



# **GRADUATE MEDICAL EDUCATION POLICY MANUAL**

**2025-2026**

# TABLE OF CONTENTS

|                                                                               |           |
|-------------------------------------------------------------------------------|-----------|
| <b>INTRODUCTION.....</b>                                                      | <b>7</b>  |
| <b>MISSION.....</b>                                                           | <b>7</b>  |
| <b>KH VISION STATEMENT.....</b>                                               | <b>7</b>  |
| <b>KH VALUES .....</b>                                                        | <b>7</b>  |
| <b>GRADUATE MEDICAL EDUCATION MISSION.....</b>                                | <b>8</b>  |
| <b>STATEMENT OF COMMITMENT TO GRADUATE MEDICAL EDUCATION.....</b>             | <b>8</b>  |
| <b>INSTITUTIONAL ORGANIZATION AND RESPONSIBILITIES .....</b>                  | <b>8</b>  |
| 101. The Sponsoring Institution’s Training Sites .....                        | 8         |
| 102. Participating Sites .....                                                | 9         |
| 103. Off-Site Rotations .....                                                 | 9         |
| 104. Accreditation for Patient Care .....                                     | 10        |
| 105. GME Governance – The GMEC .....                                          | 10        |
| 105.1. Hospital-Specific Medical Education Subcommittees .....                | 10        |
| 105.2. Organizational Chart of the Graduate Medical Education Committee ..... | 11        |
| 105.3. Organizational Chart of Graduate Medical Education Personnel .....     | 12        |
| <b>INSTITUTIONAL RESOURCES.....</b>                                           | <b>12</b> |
| 201. Resource Obligations .....                                               | 12        |
| 202. Program Administration.....                                              | 13        |
| 202.1. Program Director .....                                                 | 13        |
| 202.2. Faculty .....                                                          | 13        |
| 202.3. Other Administrative Staff.....                                        | 14        |
| 203. Resident/Fellow Forum.....                                               | 14        |
| 204. Support Services.....                                                    | 14        |
| 204.1. Medical Library .....                                                  | 15        |
| 204.2. Pastoral Services .....                                                | 15        |
| 204.3. Patient Relations .....                                                | 15        |
| 205. Human Resources.....                                                     | 16        |
| <b>KH INSTITUTIONAL WORK ENVIRONMENT .....</b>                                | <b>16</b> |
| 301. KH Code of Ethics .....                                                  | 16        |
| 302. Physician Code of Ethics.....                                            | 16        |
| 303. Standards of Behavior.....                                               | 16        |
| 304. Called to Care.....                                                      | 17        |
| 305. Corporate Integrity.....                                                 | 18        |
| 306. Harassment and the Work Environment .....                                | 19        |
| 307. How to Raise and Resolve Concerns.....                                   | 19        |
| 308. Disabilities and Accommodations .....                                    | 20        |
| 309. Legal and Potential Risk Matters.....                                    | 20        |



