

# Centerstone Residency Program Policies

## Centerstone institutional commitment to graduate medical education

### Purpose

To delineate compliance with the institutional requirements related to the Statement of Institutional Commitment for Graduate Medical Education.

### Policy

The administrative staff, teaching faculty, and medical staff at Centerstone of Florida are committed to provide graduate medical education that facilitates residents' professional, ethical, and personal development. Through our educational programs, evaluation and resident supervision, our institution and its Graduate Medical Education program shall ensure and support safe and appropriate patient care.

Excellence in medical education and providing the necessary educational, financial, and human resources to support graduate medical education (GME) are demonstrated through the provision of leadership, an organizational structure and resources required by Centerstone to achieve substantial compliance with the ACGME Common, Specialty-specific Program and Institutional Requirements.

The regular assessment of quality of educational programs, the performance of its residents, and the use of outcome assessment results for program improvement are vital components of the institution's commitment to GME.

## Centerstone compliance with the ACGME policy

### Institutional requirements, common program requirements, specialty-specific program requirements and ACGME policies and procedures

#### Purpose

To achieve the ACGME requirement related to Centerstone's obligation to support Graduate Medical Education in substantial compliance with the Institutional Requirements. To ensure that the

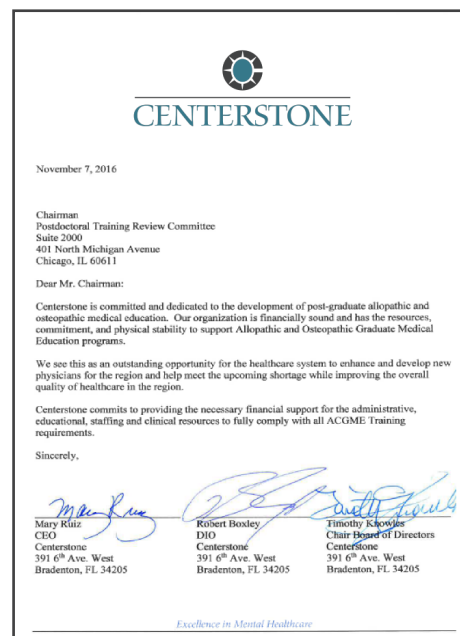
Centerstone ACGME-accredited Psychiatric program is in substantial compliance with the Common Requirements and Specialty-Specific Program Requirements, and the ACGME Policies and Procedures.

#### Sponsoring institution

The Centerstone residency program approved by the Accreditation Council for Graduate Medical Education International (ACGME) operates under the authority and control of its Sponsoring

Institution, Centerstone. Institutional responsibility extends to resident assignments at all participating sites.

Centerstone, the Sponsoring Institution of Graduate Medical Education is committed to provide a residency program in absolute compliance with the: ACGME Institutional Requirements, Common Requirements, Foundational and Advanced Specialty-Specific Program Requirements and ACGME Policies and Procedures.



## Compliance with ACGME institutional requirements

The sponsoring institution shall remain in substantial compliance with the Institutional Requirements of the ACGME. This policy is established with the objective of providing the Graduate Medical Education Committee (GMEC) with formal methods for evaluating the institution's compliance with the Institutional Requirements and recognizing areas that require improvement.

The regular assessment of compliance with ACGME Institutional Requirements shall use the following:

- Compliance of the Centerstone Psychiatric program with the most important areas of the Institutional Requirements shall be assessed yearly through the report to the GMEC and the Annual Report Form.
- Compliance of the Centerstone Psychiatric program with the Institutional Requirements shall be evaluated through a review of the program's Policy and Procedures and/or Resident's Manual at the standard Internal Review process of the program.

Compliance with the Institutional Requirements shall be evaluated by a periodic written survey of residents, guarantying resident's anonymity. It shall include all main aspects of the Institutional Requirements that directly could affect residents. The information from the survey shall be compiled by the GMEC Chair and presented to the GMEC for appraisal and for any action required to address recognized deficiencies. As the GMEC increases knowledge and practice with the survey mechanisms, the survey form and procedures shall be modified to optimize the comeback rate and value of the information. The GMEC will be required to make a decision about the incidence of regular written surveys of residents based on the data from preceding surveys.

## Centerstone graduate medical education committee

### Purpose

To delineate the responsibilities of the GMEC

### Policy

The GMEC at Centerstone has oversight authority and responsibility for all aspects of residency education. The Committee is required to at least quarterly or as needed, and maintains written minutes that will be available for inspection by the applicable accreditation body personnel. Voting membership on the committee includes the Chairman of the G M E C, the Designated Institutional Official (DIO)/Designee, Program Director, Administrative Manager, residents nominated by their peers, and representative/s of major clinical participating training sites.

The GMEC in collaboration with the Designated Institutional Official (DIO) forms an administrative structure that oversees the ACGME-accredited program of Centerstone.

The responsibilities of the GMEC include establishing and implementing policies and procedures regarding the quality of education and the work environment for the residents. These policies and procedures include, but are not limited to:

1. **Stipends and position allocation** – Review annually and make recommendations to Centerstone Strategic Planning Committee on resident stipends, benefits, and funding for resident positions to assure that these are reasonable and fair.
2. **Communication with program director** – Establishing a communication mechanism between the GMEC and the program director within the institution and ensuring that the program director maintains effective communication with the site directors at each participating institution for their respective programs to maintain proper oversight at all clinical sites.
3. **Resident duty hours** – Develop and implement written policies and procedures regarding resident duty hours to ensure compliance with the Institutional, Common, and specialty/subspecialty-specific Program Requirements and consider for approval requests from program directors prior to submission to RRC for exceptions in the weekly limit on duty hours (refer to our duty hour policies).

4. **Resident supervision** – Monitor programs’ supervision of residents and ensure that supervision is consistent with the following:
  - a. Provision of safe and effective patient care.
  - b. Educational needs of residents.
  - c. Progressive responsibility appropriate to residents’ level of education, competence, and experience.
  - d. Ensure that other applicable Common and specialty/subspecialty-specific programs requirements are being met.
5. **Communication with medical staff** – Establish a communication mechanism with the leadership of the medical staff regarding the safety and quality of patient care that includes:
  - a. The annual report to the Organized Medical Staff.
  - b. Description of resident participation in patient safety and quality of care education.
  - c. The accreditation status of the program and any citations regarding patient care issues.
6. **Curriculum and evaluation** – Provision of a curriculum and an evaluation system to ensure that residents demonstrate achievement of the ACGME general competencies as defined in the Common and specialty/subspecialty-specific Program Requirements.
7. **Resident status** – Ensure that the selection, evaluation, promotion, transfer, discipline, and/or dismissal of residents is in compliance with the Institutional and Common Program Requirements.
8. **Oversight of program accreditation** – Review all ACGME program accreditation letters of notification and monitor action plans for correction of citations or areas of non-compliance.
9. **Management of institutional accreditation** – Review of Centerstone’ s ACGME letter of notification from the IRC and monitoring of action plans for correction of citations and areas of noncompliance at least semiannually.
10. **Oversight of program changes** – Review of the following for approval, prior to submission to the ACGME by program directors:
  - a. All applications for ACGME accreditation of new programs
  - b. Changes in resident complement
  - c. Major changes in program structure or length of training
  - d. Additions and deletions of participating institutions
  - e. Appointment of new program director
  - f. Progress reports requested by any Review Committee
  - g. Responses to all proposed adverse actions
  - h. Requests for exceptions of resident duty hours
  - i. Voluntary withdrawal of program accreditation
  - j. Requests for an appeal of an adverse action
  - k. Appeal presentations to a Board of Appeal or the ACGME
11. **Experimentation and innovation** – Oversight of all phases of educational experiments and innovations that may deviate from Institutional, Common and specialty/subspecialty-specific Program Requirements, including:
  - a. Approval prior to submission to the ACGME and/or respective Review Committee.

- b. Adherence to Procedures for “Approving Proposals for Experimentation or Innovative Projects” in ACGME Policies and Procedures.
  - c. Monitoring quality of education provided to residents for the duration of such a project.
12. **Oversight of Reductions and Closures** – Oversight of all processes related to reductions and/or closures of individual programs, major participating institutions and Centerstone.
  13. **Vendor Interaction** – Provision of a statement or institutional policy that addresses interactions between vendor representatives and corporations and residents/GME programs.
  14. **Internal Review** – The GMEC will develop, implement and oversee an internal review process as follows (see Internal Review Policy # ).

