRAM MAY BE EXTENDED IN ORDER TO ALLOW THE RESIDENT TO MAKE-UP THE DAYS MISSED AND GRADUATION MAY BE DELAYED, ALL IN ACCORDANCE WITH THE GME HANDBOOK.

## EXHIBIT A

### Specialty Program Requirements & Job Description

**Community Health Network, Inc.  
Psychiatry Residency Program  
Chief Resident (PGY-4)**

1. **Program Specific Requirements & General Criteria for Advancement.**

- (a) Resident shall comply with all Psychiatry Residency Program policies and procedures (“Psychiatry Policies”). In the event there is a conflict between the Psychiatry Policies and the GME Handbook, the GME Handbook shall control.
- (b) Resident represents that he/she has read and understands the ACGME “Program Requirements in Psychiatry,” and the “Requirements for Certification by the American Board of Psychiatry and Neurology.”
- (c) Resident shall maintain compliance with ACGME Program requirements as outlined by the Psychiatry Residency Review Committee.
- (d) Resident shall sufficiently demonstrate the acquisition of specific knowledge, clinical skills, competence, and professionalism expected by the ACGME NAS, Common, and Specialty Specific Psychiatry requirements for each level of training and specified experiences, including, without limitation: roles, responsibilities, Milestones and increasing competence and independence in the evaluation and continuous management of patients with acute and chronic psychiatric illnesses in a variety of clinical settings.
- (e) Resident shall maintain professional conduct, compassion, and ethical integrity in the care and treatment of patients and families and in the interactions with staff and colleagues.
- (f) For each PGY year, Resident must demonstrate competence for his/her level of training in each area of a documented Clinical Skills Examination (*i.e.*, ability to interview patients and families; ability to establish an appropriate physician/patient relationship; ability to elicit an appropriate present and past psychiatric, medical, social, and developmental history; ability to assess mental status; ability to provide a relevant formulation, differential diagnosis, and provisional treatment plan; and, ability to make an organized presentation of the pertinent history, including the mental status examination) to advance in level of training/graduation.
- (g) Satisfactory completion of rotations.
- (h) Satisfactory completion of evaluations by faculty.
- (i) Regular attendance and participation in scheduled didactics.

2. **PGY- 4 Goals.**

*Rotations include: Outpatient Psychiatry (Continuity Clinic), Community Psychiatry, Consultation-Liaison, Forensic Psychiatry, IOP/PHP, elective and extended work hour assignments. In addition to the general criteria expected at the end of PGY-3, the PGY-4 must also meet the following criteria:*

- (a) Over the course of the more advanced level of training, the resident will demonstrate competence in the biopsychosocial evaluation and management of outpatient psychiatric disorders and provide a balanced treatment approach to include various psychotherapy modalities (competency in required psychotherapies must be demonstrated and documented prior to graduation), psychopharmacologic therapy, crisis intervention, and social rehabilitation.

- (b) Through the Consultation-Liaison experience, the resident will perform supervised clinical evaluation and assessment of patients presenting with psychiatric symptoms and coexistent medical, surgical, and neurological disorders and be able to collaborate with colleagues from other medical specialties in assessing and treating such patients.
- (c) Through the Forensic Psychiatry experience, the resident is to have an understanding of forensic evaluations and the role of the forensic consultant. The resident is required to complete a forensic report.
- (d) Through the IOP/PHP rotation, the resident will develop competence in the biopsychosocial evaluation and treatment of patients that are in need of intensive services but are able to safely reside in the community.
- (e) Through the Community Psychiatry rotation, the resident is to be able to perform evaluations and devise supervised treatment plans for persistently and chronically ill patients in the community. Residents are to demonstrate competence to consult and work collaboratively with case managers, crisis teams, and other mental health professionals, as well as to consult with, learn about, and use community resources and services in planning patient care.
- (f) The resident will demonstrate competence in the administrative, teaching, supervisory, utilization review, quality assurance, and performance improvement aspects of Psychiatry in multidisciplinary clinical and education settings.
- (g) PGY-4 residents must be able to provide direct or indirect supervision for a more junior resident while having an attending physician available for back-up supervision which may be by phone.
- (h) Attainment of relevant NAS Milestone subcompetencies are also considered for advancement.