|                                                                |           |
|----------------------------------------------------------------|-----------|
| 309.1. Legal Problems .....                                    | 21        |
| 309.2. Professional Liability (Incidents) .....                | 21        |
| 310. Reporting Charges and Convictions During Employment ..... | 20        |
| <b>PROGRAM EDUCATIONAL CURRICULUM.....</b>                     | <b>23</b> |
| 401. Curriculum .....                                          | 23        |
| 402. Resident/Fellow Scholarly Activities.....                 | 23        |
| <b>EVALUATION – PROGRAM AND INSTITUTIONAL.....</b>             | <b>24</b> |
| 501. Clinical Competency Committee.....                        | 24        |
| 502. Formative Evaluation .....                                | 25        |
| 503. Semiannual Evaluation.....                                | 25        |
| 504. End-of-Program Summative Evaluation.....                  | 26        |
| 505. Faculty Evaluation .....                                  | 26        |
| 506. Program Evaluation and Improvement.....                   | 27        |
| 507. Annual Institutional Review.....                          | 27        |
| 507.1. Accreditation Updates.....                              | 28        |
| 507.2. Program Administrative Review.....                      | 28        |
| 507.3. Enrollment and Incoming Demographics .....              | 28        |
| 507.4. Graduates .....                                         | 29        |
| 507.5. Program Quality Surveys .....                           | 29        |
| 507.6. Other Program Quality Indicators .....                  | 29        |
| 508. Special Review of a Residency/Fellowship Program .....    | 30        |
| 508.1. Placing a Program on Special Review .....               | 30        |
| 508.2. Established Criteria for a Special Review .....         | 30        |
| 508.3. Special Review Procedure .....                          | 30        |
| <b>CERTIFICATIONS, DEA, NPI, AND LICENSURES.....</b>           | <b>31</b> |
| 601. Training Certificates.....                                | 31        |
| 602. ALS Certification .....                                   | 32        |
| 603. DEA Number .....                                          | 32        |
| 604. National Provider Identifier.....                         | 33        |
| 605. Medical Licenses .....                                    | 33        |
| <b>INSTITUTIONAL INFORMATION.....</b>                          | <b>33</b> |
| 701. Medical Records.....                                      | 33        |
| 701.1. While on Rounds .....                                   | 34        |
| 701.2. Admitting Note .....                                    | 34        |
| 701.3. Discharge Summary.....                                  | 34        |
| 701.4. Orders.....                                             | 34        |
| 701.5. Progress Notes.....                                     | 34        |
| 701.6. Face Sheet .....                                        | 35        |
| 701.7. Completed Records .....                                 | 35        |
| 701.8. Delinquent Records .....                                | 35        |
| 702. Dress and Appearance .....                                | 35        |

|                                                                             |           |
|-----------------------------------------------------------------------------|-----------|
| 703. ID Badge and On-Duty Cards .....                                       | 35        |
| 703.1. ID Badge .....                                                       | 36        |
| 703.2. On-Duty Cards.....                                                   | 36        |
| 704. Information Security.....                                              | 37        |
| 705. Crisis Response Policy.....                                            | 37        |
| 706. DAGMEC Records Retention Guidelines.....                               | 40        |
| 707. New Innovations Residency Management Suite .....                       | 41        |
| <b>INSTITUTIONAL GME POLICIES AND PROCEDURES.....</b>                       | <b>41</b> |
| <b>RECRUITMENT, ELIGIBILITY, SELECTION, AND APPOINTMENT .....</b>           | <b>41</b> |
| 801. Recruitment.....                                                       | 41        |
| 802. Eligibility and Selection .....                                        | 41        |
| 803. Appointment.....                                                       | 42        |
| 804. Contract Agreement.....                                                | 42        |
| 805. Non-Competition.....                                                   | 43        |
| 806. Evaluation, Advancement, and Reappointment.....                        | 43        |
| 807. USMLE Step 3 / COMLEX Level 3.....                                     | 43        |
| Definitions.....                                                            | 43        |
| Procedure.....                                                              | 44        |
| 808. Due Process for Residents and Fellows .....                            | 45        |
| 808.1. Standards for Remediation and Discipline .....                       | 45        |
| 808.2. Procedure for Coaching and Discipline of Residents and Fellows ..... | 46        |
| 809. Appeals/Grievance .....                                                | 47        |
| 809.1. Appeals/Grievance Procedure .....                                    | 47        |
| 809.2. Miscellaneous .....                                                  | 48        |
| 810. Diplomas.....                                                          | 48        |
| 811. Disaster and the Educational Experience.....                           | 49        |
| 812. Vendors .....                                                          | 49        |
| 813. Residency/Fellowship Program Closure or Reduction.....                 | 49        |
| 814. Impaired Resident .....                                                | 50        |
| 814.1. KH Policy – Fitness for Duty .....                                   | 50        |
| 814.2. Impaired Physicians .....                                            | 50        |
| 814.3. Therapy .....                                                        | 51        |
| 814.4. Rehabilitation .....                                                 | 51        |
| 815. Residents Prescribing Prescription Medication .....                    | 52        |
| 815.1. Definition of Patient .....                                          | 52        |
| 815.2. Use of Your Medical License for Prescription Medications .....       | 52        |
| 815.3. Use of the DEA Number for Controlled Substances .....                | 53        |
| 815.4. Misuse of the DEA Number .....                                       | 53        |
| <b>RESIDENT/FELLOW BENEFITS, LEAVES, AND HEALTH REQUIREMENTS .....</b>      | <b>54</b> |
| 901. Benefits .....                                                         | 54        |
| 901.1. Health, Dental, and Vision Insurance .....                           | 54        |
| 901.2. Disability Insurance.....                                            | 54        |
| Graduate Medical Education Manual, 2025-2026                                |           |

