

GRADUATE MEDICAL EDUCATION  
POLICIES FOR HOUSE STAFF

RESPONSIBILITY TO HOSPITAL

1. To the extent that the hospital established accredited graduate medical education training programs, the hospital will use its best efforts to continue the accredited status of the programs throughout the education training period of a resident.
2. In the event that a training program is downsized or closed, the hospital will officially notify the trainee(s) at the earliest opportunity and will make every effort to relocate the resident to another training program; and unless otherwise provided for, the hospital will continue to support the salary and all benefits for the resident for the duration of the training. In the event of a program downsizing, if at all possible, the hospital will provide reasonable accommodation at the hospital until the resident completes the training program and or transfers to another training program.
3. Candidates applying to programs with a pyramid system (i.e., where the number of positions available in earlier years of the program is greater than in later years) shall be notified during the application process that the programs utilize such a system. Descriptions for such programs shall include written notification that a pyramid system exists.
4. To the extent possible, the hospital shall uniformly and equitably apply the published policies and due process guidelines affecting residents.
5. Each resident will be evaluated on departmental evaluation forms at least two times per academic year. PG I residents will be evaluated either every month or at the end of each rotation. Residents at the PG II – PG VI level will be evaluated at least every six months or as required by the specialty specific ACGME Residency Review Committee.

Resident evaluations are kept in the resident's department file. Any resident given a less than satisfactory evaluation must be notified in writing by the Program Director.

6. Any resident may inspect his/her records except where the resident signed a waiver in relation to letters of recommendation. The hospital otherwise maintains as confidential the records of each resident, and the consent of the individual is required before access is allowed to such records except where permitted or required by law or where directly or routinely required in the administration of the training program.
7. It is the responsibility of the hospital to provide an educational environment conducive to the learning process in support of educational activities. The hospital, through the Graduate Medical Education Committee, will develop an educational program designed to: foster supervised, continued professional growth; provide an environment of safe and compassionate patient care; promote scholarly activity; promote the graduated supervision and teaching of medical students and residents; promote the participation in appropriate hospital programs and committees; promote participation on hospital committees and councils related to patient care, their education and others as required; and to provide the opportunity for residents to at least annually participate in the confidential written evaluation of faculty and of the education program.

8. It is the responsibility of the hospital to establish a Graduate Medical Education Committee (GMEC) responsible for monitoring and advising on all aspects of residency education. Voting membership on the GMEC includes faculty, residents (appointed by their peers), Program Directors, GME administration, and the Director GME. The GMEC meets quarterly or more often as required. Responsibilities of the GMEC include, but are not limited to: establishment and implementation of policies affecting all and the work environment; establishment and liaison with Program Directors and oversight for other participating institutions; the regular review of all training programs through the Internal Review process; assurance that each training program has a written criteria for the selection, evaluation, promotion and dismissal of residents in compliance with ACGME Institutional and related programmatic requirements; provision of an education environment in which residents can raise and resolve issues without fear of intimidation or retaliation; oversight for the allocation of resident positions and funding to support the positions including benefits and support services; monitoring resident working hours and working conditions; assurance that the resident curriculum includes a regular review of ethical, socioeconomic, medical-legal, and cost containment issues that affect graduate medical education; and assurance that the curriculum provides an introduction to communication skills, research design, statistics, and a critical review of literature in support of life-long learning and assurance that there is appropriate resident participation in departmental scholarly activity.

Approved by GMEC April 2007, June 1, 2011