3. **PGY-4 Chief Resident Job Description.** The PGY-4 Chief Resident participating in the Psychiatry Residency Program shall:

- (a) Obtain and maintain a license or temporary medical permit to practice medicine in the state of Indiana in accordance with the requirements of the Indiana Medical Practice Act and the Indiana Professional Licensing Agency.
- (b) Provide appropriate care to assigned patients in a prompt manner.
- (c) Participate in the clinical evaluation and care of patients in a variety of settings with sufficient frequency to achieve the competencies required under the supervision of attending staff.
- (c) Assume progressive responsibility for patient care activities according to Resident's level of education, ability, experience and the needs of the patient. The Program Director and attending staff will determine the Resident's level of autonomy and responsibility.
- (d) Effectively communicate with supervising attending staff concerning evaluation findings, Mental Status Exam, physical examination, interpretation of diagnostic tests, diagnostic formulation and intended interventions.
- (e) Conform to the established guidelines for the Psychiatry Residency Program and Community GME as outlined in the current Program and GME Handbooks.
- (f) Follow guidelines for coverage of patients in all Facilities to maintain responsible continuous patient care during absence or illness.

- (d) Provide extended work hour assignment coverage as required by the Psychiatry Residency curriculum including teaching responsibilities of other residents and medical students as applicable.
- (e) Report to the Psychiatry Residency Program Director (the "Program Director") or his or her designee or Faculty Preceptor, any patient or family member's expressed dissatisfaction with care.
- (f) Exhibit professional integrity and refrain from dishonesty, disruptive behavior, falsification of records, sexual abuse of patients and/or staff, intentional or negligent mistreatment of patients and from drug and/or alcohol abuse.
- (g) Be prompt in all Facilities in seeing patients and promptly notify the Residency Program office of unexpected delays.
- (h) Conform to all Applicable Rules and Regulations regarding the recording of data in the patient record. Thoroughly complete all required patient care documentation as specified by the preceptor or Facility guidelines.
- (i) Shall not remove, download or copy records from any Facility without the prior written consent of Community.
- (j) Fully participate in the scholarly and educational activities of the Psychiatry Residency Program, as well as Cross-GME didactic sessions. Attend a minimum of 70% of Psychiatry Residency Program conferences, including Psychiatry Grand Rounds.
- (k) Present cases or give presentations and/or collaborate in scholarly activity with faculty when assigned.
- (l) Use educational leave appropriately.
- (m) Exhibit initiative and interest in his/her own education and patient care.
- (n) Work cooperatively and respectfully with other members of the Community GME, Community personnel and patients.
- (o) Refrain from any behavior that is disruptive of patient care or the function of Community or residency staff in the fulfillment of their responsibilities. Such behavior may result in summary suspension of privileges or termination.
- (p) Refrain from outside activities so as not to interfere with meeting the requirements of the Psychiatry Residency Program.
- (q) Maintain confidentiality of electronic information by keeping passwords secure and ensuring that electronic access is secure and uninterrupted. Resident shall access Community computer systems frequently enough to maintain assigned accounts in an active status.
- (r) Assist Community in attraction and recruitment of medical students or other candidates to become members of the Program including, but not limited to, application review, interviewing and evaluating candidates, entertaining candidates at various recruiting functions including evening meals or morning breakfasts, or performing other such reasonable recruitment duties as the Program Director or designee may request.
- (s) Other duties as assigned to the Chief Resident by the Program Director or his or her designee in accordance with ACGME guidelines.
- (t) Participate in hospital committees or other Community physician led committees as assigned by the Program Director.