## Centerstone designate institutional official (DIO) and DIO designee policy

### Purpose

To follow the ACGME requirement that requests Centerstone’s GME programs be led by a

Designated Institutional Official (DIO) in collaboration with a Graduate Medical Education Committee (GMEC), and that they must have authority and responsibility for the oversight and administration of Centerstone’s allopathic training programs and responsibility for assuring compliance with ACGME Common, Specialty-specific Program, and Institutional Requirements.

Just as Program Directors are responsible for the organization and implementation of educational objectives at the program level, the DIO will be similarly responsible for education and educational administration at the institutional level.

### Policy

#### GMEC/DIO review and approval

As part of responsibilities, among other things, the DIO should establish and implement procedures to ensure that he/she, or a designee, reviews and cosigns all program information forms and any documents or correspondence submitted to the ACGME by the program director.

The following shall be reviewed for approval by the GMEC, DIO / DIO Designee before being submitted to the ACGME:

- All communications and requests to the ACGME
- All applications for ACGME accreditation of new programs
- Change in program director
- Changes in resident complement
- Major changes in program structure or length of training
- Progress reports requested by the Review Committee
- Responses to all proposed adverse actions
- Requests for increases or any change to resident duty hours
- Voluntary withdrawals of ACGME-accredited programs
- Requests for appeal of an adverse action
- Appeal presentations to a Board of Appeal or the ACGME
- Proposals to ACGME for approval of innovative educational approaches

In the absence of the DIO, a DIO Designee will perform all duties and responsibilities of the DIO as required. In absence of the DIO Designee; the Chair of the Graduate Medical Education Committee is designated to review and cosign these documents and forms until the return of the appointed DIO or until a replacement DIO has been appointed and approved.

## **Centerstone correspondence with the ACGME policy**

### **Policy on GMEC approval and requirement of DIO signature or DIO designee signature**

#### **Purpose**

To follow ACGME requirement related to the DIO co-signature and approval of the GMEC of letters and requests submitted to the ACGME.

#### **Policy**

The Centerstone ACGME Residency Program will be required to obtain the co-signature of the Designated Institutional Official and receive GMEC approval prior to submission of these letters and document to the Accreditation Council for Graduate Medical Education (ACGME):

1. All applications for ACGME accreditation of new programs and subspecialties
2. Changes in resident complement
3. Major changes in program structure or length of training
4. Additions and deletions of participating institutions used in a program
5. Appointments of new program directors
6. Progress reports requested by any Review Committee
7. Responses to all proposed adverse actions
8. Requests for increases or any change in resident duty hours
9. Requests for "inactive status" or to reactivate a program
10. Voluntary withdrawals of ACGME-accredited programs
11. Requests for an appeal of an adverse action
12. Appeal presentations to a Board of Appeal or the ACGME
13. All program PIFs or equivalent (Designated Official Signature Only)

In the absence of the DIO, review and co-signatures of the above documents will be completed by the DIO Designee.

## **Centerstone roles and responsibilities of the program director policy**

#### **Purpose**

To ensure compliance with the ACGME Institutional Requirements, Common Program Requirements and Specific Program Requirements.

#### **Policy**

The Program Director of the Centerstone Psychiatric program shall meet the qualifications specified in the ACGME Program Requirements of the ACGME Residency Review Committee (RRC). The Program Director will be accountable to the Graduate Medical Education Committee (GMEC) for specific responsibilities as outlined in the ACGME Institutional/Common and Specific Program requirements and requirements of the applicable RRC.

#### **Implementation**

The implementation of this policy is the responsibility of the Designated Institutional Official (DIO), DIO Designee, the GMEC, The Chairperson and Program Director.

## Monitoring

Monitoring of this policy will occur as part of the Internal Review process as well as review of all correspondence with the ACGME.

## Procedures

1. The residency program will have a single program director with authority and accountability for the operation of the program.
2. Centerstone GMEC shall approve any change in program directors. After approval, the Program Director or DIO must submit this change to the ACGME via the Accreditation Data System (ADS).
3. The Program Director may not appoint more residents than approved by the Review Committee, unless otherwise stated in the specialty-specific requirements and as approved in advance by Centerstone-GMEC. The program's educational resources shall be satisfactory to support the number of residents appointed to the program.

### The program director will be accountable for the functions described below.

- Oversight and organization of the required activities of the educational program/curriculum to be implemented in all participating institutions to ensure the quality of didactic and clinical education
- Administer and maintain an educational environment conducive to educating the residents in each of the ACGME competency areas
- Participate in the GMEC and be responsive to the D.I.O (Designated Institutional Official)
- Oversee and ensure the quality of didactic and clinical education in all institutions that participate in the program
- Approve a Local Resident Director at each participating institution who is accountable for resident education at the affiliated institution
- Approve the selection of program faculty as appropriate
- Evaluate program faculty and approve the continued participation of members based on evaluation
- Monitor resident supervision at all participating institutions
- Prepare and submit all information required and requested by the ACGME, including but not limited to the program information forms and annual program resident updates to the ADS, and ensure that the information submitted is accurate and complete
- Provide each resident with documented semiannual evaluation of performance with feedback
- Guarantee compliance with Grievance and Due Process procedures as set forth in the Institutional Requirements and implemented by Centerstone
- Verify education for all residents, including those who leave the program prior to completion
- Implement policies and procedures according with the ACGME Institutional and Program Requirements for duty hours and working environment, including moonlighting, and, to that end, must:
  - Distribute these policies and procedures to the residents and faculty
  - Monitor resident duty hours, according to sponsoring institutional policies, with a frequency sufficient to ensure compliance with ACGME requirements
  - Adjust schedules as necessary to mitigate excessive service demands and/or fatigue
  - If applicable, supervise the demands of at-home call and adjust schedules as necessary to mitigate excessive service demands and/or fatigue
- Monitor the need for and guarantee the provision of back up support systems when patient care responsibilities are unusually difficult or prolonged

- Obey Centerstone's written GME Policies and Procedures, including those specified in the Institutional Requirements, for selection, evaluation and promotion of residents, disciplinary action, and supervision of residents
- Recognize with and fulfill the ACGME and Residency Review Committee (RRC) policies and procedures as outlined in the ACGME Manual of Policies and Procedures
- Obtain review and approval of Centerstone's GMEC/DIO before submitting to the ACGME data or requests for the following:
  - All applications for ACGME accreditation of new programs
  - Changes in resident complement
  - Major changes in program structure or length of training
  - Progress reports requested by the Review Committee
  - Responses to all proposed adverse actions
  - Requests for increases or any change to resident duty hours
  - Voluntary withdrawals of ACGME-accredited programs
  - Requests for appeal of an adverse action
  - Appeal presentations to a Board of Appeal or the ACGME
  - Proposals to ACGME for consent innovative educational approaches
- Obtain DIO review and co-signature on all program information forms, as well as any correspondence or document submitted to the ACGME that addresses: (1) Program citations or areas in non-compliance
  - Request for changes in the program that would have significant impact, including fiscal or financial on the program or institution.
- The Program Director must report the presence of other learners (including, but not limited to, residents from other specialties, PhD students, and nurse practitioners) to the DIO and GMEC in accordance with Centerstone GMEC policies.

## Centerstone communication of program directors with site directors policy

### Purpose

To ensure that the program director maintains effective communication mechanisms with the site directors at each participating institution in order to maintain proper oversight at all clinical sites.

### Policy statement

The Graduate Medical Education Committee will guarantee that the program director will maintain effective communication mechanisms with the site directors at each participating site in order to maintain proper oversight at all clinical sites.

### Description

Program Directors will maintain communication with site directors for each participating site. Adequacy of this communication will be monitored via the Internal Review mechanism where all program letters of agreement are monitored for content and compliance. Compliance is checked by questioning residents during the internal review to be certain that goals and objectives of rotations at all participating sites are being met and that the residents find all such rotations educationally valuable and are provided with adequate supervision.

# Centerstone psychiatric residency internal review policy

## Purpose

To develop, implement and oversee the Internal Review process by which the GMEC will provide oversight responsibility for the residency program.

1. An internal review committee will be designated. This committee will include at least one faculty member and at least one resident from within Centerstone. Additional internal or external reviewers may be included on the internal review committee as determined by the GMEC. Administrators from outside the program may also be included.
2. Internal reviews shall be completed on the program by approximately the mid-point between the effective date of the Residency Review Committee (RRC) meeting and the approximate date of the next site visit. The internal review is considered complete when the report is approved by the GMEC.
3. If a program has no residents enrolled at the mid-point of the review cycle, the GMEC will demonstrate continued oversight of the program through a modified internal review that ensures the program has maintained adequate faculty and staff resources, clinical volume, and other necessary curricular elements required to be in substantial compliance with the Institutional, Common and specialty-specific Program Requirements prior to the program enrolling a resident.