|                                                                                              |                                     |
|----------------------------------------------------------------------------------------------|-------------------------------------|
| 901.3. Professional Liability Insurance .....                                                | 54                                  |
| 901.4. Life Insurance .....                                                                  | 54                                  |
| 901.5. Behavioral Health Services (Employee Assistance Program) .....                        | 54                                  |
| 901.6. Uniforms .....                                                                        | 55                                  |
| 901.7. Meals.....                                                                            | 55                                  |
| 902. Leaves .....                                                                            | <b>Error! Bookmark not defined.</b> |
| 903. Health Requirements and Services.....                                                   | 56                                  |
| 903.1. Physical Examinations .....                                                           | 56                                  |
| 903.2. Immunizations and Screening Tests .....                                               | 56                                  |
| 903.3. Job-Related Injury/Illness .....                                                      | 56                                  |
| 903.4. Drug Screens for Out Rotations .....                                                  | 57                                  |
| <b>THE LEARNING AND WORKING ENVIRONMENT FOR RESIDENT AND FELLOW EDUCATION ..</b>             | <b>57</b>                           |
| 1000. Patient Safety.....                                                                    | 58                                  |
| 1001. Health Care Quality.....                                                               | 59                                  |
| 1002. Teaming.....                                                                           | 59                                  |
| 1003. Supervision .....                                                                      | 59                                  |
| 1003.1. The Supervisor's Role .....                                                          | 60                                  |
| 1003.2. Progressive Authority and Responsibility .....                                       | 61                                  |
| 1003.3. The Resident/Fellow as Supervisor .....                                              | 61                                  |
| 1004. Well-Being .....                                                                       | 61                                  |
| 1005. Professionalism .....                                                                  | 62                                  |
| 1006. Fatigue Mitigation .....                                                               | 62                                  |
| 1006.1. Training for Fatigue Mitigation .....                                                | 63                                  |
| 1007. Transitions of Care.....                                                               | 64                                  |
| 1008. Clinical and Educational Work hours per Week.....                                      | 64                                  |
| 1008.1. Maximum Hours of Clinical and Educational Work per Week .....                        | 64                                  |
| 1008.2. Mandatory Time Free of Clinical Work and Education.....                              | 64                                  |
| 1008.3. Maximum Clinical Work and Education Period Length .....                              | 65                                  |
| 1008.4. Clinical and Educational Work Hour Exceptions.....                                   | 65                                  |
| 1008.5. In House Night Float.....                                                            | 65                                  |
| 1008.6. Maximum In-House On-Call Frequency .....                                             | 65                                  |
| 1008.7. At-Home Call.....                                                                    | 65                                  |
| 1008.8. Reporting Clinical and Educational Work Hour Violations .....                        | 66                                  |
| 1008.9. Institutional Oversight of Resident/Fellow Clinical and Educational Work Hours ..... | 66                                  |
| 1009. Leaving the Work Site During Clinical and Educational Work Hours.....                  | 67                                  |
| 1010. Moonlighting.....                                                                      | 67                                  |
| 1010.1. Procedure Highlights .....                                                           | 66                                  |
| <b>SELECTED KETTERING HEALTH POLICIES.....</b>                                               | <b>67</b>                           |
| <b>APPENDICES.....</b>                                                                       | <b>69</b>                           |
| Appendix 1. GRADUATE MEDICAL EDUCATION COMMITTEE CHARTER.....                                | 69                                  |
| Appendix 2. AMA CODE OF ETHICS .....                                                         | 71                                  |
| Appendix 3. AOA CODE OF ETHICS.....                                                          | 72                                  |
| Appendix 4. RESPONSIBILITIES OF RESIDENCY AND FELLOWSHIP PROGRAM DIRECTORS.....              | 74                                  |