- (u) Work cooperatively with Residency Coordinator on developing the extended work hour assignment, didactic and Psychiatry Grand Rounds schedules.
  - (v) Assist Program Director or designee with design and oversight of medical student clerkship and elective rotations.
4. **PGY- 4 Chief Resident Compensation.** In consideration for the Services provided under the Agreement, Resident shall receive the following compensation:
- (a) Resident's salary will be subject to market rates and network approval each year. Resident salary will be communicated via promotion letters from the program. Such salary shall be paid in the normal course of Community's payroll subject to appropriate withholds and authorized deductions.
  - (b) Resident shall be granted an annual allowance of Two Thousand Five Hundred and 00/100 Dollars (\$2,500.00) for continuing medical education ("CME") expenses subject to approval by the Program Director or designated assistant. Any portion of the annual allowance not used during a contract year shall expire and shall not carry over to the following contract year.
  - (c) Resident shall be reimbursed for the following fees:
    - (i) Permanent Indiana medical licensure – the fee for licensure may be reimbursed in PGY-II, PGY-III or PGY-IV years, depending on eligibility of Resident; and
    - (ii) Permanent DEA registration – the registration fee may be reimbursed after Resident has obtained his/her permanent Indiana medical license.
5. **PGY-4 Paid Time Off.** Resident shall be entitled to the following paid time off during the term of this Agreement:
- (a) Twenty-one (21) days of paid time off ("PTO") for vacation, illness, business, personal or other leaves of absence not otherwise addressed herein. Time off requests for PTO must be approved in accordance with the GME Handbook.
  - (b) Five (5) paid days off for continuing medical education ("CME"). Paid time off for CME shall only be for the time spent at an educational conference and shall not include any extra days surrounding a conference. Time off requests for CME must be approved in accordance with the GME Handbook.

No scheduled PTO shall be taken during the period of New Intern Orientation. Any PTO or CME time not taken during the term of this Agreement shall expire at the end of the term and shall not carry over to the following year; nor shall Resident be entitled to any payment for unused PTO or CME time.

IF RESIDENT EXCEEDS THE PAID TIME OFF ALLOWED ABOVE FOR ANY REASON, HIS/HER PROGRAM MAY BE EXTENDED IN ORDER TO ALLOW THE RESIDENT TO MAKE-UP THE DAYS MISSED AND GRADUATION MAY BE DELAYED, ALL IN ACCORDANCE WITH THE GME HANDBOOK.

## **Specialty Program Requirements & Job Description**

### **Community Health Network, Inc. Hospitalist Fellowship at Community Hospital South PGY IV**

#### 1. Program Specific Requirements.

- (a) Fellow shall comply with all policies and procedures that may exist from time to time for the Hospitalist Fellowship at Community Hospital South (“Fellowship”). In the event there is a conflict between such policies and procedures and the GME Handbook, the GME Handbook shall control.
- (b) The majority of the program requirements and duties shall occur between the hours of 7:00 a.m. and 7:00 p.m., Monday through Friday; however, certain rotations and/or curricular needs may take place on weekends, evenings or overnight shifts as determined by the Fellowship Director in consultation with the faculty preceptors.
- (c) Fellow shall arrive on-time for all assigned rotations.

#### 2. Fellowship Job Description. A Fellow participating in the Hospitalist Fellowship at Community Hospital South (“Fellowship”) shall:

- (a) Obtain and maintain a license to practice medicine in the state of Indiana in accordance with the requirements of the Indiana Medical Practice Act and the Indiana Professional Licensing Agency.
- (b) Physician shall be properly certified in CPR and ACLS.
- (c) Provide appropriate care to assigned patients in a prompt manner.
- (d) Provide for full time, on site physician coverage based on a prearranged schedule established by the Fellowship Director, which will vary depending on curricular requirements.
- (e) Follow guidelines for coverage for patients at Community Hospital South (the “Hospital”) to maintain responsible continuous patient care during absences or illness.
- (f) Report to the Fellowship Director or his or her designee or faculty preceptor, any patient care issues or any patient’s expressed dissatisfaction with care.
- (g) Exhibit professional integrity and refrain from dishonesty, disruptive behavior, falsification of records, sexual abuse of patients and/or staff, intentional or negligent mistreatment of patients and from drug and/or alcohol abuse.
- (h) Be prompt in seeing all Hospital patients and promptly notify the Fellowship Director or his or her designee of unexpected delays.