After enrolling a resident, an internal review will be completed within the second six-month period of the resident's first year in the program.

The internal review Committee will review current and historic documents to assess the following:

1. Compliance with the ACGME Common, Specialty/Subspecialty-Specific Program and Institutional Requirements including
2. Transitions of care
3. Alert management /fatigue mitigation
4. Supervision
5. Residents clinical responsibilities
6. Teamwork
7. Educational objectives and effectiveness in meeting those objectives;
8. Educational and financial resources
9. Effectiveness in addressing areas of non-compliance and concerns in previous ACGME accreditation letters of notification and previous internal reviews
10. Effectiveness of educational outcomes in the ACGME general competencies; and using evaluation tools and outcome measures to assess a resident's level of competence in each of the ACGME general competencies
11. Annual program improvement efforts in:
  - a. Resident performance using aggregated resident data
  - b. Faculty development
  - c. Graduate performance including performance of program graduates on the certification examination
  - d. Program quality. Specifically:
    - i. Residents and faculty must have the opportunity to evaluate the program confidentially and
    - ii. in writing at least annually
    - iii. The program will use the results of residents' assessments of the program together with the other program evaluation results to improve the program.



12. Materials and data to be used in the review process must include:
  - a. The ACGME Common, Specialty/Subspecialty-Specific Program
  - b. Institutional Requirements in effect at the time of the review
  - c. Accreditation letters of notification from previous ACGME reviews and progress reports sent to the respective RRC
  - d. Reports from previous internal reviews of the program
  - e. Resident evaluations of the overall program
  - f. Previous annual program evaluations
  - g. Results from internal or external resident surveys (if available)
13. The internal review committee (PEC) should conduct interviews with the program director, key faculty members, at least one peer-selected resident from each level of training in the program, and other individuals deemed appropriate by the committee.

## Internal review report

Members of the review team will meet and provide their assessment of the program following the guidelines provided in the Internal Review Protocol. A final report of the review is prepared which incorporates each reviewer's assessment of the program and the recommendations/actions taken by the committee.

The final report will contain the following information:

1. The date the written report is approved by the GMEC (MIDPOINT)
2. The names and titles of the internal review committee members
3. A brief description of the internal review process, including the list of the groups/individuals interviewed and the documents reviewed
4. Sufficient documentation to demonstrate that a comprehensive review followed the GMEC's internal review protocol
5. A list of the citations and areas of non-compliance or any concerns or comments from the previous ACGME accreditation letter of notification with a summary of how the program and/or institution subsequently addressed each item

The written report of the internal review will be presented to the GMEC for approval at approximately the mid-point of the review cycle. The DIO and the GMEC will monitor the program's response to the actions recommended by the GMEC. Centerstone shall submit the most recent internal review report for the training program as part of the Institutional Review Document (IRD), if applicable. If the institutional site visitor simultaneously conducts the program review at the same time as an institutional review, the internal review report must not be shared with the site visitor.

## Centerstone psychiatric residency vendor interactions policy

### Purpose

The purpose of this policy is to establish guidelines for interactions with industry representatives for residents in graduate medical education programs at Centerstone.

It is the policy of the Centerstone to ensure the residency program's educational integrity and to assure that vendors not interfere with the normal operations of the Centerstone Residency Programs. Many aspects of vendor's interactions would be positive for promoting the educational, clinical and research missions of the institution. However, these interactions shall be ethical and cannot generate conflicts of interest that could jeopardize patient safety and the integrity of our educational programs. Interactions with industry and its vendors should be conducted so as to evade or minimize conflicts of interest. When conflicts do arise, they shall be addressed properly.

The guidelines established by the American Medical Association Statement on Gifts to Physicians establish that the reception of gifts from industry vendors is discouraged. Any gifts accepted by residents should not be of substantial value in agreement with WV Code 6B-2-5. Therefore, textbooks, modest meal, and other contributions shall be appropriate only if they serve a genuine educational function. Cash payments should not be accepted.

Residents should not accept gifts or compensation for listening to a sales talk by an industry representative. Residents may not accept gifts or compensation for prescribing or changing a patient's prescription. Residents shall consciously divide clinical care decisions from any perceived or actual benefits expected from any company. It is unacceptable for patient care decisions to be influenced by the possibility of personal financial gain.

Vendors are not permitted in any patient care areas except to provide in-service instruction on devices and other equipment and then only with a scheduled appointment. Industry vendors may be allowed in non-patient care areas by a programmed appointment including a rational objective only. Appointments may be made on a "per visit basis" or as a standing appointment for a specified period of time, with the written approval of the program director or department chair, or designated clinical setting personnel issuing the invitation and explaining the educational logistic of these activities.

Vendor support of educational conferences involving resident physicians shall be used with the explanation that any fund will be provided to the institution not directly to the resident. The program director should determine if that conference has the proper educational merit. The institution shall not be subject to any inherent or explicit expectation of providing something in exchange for the support.

Financial support by industry should be fully disclosed by the meeting sponsor. The lecture content shall be determined by the speaker and not the industrial sponsor. The lecturer shall provide a reasonable and balanced assessment of therapeutic options and promote objective scientific and educational activities. Additionally, all residents should receive training by the teaching faculty regarding the potential conflicts of interest in interactions with industry vendors.

## **Centerstone psychiatric residency GME support in the event of a disaster policy**

### **Preamble**

Centerstone is required to have a written policy that addresses administrative support for the GME program and residents in the event of a disaster or interruption in patient care. This policy should include assistance for continuation of resident assignments.

### **Purpose**

The purpose of this policy is to delineate the essential procedures and assigned responsibilities to competently redistribute residency staff training experiences following a disaster. The Centerstone Designated Institutional Official (DIO), Director of Medical Education (DME) and the Graduate Medical Education Committee (GMEC) are committed to guarantee the proper administrative and financial support for Graduate Medical Education in the event of a disaster.

### **Policy**

In the event of a disaster whereby Centerstone or any of its programs will be unable to provide a satisfactory educational experience for all residency staff, Centerstone will arrange for a provisional transfer to other programs/institutions until such time as the residency program(s) can supply adequate learning experiences for all residency staff; or assist the residency staff in permanent transfers to other programs/institutions, i.e. joining in other accredited programs in which our learners can continue their medical education.

In the event of a crisis or egregious disaster, Centerstone has been committed to continue providing the same level of financial and administrative support to the extent possible as it did prior to the disaster awaiting transfer of financial and/or administrative support is documented in writing with the receiving institution.

## Procedures

Allopathic GME: The DIO will notify the ACGME of the disaster as soon as reasonably possible. Upon notification from the DIO, when warranted, the ACGME Chief Executive Officer, with consultation of the ACGME Executive Committee and the Chair of the Institutional Review Committee, will make a declaration of a disaster. A notice of such will be posted on the ACGME website with information relating to the ACGME response to the disaster. The DIO will immediately convene the Graduate Medical Education Committee (GMEC), CEO and other institutional leadership in order to establish the status and operating capabilities of Centerstone training programs.

## Eligibility, selection, recruitment and appointment of residents policy

### Purpose

To outline specific qualifications required for eligibility, selection, recruitment and appointment of residents entering Graduate Medical Education at Centerstone. To ensure that the selection and appointment of residents complies with the ACGME Institutional Requirements, the GME Committee, ERAS and NRMP rules, and Centerstone standard policies and procedures.

### Resident eligibility

Applicants with one of the following qualifications are eligible for appointment to Allopathic GME:

- Graduate of a School of Medicine in the United States/Canada accredited by the Liaison Committee on Graduate Medical Education (LCME).
- Graduate of a School of Medicine outside of the United States or Canada who meets one of the following qualifications:
  - Has received a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to appointment, or,
  - Has a full and unrestricted license to practice medicine in a U.S. licensing jurisdiction.
  - Graduates of a medical school outside the United States who have completed a Fifth Pathway program provided by an LCME-accredited medical school.

### Application

The Allopathic Residency Programs at Centerstone will accept applications through ERAS (Electronic Residency Application Service). Centerstone will participate in an organized matching program, the National Resident Matching Program (NRMP). When the program slots are not filled through the match, residents may subsequently be appointed to unfilled positions from the pool of unmatched applicants, or other sources, as long as they meet institutional standards. In-person interviews will be required for all candidates for inclusion in the NRMP Match Rank Order List, as well as to select any candidate through other circumstances. Centerstone will not accept an applicant who is under contract to another residency program or matching program without a signed release from that residency program or matching program.