|                                                                                                             |    |
|-------------------------------------------------------------------------------------------------------------|----|
| Appendix 5. RECORDS RETENTION WORKSHEETS FOR DAGMEC PROGRAMS.....                                           | 76 |
| Appendix 6. NEW INNOVATIONS MODULES.....                                                                    | 77 |
| Appendix 7. CONTACT INFORMATION FOR GME ADMINISTRATIVE LEADERSHIP, PROGRAM<br>DIRECTORS, AND GME STAFF..... | 80 |

## INTRODUCTION

This manual contains general standards and GMEC approved policies and procedures that govern all programs in graduate medical education (GME) at Kettering Health (KH). The term “GME” as used in this document encompasses residency and fellowship programs accredited by the Accreditation Council on Graduate Medical Education (ACGME). Individual residency and fellowship programs have additional program-specific standards, policies, and procedures created and maintained by the individual programs.

This manual supplements KH’s Policies and Procedures. The Policy and Procedure section of the KH Graduate Medical Education Manual has precedence and is the responsibility of Medical Education. Questions should be directed to the Graduate Medical Education Committee.

KH operates graduate medical education programs in cooperation and affiliation with other healthcare institutions and with three schools of medicine: Wright State University Boonshoft School of Medicine, Loma Linda University School of Medicine, and Ohio University Heritage College of Osteopathic Medicine.

## MISSION

The Kettering Health’s mission is **to improve the quality of life of the people in the communities** we serve through health care and education.

We are dedicated to excellence and to providing each individual the most appropriate care in the most appropriate setting. In the spirit of Seventh-day Adventist health care ministry, we strive to be innovative and to convey God’s love in a caring environment.

## KH VISION STATEMENT

Kettering Health will be recognized as the leader in transforming the health care experience.

## KH Values

- Trustworthy
- Innovative
- Caring
- Competent
- Collaborative

## **Graduate Medical Education Mission**

The mission of Kettering Health's Graduate Medical Education programs is to provide high quality post-doctoral education to prepare our graduates for practice or additional subspecialty/fellowship training.

## **Statement of Commitment to Graduate Medical Education**

Kettering Health Graduate Medical Education's mission is to provide a fostering educational environment that inspires lifelong learning by cultivating curiosity and developing the skills necessary to achieve high quality patient care.

As the sponsoring institution for graduate medical education, Kettering Health's governing body along with the senior administration is committed to Graduate Medical Education for administrative, educational, financial, human, and clinical resources needed to achieve excellence in its programs while ensuring substantial compliance with the Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements, Common Program Requirements and specialty-specific Program Requirements.

A written statement of commitment to provide necessary administrative, educational, financial, human, and clinical resources to support GME must be signed at least once every five years, or upon substantial changes in leadership.

## **INSTITUTIONAL ORGANIZATION AND RESPONSIBILITIES**

### **101. The Sponsoring Institution's Training Sites**

Kettering Health (KH) is a not-for-profit system of eight hospitals and over 120 outpatient facilities serving southwest Ohio. Authority and control over all ACGME-accredited programs is managed through the GME Offices and the Graduate Medical Education Committee. See section I.F. for further details about institutional oversight and GMEC responsibilities.