- (i) Conform to all Applicable Rules and Regulations regarding the recording of data in the patient record.
  - (j) Shall not remove records from the Hospital without the prior written consent of Community.
  - (k) Once deemed competent by faculty supervisor(s) who are credentialed medical staff members, Fellow shall be available for insertion of arterial lines, subclavian lines and insertion/reinsertion of endotracheal tubes, chest tubes, pronouncing RHCs and other procedures as necessary. Additionally, Fellow shall be available and perform physician assessments/examinations of psychiatric patients where the examination is needed on a timely basis, respond to calls to do a face-to-face evaluation within one (1) hour of restraint and seclusion as defined by CMS, IV start/restarts when hospital clinicians are unsuccessful, arterial blood gas draws, review of rhythm strips (including 12 lead EKGs) as appropriate in all monitored areas, lab specimen collections, provide preliminary wet readings of imaging studies, and other invasive procedures as may be required by patients in all clinical areas at the Hospital.
  - (l) Present cases or give presentations when assigned by faculty.
  - (m) Use educational leave appropriately.
  - (n) Exhibit initiative and interest in his/her own education and patient care.
  - (o) Work cooperatively and respectfully with other members of the Community GME, Community personnel and patients.
  - (p) Refrain from any behavior that is disruptive of patient care or the function of Community or residency staff in the fulfillment of their responsibilities. Such behavior may result in summary suspension of privileges.
  - (q) Refrain from outside activities so as not to interfere with meeting the requirements of the Fellowship.
  - (r) Maintain confidentiality of electronic information by keeping passwords secure and ensuring that his/her electronic access is secure and uninterrupted. Fellow shall access Community computer systems frequently enough to maintain assigned accounts in an active status.
  - (s) Other duties as assigned by the Fellowship Director or his or her designee.
  - (t) Participate in hospital committees or other Community physician led committees as assigned by the Fellowship Director from time to time.
3. Compensation. In consideration for the Services provided under the Agreement, Resident shall receive the following compensation:

- (a) Fellow's salary shall be **\$80,000** per year. Such salary shall be paid in the normal course of Community's payroll subject to appropriate withholds and authorized deductions.
  - (b) Fellow shall be granted an annual allowance of Two Thousand Five Hundred Dollars (\$2,500) for continuing medical education ("CME") expenses subject to approval by the Fellowship Director or designated assistant. Any portion of the annual allowance not used during a contract year shall expire and shall not carry over to the following contract year.
  - (c) Community shall pay for the fees associated with Fellow's Indiana medical license renewal, DEA/CSR registration and Medical Staff membership.
4. Paid Time Off. Fellow shall be entitled to twenty-six (26) days of paid time off ("PTO") that includes (a) twenty-one (21) days for vacation, illness, business, personal or other leaves of absence not otherwise addressed herein; and (b) five (5) paid days off for continuing medical education ("CME"). Paid time off for CME shall only be for the time spent at an educational conference and may include reasonable travel time surrounding a conference. Time off for PTO and CME must be approved in accordance with the GME Handbook.

IF FELLOW EXCEEDS THE PAID TIME OFF ALLOWED ABOVE FOR ANY REASON, COMPLETION OF THE FELLOWSHIP MAY BE DELAYED.



## EXHIBIT A

### Specialty Program Requirements & Job Description

**Community Health Network, Inc.  
Addiction Medicine Fellowship at Community Hospital East  
PGY IV**

1. Program Specific Requirements.

- (a) Fellow shall comply with all policies and procedures that may exist from time to time for the Addiction Medicine Fellowship at Community Hospital East (the “Fellowship”). In the event there is a conflict between such policies and procedures and the GME Handbook, the GME Handbook shall control.
- (b) The majority of the program requirements and duties shall occur between the hours of 7:30 a.m. and 5:30 p.m., Monday through Friday; however; certain rotations and/or curricular needs may take place on weekends, evenings or overnight shifts as determined by the Fellowship Director in consultation with the faculty preceptors.
- (c) Fellow shall arrive on-time for all assigned rotations.