### Resident selection committee (RSC)

There is a Residency Recruitment (RR) Sub-Committee for the Allopathic Residency Program at Centerstone. The Sub-Committee will be composed of the Program Director (P.D.), the Chairperson of the GMEC, the Medical Director, the Designated Institutional Official (DIO), and the Administrative Manager of the Residency Program.

Applicants will be interviewed by the RR Sub-committee. They will also meet with the Chief Resident (or a senior resident), if possible. The RR reviews all applicants' credentials and is responsible for the selection of the candidates for interview. This Committee shall meet on a regular basis during the Match Season to deliberate the status of the application process. The RR shall have final authority in the selection of residents through a meeting where the ultimate Ranking Order List is defined. This Document shall be maintained in the Program's Records. The Program Director is responsible for personally submitting electronically the final choice and ranking order of the applicants to be ranked in the NRMP match, or to prepare the offered contracts for any Match Independent Applicant, when applicable. This process is intended to ensure selection from among eligible applicants on the basis of their preparedness, ability, aptitude, academic credentials, communication skills and personal qualities and the individual's potential contributions to the program. In compliance with all federal and state laws and regulations, the application process meets all requirements of the Equal Employment Opportunity and the Americans with Disability Act in ensuring that all qualified applicants are afforded a review without discrimination based on sex, race, age, religion, color, national origin, sexual orientation, marital status, disability or veteran status.

## Resident selection process, interview process

- Candidates Applications are submitted via ERAS.
- All documents meeting eligibility criteria will be reviewed by the Residency Recruitment Sub-Committee.
- A limited number of eligible applicants (approximately 40 – 45) are selected by the RR SubCommittee and invited to interview at Centerstone. Applicants will be notified of their selection by e-mail and they will contact the GME Office to set up an interview date.
- Interview Day, Responsible persons for Interview:
- Applicants will be interviewed by the RR Sub-Committee members. They will also meet with the Chief Resident (or a senior resident), if available.
- Applicants will be given a working lunch and a tour of the facilities and will be given an opportunity to have all questions answered.
- Applicants, who interview with the program, will be given a blank copy of the current Resident Contract, as well as the policies and procedures related to the terms, conditions, and benefits of their possible appointment, including financial support; vacation; parental, sick, and other leaves of absence; professional liability, hospitalization, health, disability and other insurance provided for the residents and their families; accessibility to call rooms, meals, resident's areas and other important issues. The status of each Applicant is reviewed by the RR Sub-Committee on a regular basis during the pre-Match period.
- The RR performs a final meeting to generate the Rank Order List and the program director is responsible to personally submit this list electronically to the NRMP prior to deadline.
- Following the release of the Match Results, successful applicants will be contacted.

## Application and required documents

- Submission of a Complete Common Application Form through the Electronic Residency Application Service ERAS website ([www.aamc.org/services/eras](http://www.aamc.org/services/eras)).
- Participation in the NRMP (National Residency Matching Program).
- Head Photo (passport type) picture taken within the past six months.
- Personal Statement, including an explanation of your interest in the residency program. We encourage the applicant to demonstrate interest in the field of the selected specialty.
- Updated Curriculum Vitae.
- Three Letters of Recommendation written within the past two years, preferably from U.S. physicians with whom you have worked with in a clinical setting. Letters must be written on the physician's letterhead stationery and signed. Letters written on plain paper will not be accepted.

- Dean's Letter (For International Medical Graduates, the designated dean's office is the ECFMG).
- Official Medical School Transcripts and Official evidence of Medical School Diplomas.
- Educational Commission for Foreign Graduate Medical Education (ECFMG) Certificate (if applicable), or valid and active full/unrestricted medical license, if appropriate.
- Medical School Performance Evaluation. For International Medical Graduates, the Medical Student Performance Evaluation (MSPE) is provided through the ECFMG.
- Official evidence of approval of the COMLEX Part I and II or USMLE Part I and Part II (Clinical Knowledge and Clinical Skills). Additional information: English proficiency is required. There is no cutoff date for medical school graduation.

## Resident appointment

- Centerstone GME committee and the program director will provide the matched/selected residents with a written training agreement outlining the terms and conditions of their appointment.
- Centerstone GME committee and the program director will ensure that appointed residents are informed of and adhere to established educational rules, policies, and procedures in all participating sites to which residents are assigned as delineated in their employment agreement, GME policies and manual.
- Appointed residents are employees of Centerstone and are required to follow the corporate policies, hospital policies, rules and regulations related to employment and visas where applicable.
- A resident who is ineligible to be employed due to a pending reason is not eligible for compensation or benefits during orientation or beyond until employment is finalized. Clinical training time does not officially begin until resident employment process is complete. Making up time missed from training is discussed with the program director on an individual basis.
- Appointed residents are required to timely register and obtain and maintain current active licensure as a resident physician in training, with the Florida Department of Health, Florida Board of Medicine and to provide all information required by such agencies from time to time prior to starting the program.

## Residents transfers

The program director is required to acquire an official written or electronic verification of the resident's previous educational experiences and a summative competency-based performance evaluation of the transferring resident before accepting a resident who is transferring from another program. The program director must provide timely verification of residency education and summative performance evaluation for residents who leave the program prior to completion.

## STEPS / Process

1. Candidates Applications are submitted via ERAS
2. Residency Recruitment Sub-Committee meets once per week to review documents submitted by applicants meeting eligibility and SELECT candidate's names for interview
3. Interview Day, Responsible persons for Interview
4. Applicants will be interviewed by the Program Director, Medical Director and the GMEC. They will also meet with the Chief Resident (or a senior resident), if available, to clarify concerns and questions during a working lunch and a tour of the facilities
5. Applicants, who interview with the program, will be given a written blank copy of the Resident Contract, benefits and a description of the program
6. Final Meeting/Rank Order List

# Centerstone psychiatric residency leave policy

## Policy

Centerstone recognizes that our residents may need to be away from work due to medical or certain family reasons and supports a work and training environment that offers solutions to the complex issues that individuals face in balancing their work, personal wellbeing and family commitments. For this reason Centerstone has adopted the following guidelines regarding leave time for residents, including leaves of absence.

## Definitions

Leaves of absence are defined as approved time away from residency duties, other than regularly scheduled days off as reflected in a rotation schedule. It is the responsibility of the Residency Program Director to determine the academic effect of absence from training for any reason on the individual's educational program and, if necessary, to establish make-up requirements that meet the board requirements for the specialty. The amount of time a resident can be away from residency duties and still continue to meet board eligibility requirements varies among the specialties.

## Requesting time off procedure

For Doctors, Residents, ARNP's and PA's, every effort should be made to request your leave three months in advance. If you are unable to provide three months' notice, at least one week or as much notice as possible should be given.

When calling off sick, resident must notify their attending physician(s) (for both in-house and out rotations), the Medical Director, the Executive Assistant to Med Staff, and the Program Administrator as early as possible.

1. When requesting time off, residents must submit in writing (via email) their request to the Medical Director for all inpatient rotations and the Administrative Manager of the Residency Program for all outpatient rotations; and copy the Executive Assistant to Medical Staff for all PTO requests.
2. The Executive Assistant to Medical Staff will compare days requested off to the Master Physician PTO Calendar and notify the Medical Director/Administrative Manager of the Residency Program of any discrepancies or scheduling issues concerning availability of coverage.
3. Upon approval, residents will notify/coordinate with their attending and Chief Resident all requested time off.
4. The Administrative Manager of the Residency Program or Executive Assistant of Med Staff will enter approved PTO in the Residency Calendar in Outlook both inpatient and outpatient. The Executive Assistant to Med Staff will alert the call center and front desk staff for schedule blocking and entering to the electronic timesheet, currently Workday.
5. Residents are responsible to track/log any time off on their paper timesheets to be submitted to the Administrative Manager of the Residency Program.

## PGY-1 residents requesting time off procedure

- Requests for 6 days or more must be submitted during their 1st (first) month of residency.
- Residents should refrain from requesting more than 6 days off during any "out" rotation.
- Procedures above apply.

Four (4) days paid off for preapproved CME or study (not inclusive of vacation time, these three days are separate and protected) are available for PGY-1 only. PGY-2, 3, and 4 while at a preapproved event/conference will be paid at regular pay rate.

All residents are afforded the same leave with pay as all Centerstone employees. See HR policy on the source.

Time off cannot be taken on "core" rotations or any rotations the PD designates as a non-vacation rotations. June and July should be avoided and no time off will be granted during the PRITE exams (usually administrated during the first two weeks of October). The resident is advised to contact the program manager with any questions or concerns.

Vacations may be scheduled for a maximum of 5 business days off per rotation. Vacation is expected to be taken when the resident is not on duty for consult services. Vacation should not be scheduled during essential service time. The resident may take vacation during outpatient rotations, according to the specific program.

## Other leave of absence

### Unpaid leave

Residents shall be entitled to an unpaid leave of absence according to the Centerstone HR policy available on the source. The notice must state the reason for requesting the leave, the number of days requested for leave and the address of the resident while on leave. If for any reason, the resident is absent for a total of seven (7) or more days from one rotation, or for a total of twentyone (21) or more days, the Resident shall be required to make up the missed time. Despite any of the foregoing, the Resident must complete the ACGME requirements for training in order to satisfactorily perform under this Agreement and complete the Program.

Absences for shorter periods shall be made up by Resident at the discretion of the Program Director, Medical Director and the Chief Operating Officer from which the time was missed. Missed time shall be made up during vacation time or during such other times as agreed to by the Program Director, and Chief Operating Officer. If the resident fails to complete required time as stipulated by ACGME guidelines, he/she will not finish the PGY level until the required time is completed. Individuals are not automatically guaranteed re-entry into the training program and therefore should discuss future arrangements with their Program Director prior to commencing a leave of absence. An unjustified leave of absence is uncompensated and may affect completion of the residency program.

For leave with pay please refer to the source, corporate website, policies, Administrative Leave (Leave with Pay). This policy covers types of leave with pay.

### Family and medical leave

Residents employed by Centerstone considering leave request based on the Family and Medical Leave Act (FMLA) shall be entitled if they meet the requirements stated in the Employee Policy based on FMLA. Residents must give at least a thirty (30) day notice when leave is predictable or as much notice as practical and to complete necessary forms as indicated by Centerstone Human Resources Department prior to going on leave.

\* Details of FMLA are explained in the Human Resource FMLA section of the Centerstone HR Manual of Policies on the source.

## NOTICE

Residents will be subject to the ACGME program's requirements related to leave of absence, and to Specialty Boards/Specialty Colleges requirements. Specialty Board requirements and RRC requirements should be reviewed prior to granting any leave by the program director and the resident to assure that the resident is familiar with the possibility of having to make up time away from training.

*This policy is subject to amendments and regular updates done by the institution and the GME Department, which will be informed in advance to the trainees.*

## Centerstone moonlighting policy

### Centerstone psychiatric residency program policy

**Year-1 Residents are not permitted to Moonlight.**

**Year-2 Residents are not permitted to Moonlight.**

Any professional clinical activity (Moonlighting) performed outside of an official Residency program (Centerstone or Centerstone Out-Rotation) may only be conducted with the permission of the Program Director in conjunction with the Centerstone General Medical Education and Clinical Competency Committees. Moonlighting, for the purpose of this policy refers to any provision of services requiring licensure outside of the Centerstone Psychiatric Residency Program. Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program. A written letter of request by the Resident must be approved or disapproved by the Program Director and be filed in the institution's Resident file. If Moonlighting is permitted all approved hours are included in the total allowable work hours following ACGME policy and must be reported to the Administrative Manager of the Residency Program in writing. Total work hours will be monitored by the Administrative Manager of Residency Program. Failure to report and receive approval by the Program Director may result in termination of the Resident's contract. Moonlighting is not part of the Residency training program and as such is not covered by the Resident's Training License nor is it covered under the Centerstone malpractice coverage policy. Documentation of malpractice coverage, full and unrestricted medical licensure and DEA registration number assigned to the resident must be provided before approved moonlighting is permitted. Under no circumstances is a resident required to engage in Moonlighting.

### Procedure

#### Moonlighting eligibility

The Centerstone Psychiatric Residency Program permits, in a limited capacity, and to only selected residents to practice outside of the required clinical activities which are official components of the residency program. Such practice (moonlighting) is considered a privilege for residents who are performing well. However, residents must limit such employment to: (1) preserve sufficient study time; (2) minimize fatigue and (3) stay within accredited guidelines.

#### Guidelines

- Moonlighting may be performed only after successful completion of the PGY-1 and PGY-2, USMLE Step III or COMLEX 3, full medical licensure and DEA number.
- Moonlighting venues are restricted to Northside Hospital and preapproved venues as allowable by the Program Director (should supplement the Centerstone Residency program offerings).
- Moonlighting is restricted to those residents who are in academic good standing. Good academic standing is defined as:
  - Attendance at 90% of all required departmental conferences, didactics, and lectures.
  - Completion of appropriate scholarly activities according to level of training with a recommended 60 percentile score on the PRITE.
  - No unsatisfactory evaluations by faculty within the previous six months. Residents on probation or under corrective actions or remediation will not be permitted to moonlight. In special circumstances, requirements may be waived at the discretion of the Program Director. Requests for moonlighting must be approved by Centerstone General Medical Education and Clinical Competency Committees and program leadership.
- Moonlighting activities must not interfere with any required obligations of the residency program, including but not limited to Duty Hours, regular clinical hours, and conferences.
- Moonlighting is not permitted while assigned to inpatient services.
- Moonlighting is not permitted pre-call, post-call or when on back-up call.



- Moonlighting is not permitted during sick or maternity leave.
- Moonlighting activities will be limited to no more than 24-48 hours per month.
- Moonlighting activities must not place the resident's total work hours in excess of the 80 hour per week averaged over a 4 weeks Duty Hour Requirements established by the ACGME.
- Residents are required to submit a formal letter of request and obtain an approval by the program leadership before initiating any moonlighting shifts.
- Residents must monitor and report their moonlighting hours on a weekly basis.
- A resident's moonlighting privileges may be suspended at the discretion of the Program Director.
- Any Secondary Employment outside of Centerstone not requiring licensure must follow above policy and corporate policy. Secondary Employment outside of Centerstone is defined as paid jobs that are non-clinical and do not require a license, i.e. teaching, sales, etc. If approved for Secondary Employment outside of Centerstone the hours will not be counted towards, nor affect the 80 hour per week Duty Hour Requirements established by the ACGME unless it is determined by the committee to have value towards supplementing the program offerings. A form stating a complete understanding of this policy must be signed (see attachment A) and submitted with the letter of request for approval.
- Submit Ad Hoc Changes/Annual Renewal. The Resident shall submit a new Application to his/her Program Director annually and as changes to his/her training program requirements or previously approved moonlighting activities occur. Changes include any modification to the a) training program schedule (e.g., due to promotion to next Year level); b) number of moonlighting hours worked; c) supervisor(s) to whom the Resident is assigned while engaged in an approved moonlighting activity; and/or d) sites where the moonlighting activity occurs. The Director will approve or deny each annual request for continued or amended moonlighting activity in writing, per the procedure established.

**Moonlighting Denied: Not Subject to Appeal.** The Director's decision to deny a Resident's Application is final and not subject to appeal.

#### **Program director's monitoring responsibilities**

1. Resident Performance. Once the Resident has begun an approved moonlighting activity, the Program Director shall monitor and document the Resident's performance to ensure that factors such as Resident fatigue are not detracting from patient safety or contributing to diminished learning or performance.
2. Duty Hours. The Director shall review the Resident's weekly report of moonlighting hours so that the Director may monitor the Resident's total Duty Hours. The Resident, however, is responsible for ensuring that s/he does not exceed established Duty Hour restrictions.



# Centerstone Moonlighting Policy Acknowledgment

I, \_\_\_\_\_ have read and understand the Centerstone Moonlighting Policy.

I understand that Moonlighting refers to clinical employment outside of Centerstone that requires a license and Secondary Employment outside of Centerstone refers to non-clinical employment outside of Centerstone that does not require a license.

I understand all of the requirements and procedures that are required to Moonlight or work Secondary Employment outside of Centerstone.

I understand if approved to Moonlight that I need to follow ACGME policy and monitor my hours to adhere to ACGME policy.

I understand if approved for Secondary Employment outside of Centerstone in a non-licensed non-clinical job the hours will not be counted towards, nor affect the 80 hour per week Duty Hour Requirements established by the ACGME if not found to be by the committee to have value towards supplementing the residency program offerings.

I understand the policy to which this attachment is referred too can be changed or updated from time to time. In the event of change to the policy a new attachment must be signed by all current residents engaging in Moonlighting and/or Secondary Employment outside of Centerstone.