2. Fellowship Job Description. A Fellow participating in the Fellowship shall:

- (a) Obtain and maintain a license to practice medicine in the state of Indiana in accordance with the requirements of the Indiana Medical Practice Act and the Indiana Professional Licensing Agency.
- (b) Be certified in CPR and ACLS.
- (c) Provide appropriate care to assigned patients in a prompt manner.
- (d) Provide for full time, on site physician coverage based on a prearranged schedule established by the Fellowship Director, which will vary depending on curricular requirements.
- (e) Follow guidelines for coverage for patients at Community Hospital East (the “Hospital”) to maintain responsible continuous patient care during absences or illness.
- (f) Report to the Fellowship Director or his or her designee or faculty preceptor, any patient care issues or any patient’s expressed dissatisfaction with care.
- (g) Exhibit professional integrity and refrain from dishonesty, disruptive behavior, falsification of records, sexual abuse of patients and/or staff, intentional or negligent mistreatment of patients and from drug and/or alcohol abuse.

## EXHIBIT A

### Specialty Program Requirements & Job Description

#### **Community Health Network, Inc. Sports Medicine Fellowship PGY IV**

1. Program Specific Requirements.

- (a) Fellow shall comply with all policies and procedures that may exist from time to time for the Sports Medicine Fellowship at (the “Fellowship”). In the event there is a conflict between such policies and procedures and the GME Handbook, the GME Handbook shall control.
- (b) The majority of the program requirements and duties shall occur between the hours of 7:30 a.m. and 5:30 p.m., Monday through Friday; however; certain rotations and/or curricular needs may take place on weekends, evenings or overnight shifts as determined by the Fellowship Director in consultation with the faculty preceptors.
- (c) Fellow shall arrive on-time for all assigned rotations.

2. Fellowship Job Description. A Fellow participating in the Fellowship shall:

- (a) Obtain and maintain a license to practice medicine in the state of Indiana in accordance with the requirements of the Indiana Medical Practice Act and the Indiana Professional Licensing Agency.
- (b) Be certified in CPR and ACLS.
- (c) Provide appropriate care to assigned patients in a prompt manner.
- (d) Provide for full time, on site physician coverage based on a prearranged schedule established by the Fellowship Director, which will vary depending on curricular requirements.
- (e) Follow guidelines for coverage for patients at each Community hospital assigned (the “Hospital”) to maintain responsible continuous patient care during absences or illness.
- (f) Report to the Fellowship Director or his or her designee or faculty preceptor, any patient care issues or any patient’s expressed dissatisfaction with care.
- (g) Exhibit professional integrity and refrain from dishonesty, disruptive behavior, falsification of records, sexual abuse of patients and/or staff, intentional or negligent mistreatment of patients and from drug and/or alcohol abuse.

- (h) Be prompt in seeing all Hospital patients and promptly notify the Fellowship Director or his or her designee of unexpected delays.
  - (i) Conform to all Applicable Rules and Regulations regarding the recording of data in the patient record.
  - (j) Shall not remove records from Hospital without the prior written consent of Community.
  - (k) Present cases or give presentations when assigned by faculty.
  - (l) Use educational leave appropriately.
  - (m) Exhibit initiative and interest in his/her own education and patient care.
  - (n) Work cooperatively and respectfully with other members of Community GME, Community personnel and patients.
  - (o) Refrain from any behavior that is disruptive of patient care or the function of Community or residency staff in the fulfillment of their responsibilities. Such behavior may result in summary suspension of privileges.
  - (p) Refrain from outside activities so as not to interfere with meeting the requirements of the Fellowship.
  - (q) Maintain confidentiality of electronic information by keeping passwords secure and ensuring that his/her electronic access is secure and uninterrupted. Fellow shall access Community computer systems frequently enough to maintain assigned accounts in an active status.
  - (r) Other duties as assigned by the Fellowship Director or his or her designee.
  - (s) Participate in hospital committees or other Community physician led committees as assigned by the Fellowship Director from time to time.
3. Compensation. In consideration for the Services provided under the Agreement, Resident shall receive the following compensation:
- (a) Resident's salary will be subject to market rates and network approval each year. Resident salary will be communicated via promotion letters from the program. Such salary shall be paid in the normal course of Community's payroll subject to appropriate withholds and authorized deductions.
  - (b) Resident shall be granted an annual allowance of Two Thousand Five Hundred and 00/100 Dollars (\$2,500.00) for continuing medical education ("CME") expenses subject to approval by the Program Director or designated assistant. Any portion of

the annual allowance not used during a contract year shall expire and shall not carry over to the following contract year.