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Resident Signature

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Resident Print Name

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Date

## Centerstone psychiatric residency duty hours and working environment policy

### Purpose

To promote resident physician wellness, in order to improve patient safety, quality of care and physician productivity. Centerstone has designed an educational and work environment that promotes a healthy balance between work and personal life for our residents. One of the GME priorities is to prevent resident chronic fatigue, burnout, anxiety, depression, behavioral issues, and other problems which may have adverse effects on quality of care, patient safety, satisfaction, and the frequency of medical errors and malpractice. Clear and frequent communication among institutional officials, program director, faculty and residents is essential for achieving our goals.

### Resident duty hours in the learning and working environment

Professionalism personal responsibility and patient safety: Our residency programs shall educate residents and faculty members about the professional responsibilities of physicians to be appropriately rested and fit to provide the services required by their patients. Centerstone is committed to promote patient safety and resident wellbeing in a supportive educational environment. The program director will ensure that residents are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs. The learning objectives of the program shall be achieved through an appropriate supervised patient care responsibilities, clinical teaching, and didactic educational events; and not be compromised by excessive reliance on residents to fulfill non-physician service obligations. The program director and our institution will ensure a culture of professionalism that supports patient safety and personal responsibility. Residents and faculty members shall demonstrate acceptance of their personal role in assurance of the protection and welfare of patients entrusted to their care; provision of patient and family centered care; assurance of their fitness for duty; management of their time before, during, and after clinical assignments; recognition of impairment, including illness and fatigue, in themselves and in their peers; attention to lifelong learning; the monitoring of their patient care performance improvement indicators; and, honest and accurate reporting of duty hours, patient outcomes, and clinical experience data. All residents and faculty members shall demonstrate responsiveness to patient needs that supersedes self-interest. Physicians should recognize that the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider.

### Teamwork

Residents shall care for patients in an environment that takes advantage of effective communication. This will include the opportunity to work as a member of effective interprofessional teams that are appropriate to the delivery of care in the specialty.

### Duty hours definition

All clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care; time spent in-house during call activities, and scheduled activities, such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

### Maximum hours of work per week

Duty hours shall be limited to 80 hours per week, averaged over a (4) four week period, inclusive of all in house call activities and all moonlighting. Our residency programs will not request exceptions to increase this required limit of hours.

### Mandatory time free of duty

Residents shall be scheduled for a minimum of one day free of duty every week (when averaged over four weeks). At-home call cannot be assigned on these free days. The day after in-house call or Post-call day cannot be designated as a day off.

## Maximum duty period length

- Duty periods of PGY-1 residents shall not exceed 16 hours in duration.
- PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital. Our Training Programs encourage residents to use alertness management strategies and backup systems in the context of patient care responsibilities.

## Alertness management strategies

1. Strategic napping definition: Short sleep periods, taken as a component of fatigue management, which can mitigate the adverse effects of sleep loss. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m. shall be respected by our institution and participating sites.
2. Effective Transitions of care: The relaying of complete and accurate patient information between individuals or teams in transferring responsibility for patient care in the healthcare setting. Effective transitions in care will occur as an essential component for patient safety and resident education. Residents may be allowed to remain on-site in order to accomplish these tasks; however, this period of time will be no longer than an additional four (4) hours.

Residents shall not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty. In atypical circumstances, residents, on their own initiative, may continue beyond their scheduled period of duty 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 will properly 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. The program director should review each submission of additional service, and track both individual resident and program wide episodes of additional duty.

## Minimum time off between scheduled duty periods

- PGY-1 resident should have 10 hours between duty periods.

Intermediate level resident's and up, should have 10 hours free of duty.

Residents shall have at least 14 hours free of duty after 24 hours of in-house duty.

## Maximum frequency of in-house night float

All programs: Our residents shall not be scheduled for more than six (6) consecutive nights of night float.

## Family medicine residency program

Night float experiences must not exceed 50 percent of a resident's inpatient experiences.

## Psychiatry residency program

The psychiatry residents shall not be scheduled for more than four (4) consecutive weeks of night float during the required one-year, full-time outpatient psychiatry experience.

Residents shall not be scheduled for more than a total of eight (8) weeks of night float during the one-year of consecutive outpatient experience.

## Fatigue mitigation

Our training programs will instruct all faculty members and residents to recognize the signs of fatigue and sleep deprivation; educate all faculty members and residents in alertness management and fatigue mitigation processes; and, adopt fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning, such as naps or back-up call schedules. For further information see our Resident Fatigue and/or Stress policies.

## Maximum in-house on-call frequency

PGY-2 residents and above shall be scheduled for in-house call no more frequently than every third (3rd) night (when averaged over a four week period).

## At-home call

At-home call is defined as call taken from outside the assigned institution. Only time spent in the hospital by residents on at-home call shall count towards the 80-hour maximum weekly hour limit. The frequency of at-home call is not subject to the every-third-night limitation, but should satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks.

At-home call shall not be as frequent or taxing as to preclude rest or reasonable personal time for each resident. Residents will be permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it shall be included in the 80-hour weekly maximum, will not initiate a new "off duty period". The time spent in the hospital during the assigned "At-home call" should be documented.

## Protocol for episodes when resident remain beyond scheduled duty period

In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled period of duty 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 shall appropriately hand over the care of other patients to the team responsible for their continuing care; and, document the reasons for remaining to care for the patient in question in Centerstone Hospital as well as out rotations sites and notify the program director. The program director shall review each occurrence of additional service in Centerstone Hospital as well as out rotations sites and track both individual resident and program-wide episodes of additional duty.

- To ensure that this does not become a reoccurring issue, the Program Director shall sign off on the resident staying beyond their scheduled hours.
- The program director shall discuss the circumstances that required the resident to stay and evaluate the situation to see if there is anything that can be done in the future to prevent this from happening again.

If this becomes as a reoccurring matter, the program director shall formally warn the resident and then try and find out what is causing the reoccurrence, and document this issue within the Resident file.

## Physician/resident impairment (stress and fatigue) policy

### Purpose

The GME at Centerstone is committed to helping residents and making an adjustments to the rigors of our training program when necessary. Centerstone will support the well-being of its trainees.

### Preamble

Residency Training Period can be exceptionally stressful in the life of a new physician, creating emotional, physical and mental demands on trainees' personal and professional lives. All residents and faculty members will receive ongoing education regarding sleep alertness and fatigue. This information may be provided in departmental Grand Rounds presentations, within individual division meetings and/or in resident didactic activities. The Program Directors shall monitor resident stress, mental and emotional conditions that will affect performance or learning, and drug/alcohol related dysfunction. Both the Program Director and the faculty are required to be responsive to the need for opportune provision of confidential counseling to the resident. The faculty and residents will be educated to recognize the signs of fatigue as well as to assume and apply our policies.

## Residents

Residents who perceive that they are manifesting excess of fatigue/stress have the responsibility to immediately notify the attending, the chief resident, and the program director without fear of reprisal. The residents recognizing fatigue and/or stress in any trainee are required to report their observations and concerns immediately to the attending physician, chief resident, and program director.

## Program director

Following removal of a resident from duty, the program director shall determine the need for an immediate adjustment in duty assignments for remaining residents in the program. Subsequently, the program director will review the resident call schedules, work hour time sheets, extent of care responsibilities, any known personal problems, and stresses contributing to this for the resident. The program director is required to notify the GME chair and/or the medical director as well as the attending of the rotation in question to discuss methods to reduce resident fatigue. The program director will meet with the resident personally as soon as it can be arranged. If counseling by the program director is judged to be insufficient, the program director will refer the resident to an Aid to Impaired Residents Program (AIRs) by direct contact with the Designated Institutional Official (DIO) and the Director of Graduate Medical Education.

If the problem is recurrent or not resolved in a timely manner, the program director will release the resident indefinitely from patient care duties pending evaluation from an individual designated by the AIRs Program. This event could represent an academic deficiency as described in the institutional policy on Academic Review. The program director shall release the resident to resume patient care duties only after advisement from the AIRs Program and will be responsible for informing the resident as well as the attending physician of the resident's current rotation. If the AIRs Program feels that the resident should undergo continued counseling, the program director will be notified and should receive periodic updates from the AIRs representative. Extended periods of release from duty assignments that exceed requirements for completion of training must be made up to meet RRC training guidelines. In addition, residents must be subject to Centerstone policies and procedures related to physician impairment. See Centerstone Corporate HR Policies; "Drug Free Workplace," also see "Centerstone Benefits Enrollment Guide" for Employee Assistance Program (EAP)." Medical benefits, currently through Aetna cover all behavioral health specialties charging a reasonable "specialty" co-pay.

## Grievance policy

Centerstone will provide a formal complaint resolution procedure for residents to utilize when dissatisfaction occurs due to a feeling of unfair treatment, application of policies and procedures, or any other problems that adversely affect job satisfaction and performance.

1. The resident will submit the complaint, either verbally or in writing, to the immediate supervisor to attempt resolution of the matter informally. The goal of both parties should be to resolve the issues at this level. The supervisor should consult with the Human Resources Director to help achieve this goal.
2. If the matter is not resolved to the resident's satisfaction, or if the nature of the complaint involves perceived unfair treatment by the immediate supervisor, the resident should submit the complaint, in writing, to the Program Director.
  - a. An investigation of the complaint by the Program Director or manager will be conducted and will include a conference with the resident within 10 working days unless otherwise mutually agreed. A written response will be given within 5 days of completion of the investigation. Total time for response from receipt of complaint should not exceed 30 days unless approval is given by the Chief Operating Officer. The person filing complaint must be notified of reason for delay and anticipated date that response will be made.
3. If the matter is not resolved to the resident's satisfaction, the complaint may be appealed in one of two ways:
  - a. A written complaint may be submitted to the Director of Human Resources for binding arbitration. The decision of the committee will be rendered in writing within 5 working days of the hearing and will be binding on all parties. If a consensus decision cannot be reached by this committee, the Chief Executive Officer will make the final and binding decision within 10 working days of the hearing.

- b. If binding arbitration is not selected, a written complaint may be submitted directly to the Chief Operating Officer (COO). The COO conduct a review of the case including a conference with the resident, and may call witnesses or obtain other testimony and data deemed necessary for clarification of the issue. After review of the complaint, the COO will issue a written decision within five working days. Should the resident not be willing to accept the decision of the COO, the next step in the complaint Procedure is to appeal the case to the Chief Executive Officer, in writing, within five working days. The Chief Executive Officer will review the case and render a written decision to the employee within five working days.
4. The final level of appeal is to the Chairman of the Board of Directors. This Chairman will review the case, normally within 10 days, and give its decision to the employee which will be final and binding. The full Board does not hear employee grievances.

The Complaint Procedure is an internal process and will not be open to anyone who is not an active Centerstone employee. Resident legal counsel will not be permitted to attend grievance hearings. Under no circumstances will any employee be, intimidated or prejudiced against or experience retaliation because of having utilized the grievance procedure.

## Centerstone psychiatric residency remediation policy

### Statement of policy

Remediation is solely used for internal purposes of identifying who needs a structured educational plan and is at risk of failure to successfully navigate the boards. The six general ACGME competencies should be reviewed in the Residency Manual for purposes of staying within guidelines. Remediation is not punitive but rather should be viewed as a plan to help the resident achieve success in the program and with the boards.

### Procedure

The Residency Program Director, faculty members, the CCC and GMEC Committees review the Resident's performance during the academic year and may identify areas of need for

remediation. Corporate Policy in the Centerstone (Florida area) Human Resources polices under

“Unsatisfactory Performance” may be utilized in conjunction or independently of the

Centerstone Psychiatric Residency Remediation Policy. Should Remediation become necessary, and not prove to be successful, then the Corporate Procedures may become mandatory.

### Process

1. Once Remediation is determined to be necessary the Program Director or designee will complete a GME Formal Academic Remediation Plan (See Form and Example of completed Form) in concert with the CCC, the plan will then be reviewed by the DIO prior to meeting with the resident.
2. The remediation plan will be reviewed with the resident for a complete understanding of expectations by the Program Director.
3. Timeline and the goals of formal remediation will meet the specific needs of the resident, the deficiency and the program. Formal remediation of a deficiency cannot exceed six months without leading to an adverse action. An adverse action can include delayed promotion, non-renewal of contract or termination.
4. The Resident will be given the opportunity to be heard by the CCC and/or to implement the grievance process which should be done within the first 10 days of remediation notification or the first 10 days of an adverse action.
5. The Resident will meet with the Program Director or designee as required for mentoring and improvements. Meetings will be determined by the Program Director or Designee.
6. The Resident will not be considered in “good standing” during remediation.
7. Moonlighting will not be permitted while receiving Remediation.

## Results

1. If the resident makes satisfactory progress in performance, during the time frame issued in the plan, the remediation will be considered successful and completed. However; the same plan can be put back into place if there is a relapse, of the same nature, in the performance of the resident. The successful remediation of the academic deficiency should be documented in the resident's performance file, with a statement that the resident successfully completed the plan and subsequent monitoring.
2. If a resident fails to make satisfactory progress in performance during the time frame issued in the plan:
  - a. The resident may be extended more time to comply at the discretion of the Program Director, but not more than six months total
  - b. An adverse action may be implemented resulting in
    - i. The Resident may experience a delayed promotion
    - ii. The Resident may be put on probation, suspension or dismissed from the program
    - iii. The Resident Agreement may not be renewed and s/he will not receive credit for the work completed during unsuccessful remediation
  - c. If significant deficiencies in the Resident's performance are identified and the Program Director and faculty determine that a remedial program is not possible, the Resident will be dismissed from the program.

## Centerstone psychiatric residency training program closure/reduction policy

### Purpose

To appropriately address a reduction in size or closure of the residency program or closure of the Institution.

### Policy

Centerstone shall inform the GMEC, DME, DIO and the residents as soon as possible when it intends to reduce the size of or close the residency program.

The process by which this will be accomplished is as follows:

### Residency reduction

1. Residents in the affected program will be notified at least four months before the first of July implementation.
2. All residents already in the affected program will be allowed to complete their education.
3. All reductions will be accomplished by reducing the number of residents matched in the program.

### Residency closure

1. Options for residents who may be displaced will be considered before any decisions about closure are made.
2. At least one year notice will be given of intent to close the residency program.
3. Residents with two years or less of training left will be able to complete their program.
4. Centerstone will make every effort to assist displaced residents in finding accredited postgraduate positions so they may continue their training.

## Centerstone psychiatric residency restrictive covenants policy

### Scope

The policy applies to all ACGME-accredited residency and fellowship programs at Centerstone.



## Purpose

1. The ACGME specifically prohibits the use of restrictive covenants in trainee agreements.
2. To ensure appropriate institutional oversight as required by the ACGME Institutional Requirements.

## Policy guidelines

Neither, Centerstone nor any ACGME-accredited training program may require residents to sign a non-competition guarantee (restrictive covenant).

## Institutional reference material

ACGME Institutional Requirements:

[https://www.acgme.org/globalassets/pfassets/programrequirements/800\\_institutionalrequirements2022.pdf](https://www.acgme.org/globalassets/pfassets/programrequirements/800_institutionalrequirements2022.pdf)

## Centerstone psychiatric residency institutional supervision policy

### Statement of policy

It is the policy of the Graduate Medical Education Committee to follow requirements of the ACGME regarding supervision of residents. Residents will be supervised by faculty physicians in a manner that is consistent with the ACGME common program requirements and requirements for the applicable residency program.

### Procedure

The Centerstone CLINICAL PROCESS & CONTINUITY OF CARE PLAN shall be made clear to all members of the teaching teams. Residents shall be given a clear means of identifying supervising physicians who share responsibility for patient care on each rotation.

### Process

In outlining the lines of responsibility, the Program Director will use the following classifications of supervision:

1. Direct Supervision: the supervising physician is physically present with the resident and patient.
2. Indirect Supervision, with Direct Supervision immediately available: the supervising physician is physically within the hospital or other site of patient care and is immediately available to provide Direct Supervision.
3. Indirect Supervision with Direct Supervision available: the supervising physician is not physically present within the hospital or other site of patient care but is immediately available by means of telephonic and /or electronic modalities, and is available to provide Direct Supervision.
4. Oversight: the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

## Purpose

To accomplish a careful supervision and observation in order to determine the resident's abilities to perform technical and interpretive procedures and to manage patients. Although not licensed independent practitioners, residents must be given progressive levels of responsibility while assuring quality care for patients. Supervision of residents will be evaluated to provide progressive responsibility.

In the clinical learning environment, each patient must have an identifiable, correctly credentialed and privileged attending physician (or licensed independent practitioner) who is ultimately responsible for that patient's care. Residents and faculty members shall inform patients of their respective roles in each patient's care. Residents must care for patients in an environment that maximizes successful communication, including the opportunity to work as a member of effective inter-professional teams that shall be appropriate to the delivery of care in the specialty.