(c) Resident shall be reimbursed for the following the fees:

- (i) Permanent Indiana medical licensure – The fee for licensure may be reimbursed in PGY–II or PGY–III years depending on eligibility of Resident; and
- (ii) Permanent DEA registration – the registration fee may be reimbursed after Resident has obtained his/her permanent Indiana medical license.

4. Paid Time Off. Fellow shall be entitled to twenty-six (26) days of paid time off (“PTO”) that includes: (a) twenty-one (21) days for vacation, illness, business, personal or other leaves of absence not otherwise addressed herein; and (b) five (5) paid days off for continuing medical education (“CME”). Paid time off for CME shall only be for the time spent at an educational conference and may include reasonable travel time surrounding a conference. Time off for PTO and CME must be approved in accordance with the GME Handbook.

IF FELLOW EXCEEDS THE PAID TIME OFF ALLOWED ABOVE FOR ANY REASON, COMPLETION OF THE FELLOWSHIP MAY BE DELAYED.

- (h) Be prompt in seeing all Hospital patients and promptly notify the Fellowship Director or his or her designee of unexpected delays.
  - (i) Conform to all Applicable Rules and Regulations regarding the recording of data in the patient record.
  - (j) Shall not remove records from Hospital without the prior written consent of Community.
  - (k) Present cases or give presentations when assigned by faculty.
  - (l) Use educational leave appropriately.
  - (m) Exhibit initiative and interest in his/her own education and patient care.
  - (n) Work cooperatively and respectfully with other members of Community GME, Community personnel and patients.
  - (o) Refrain from any behavior that is disruptive of patient care or the function of Community or residency staff in the fulfillment of their responsibilities. Such behavior may result in summary suspension of privileges.
  - (p) Refrain from outside activities so as not to interfere with meeting the requirements of the Fellowship.
  - (q) Maintain confidentiality of electronic information by keeping passwords secure and ensuring that his/her electronic access is secure and uninterrupted. Fellow shall access Community computer systems frequently enough to maintain assigned accounts in an active status.
  - (r) Other duties as assigned by the Fellowship Director or his or her designee.
  - (s) Participate in hospital committees or other Community physician led committees as assigned by the Fellowship Director from time to time.
3. Compensation. In consideration for the Services provided under the Agreement, Resident shall receive the following compensation:
- (a) Resident's salary will be subject to market rates and network approval each year. Resident salary will be communicated via promotion letters from the program. Such salary shall be paid in the normal course of Community's payroll subject to appropriate withholds and authorized deductions.
  - (b) Resident shall be granted an annual allowance of Two Thousand Five Hundred and 00/100 Dollars (\$2,500.00) for continuing medical education ("CME") expenses subject to approval by the Program Director or designated assistant. Any portion of

the annual allowance not used during a contract year shall expire and shall not carry over to the following contract year.

(c) Resident shall be reimbursed for the following the fees:

- (i) Permanent Indiana medical licensure – The fee for licensure may be reimbursed in PGY–II or PGY–III years depending on eligibility of Resident; and
- (ii) Permanent DEA registration – the registration fee may be reimbursed after Resident has obtained his/her permanent Indiana medical license.

(d) .

4. Paid Time Off. Fellow shall be entitled to twenty-six (26) days of paid time off (“PTO”) that includes: (a) twenty-one (21) days for vacation, illness, business, personal or other leaves of absence not otherwise addressed herein; and (b) five (5) paid days off for continuing medical education (“CME”). Paid time off for CME shall only be for the time spent at an educational conference and may include reasonable travel time surrounding a conference. Time off for PTO and CME must be approved in accordance with the GME Handbook.

IF FELLOW EXCEEDS THE PAID TIME OFF ALLOWED ABOVE FOR ANY REASON, COMPLETION OF THE FELLOWSHIP MAY BE DELAYED.