Supervision of the residents shall be carried out by the designated teaching faculty under the direction of the Residency Program Director. It must be the Residency Program Director's responsibility to see that such supervision is satisfactory and appropriate to protect the educational environment and patient care.

Residents will be supervised by teaching faculty in an approach that gives residents progressively increasing responsibility according to their level of education, ability, and experience. Determining the level of responsibility for each resident will be the responsibility of the Residency Program Director with contribution from the teaching staff.

## Clinical responsibility

The responsibility given to residents in patient care depends upon each resident's postgraduate level, knowledge/education, manual skills, problem-solving ability, experience, the severity and complexity of each patient's status and available support services.

Resident supervision may be exercised through a variety of methods. Some activities require the physical presence of the supervising faculty member. For many aspects of patient care, the supervising physician may be a more advanced resident. Other sections of care provided by the resident can be adequately supervised by the immediate availability of the supervising faculty member or resident physician (PGY-3 or PGY-4), either in the institution, or by means of telephonic and/or electronic modalities. In some circumstances, resident supervision may include post-hoc review of resident delivered care with feedback as to the appropriateness of that care. Our educational programs must provide appropriate supervision for all residents, consistent with:

- Proper patient care
- Educational needs of residents
- Applicable Common and Specialty-Specific Program Requirements
- On-call schedules for teaching staff must be structured to ensure that supervision is readily available to residents on duty
- The program director and teaching staff must determine the level of responsibility accorded to each resident
- Residents must be supervised by teaching faculty in such a way that the residents assume progressively increasing responsibility

Resident supervision shall be performed through observation, consultation, directing the learning of the resident, and via role modeling.

Documentation of resident supervision is the written or computer-generated medical record evidence of a patient encounter that reproduces the level of supervision provided by a supervising medical staff physician.

## Levels of supervision and responsibility

To guarantee oversight of resident supervision, graded authority and responsibility, the GME programs will follow the following definitions of supervision:

1. **Direct supervision:** the supervising physician is physically present with the resident and patient.
2. **Indirect supervision with direct supervision immediately available:** the supervising physician is physically within the hospital or other site of patient care and is immediately available to provide Direct Supervision.
3. **Indirect supervision with direct supervision available:** the supervising physician is not physically present within the hospital or other site of patient care but is immediately available by means of telephonic and /or electronic modalities, and is available to provide Direct Supervision.
4. **Oversight:** the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

The concession of progressive authority and responsibility, conditional independence, and a supervisory role in patient care assigned to each resident must be assigned by the Program Director and faculty members. The program director must evaluate each resident's abilities based on specific criteria (CCC, faculty feedback). Evaluation shall be guided by specific national standards-based criteria using the ACGME Milestones for Psychiatry. Faculty members functioning as supervising physicians should delegate gradually segments of care to residents, based on the needs of the patient and the skills of the residents. In each rotation, the faculty member will communicate with the program director if the level of supervision needs to be altered reflecting faculty observations of resident performance. Senior residents 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.

As all residents are in training and exposed to diverse clinical situations, it is the expectation of the program that residents should contact their faculty supervisor whenever they are in need of guidance. Each resident must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.

There will be circumstances in which all residents, regardless of level of training and experience, must verbally communicate with the supervising faculty member about an issue immediately. At a minimum, these circumstances will include those delineated in the Adverse Occurrences and Incident Reporting Policy (excerpted below):

- Suicide death of client
- Death of client (non-suicide, known cause)
- Death of client (cause unknown)
- Homicide committed by client
- Attempted homicide committed by client
- Potentially lethal suicide attempt with significant medical intervention
- Allegations of abuse/neglect (physical/sexual/verbal) allegations of staff or patient.
- Accidental injury requiring significant medical intervention
- Use of restraint or seclusion
- Serious complications from medication that required medical intervention. (includes med errors and/or adverse reactions)
- Unauthorized leave (AWOL or elopement from a facility).
- Self-Mutilation requiring Significant Medical Intervention
- Administration of Narcan by Centerstone staff

In addition to the above, any instances of serious side effects or suicidal ideation should result in a call to the supervising faculty member.

PGY-1 residents shall be supervised directly throughout the year. During the course of that year, PGY-1 residents will demonstrate competence in:

- Asking for and being open to receiving help with clinical cases
- Gathering a patient history
- Performing an emergent psychiatric assessment
- Presenting patient data and impressions to supervisor

PGY-1 resident must demonstrate sustained competence in these areas to progress to the more indirect supervision found in PGY-2-4 years.

\*\*PGY-3 and PGY-4 residents conducting outpatient care should verbally staff patients with their attending daily.

## Supervising medical staff physician

Supervising practitioners are responsible for, and should be personally involved in, the care provided to individual patients in inpatient settings as well as outpatient settings where applicable. When a resident is involved in patient care, the supervising physician must maintain personal involvement.

The supervising physician will supervise patient care and provides the proper intensity of supervision based on the patient's condition, the likelihood of major changes in the management, the complexity of care, the experience and judgment of the resident being supervised and available resources. All services will be rendered under the oversight of the responsible supervising physician or be personally furnished by the supervising physician.

## Residents

Individual residents should be aware of their limitations and not attempt to provide clinical services or do procedures for which they are not trained. They shall know the graduated level of responsibility described for their level of training and not practice outside of that scope of service. Each resident is responsible for communicating significant patient care issues to the supervising medical staff physician and such communication must be documented in the medical record. Failure to do so may result in the removal of the resident from patient care activities.

## Graduated levels responsibility

The gradual advance of the residents through their training programs provides residents with a progressive responsibility for patient care. The determination of a resident's ability to provide care to patients without a supervising physician present is based on the resident's clinical experience, judgment, knowledge, competency, and technical skill.

- The Residency Program Director defines the levels of responsibilities for each year of residency training by preparing a description of the types of clinical activities residents may perform. Graduated levels of responsibility will be in accordance with ACGME and The Joint Commission guidelines and this documentation will be made available to the Centerstone GME.
- Annually, at the time of promotion, or more frequently as appropriate, a list of residents assigned to each year or level of training, will be provided to the Centerstone GME Office.
- The level of supervision provided by supervising physicians to residents should be consistent with the requirement for progressively increasing resident responsibility during a residency program.

## Documentation for supervision of residents

1. The medical record should clearly demonstrate the involvement of the supervising medical staff physician in resident patient care. Documentation of supervision must be entered into the medical record by the supervising physician or reflected within the resident progress note or entries in the medical record.
2. Examples of this documentation of supervision include the following: Progress note or other entry into the medical record by the supervising physician.
3. Countersignature of the resident progress note or other medical record entry by the supervising physician. The supervising physician's countersignature signifies that the supervising practitioner has reviewed the resident note, and absent an addendum to the contrary, concurs with the content of the resident note or entry.
4. Resident progress note or other medical record entry documenting the name of the supervising physician with whom the case was discussed, a summary of the discussion, and a statement of the supervising physician's oversight responsibility with respect to the assessment or diagnosis and/or the plan for evaluation and/or treatment.

## Resident supervision surveillance:

Documentation of resident supervision is necessary to insure that it has occurred. The attending physician is ultimately responsible for all patients both medically and legally. This surveillance has nothing to do with teaching. It only addresses patient care. Anyone reviewing the chart for whatever reason should be able to get the sense that the attending physician is involved and aware of all aspects of the patient's care. Patients in an inpatient setting must have documentation in the daily progress notes of adequate level of attending involvement. Adequate is defined as an indication in the progress notes of awareness by the attending of the patient's plan of treatment and course and that this has been communicated to the patient. It is understood that some patients will have a longer hospital course, and may not require daily documentation so long as adequate supervision is maintained. Outpatient records should at a minimum indicate the supervising attending.

## Centerstone corporate and hospital policies and procedures

### Hospital policies and protocols

All of the medical staff, including the residents, have access to Centerstone's Intranet Policy Manager page.

For all Centerstone locations Polices are available on the Source; internet explorer defaults to this page.

Centerstone of Florida Corporate Policies/Plans and Procedures are available on the Corporate Page of the Centerstone Intranet SharePoint site; Centerstone Corporate Page.



# Psychiatry Residency Manual Acknowledgment

I, \_\_\_\_\_ acknowledge electronic receipt of the Centerstone Psychiatry Residency Handbook for the Academic Year 2022-2023 via email. I understand that the handbook is subject to change at any time. I also agree that I can access this manual and all other important information via New Innovations.

I have also read the American Medical Association Principles of Medical Ethics and understand where to find all policies for Centerstone including corporate polices, Medical/Hospital policies and Residency policies.

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Print Resident Name

\_\_\_\_\_  
Date