KH hospitals integrally involved in graduate medical education training:

- Kettering Health Main Campus, 3535 Southern Blvd, Kettering, OH 45429
- Kettering Health Miamisburg, 4000 Miamisburg-Centerville Rd., Miamisburg, OH 45342
- Kettering Health Behavioral Medical Center, 5348 Lamme Rd., Dayton, OH 45439
- Kettering Health Dayton, 405 W. Grand Ave., Dayton, OH 45405
- Kettering Health Washington Township, 1997 Miamisburg-Centerville Rd., Centerville, OH 45459.
- Kettering Health Soin, 3535 Pentagon Blvd., Beavercreek, OH 45431

## 102. Participating Sites

A participating site is an organization providing educational experiences or educational assignments/rotations for residents/fellows. Graduate Medical Education is responsible for the oversight of the educational experience and of the quality of the learning and working environment in all participating sites. Residents/fellows must only be assigned to learning and working environments that facilitate patient safety and health care quality. There must be a program letter of agreement (PLA) between the program and each participating site where residents/fellows rotate, except those sites that are under the governance of Kettering Health. The PLA should identify the faculty who will assume both educational and supervisory responsibilities for residents; specify their responsibilities for teaching, supervision, and formal evaluation of residents; outline the goals and objectives for the rotation; specify the duration and content of the educational experience; and state the policies and procedures that will govern resident education during the assignment. The PLA must be renewed at least every ten years; an addendum should be added for any substantial leadership changes, such as a change in Program Director or site director. The Program Director must submit any additions or deletions of participating sites routinely providing an education experience, a site required for all residents/fellows, a site of one month (full-time) length or more through the ACGME Accreditation Data System (ADS) after approval by the Designated Institutional Official (DIO).

## 103. Off-Site Rotations

With few exceptions, Kettering Health does not pay for off-site rotations. The following guidelines are in place for educational activities:

Educational Activity is ACGME Required/Suggested Experience:

- If the educational activity is required by ACGME and available at KH – Approval is required by the Program Director.
- If the educational activity is required and *not* available at KH – Approval is required by the Program Director.
- If the educational activity is a suggested elective and available at KH – Approval is required by the Program Director.
- If the educational activity is a suggested elective and *not* available at KH – off-site rotation permitted with approved justification

Educational Activity is Not ACGME Required/Suggested Experience:

- Must count toward required training
- Must be funded by the off-site provider or individual program

All off-site rotations must also be approved by the hospital specific DME and require that a fully executed agreement be in place before the beginning of the rotation. It is the responsibility of the program to initiate a Program Letter of Agreement (PLA) between KH and the site no later than six months before the rotation is to begin. Forms necessary for this purpose are available on the GME shared drive. In doing this, the PLA:

- Identifies the faculty who assume both the educational and supervisory responsibilities for resident/fellow. If the rotation is to a facility other than an ACGME accredited training site, the supervisor must have similar credentials appropriate for an ACGME-accredited training program;
- Specifies the faculty responsibilities for teaching, supervision, and formal evaluation of resident/fellow, as specified later in this document;
- Specifies the duration and content of the educational experience;
- State the policies and procedures governing resident/fellow education during the assignment; and
- Outlines the goals and objectives for the rotation.

In addition, the program must identify the payment source for the resident's/fellow's stipend and benefits while he/she is on rotation, if applicable. If necessary, the program must secure agreement of the site to which the resident/fellow is to rotate to pay for stipend and benefits, or identify that costs are to be covered using departmental funds.

Faculty at sites to which residents/fellows rotate must provide training that is consistent with both the general and program-specific academic standards that govern GME at KH.

#### **104. Accreditation for Patient Care**

All hospitals in the KH system are accredited by the Healthcare Facilities Accreditation Program (HFAP). All participating hospital sites are appropriately accredited either by HFAP, Joint Commission, or by another entity with reasonably equivalent standards as determined by the ACGME Institutional Review Committee (IRC) or by another entity granted "deeming authority" for participation in Medicare set forth in federal regulations. In the event a hospital loses its accreditation, the Sponsoring Institution must notify and provide a plan of response to the IRC with 30 days of such loss.

#### **105. GME Governance – The GMEC**

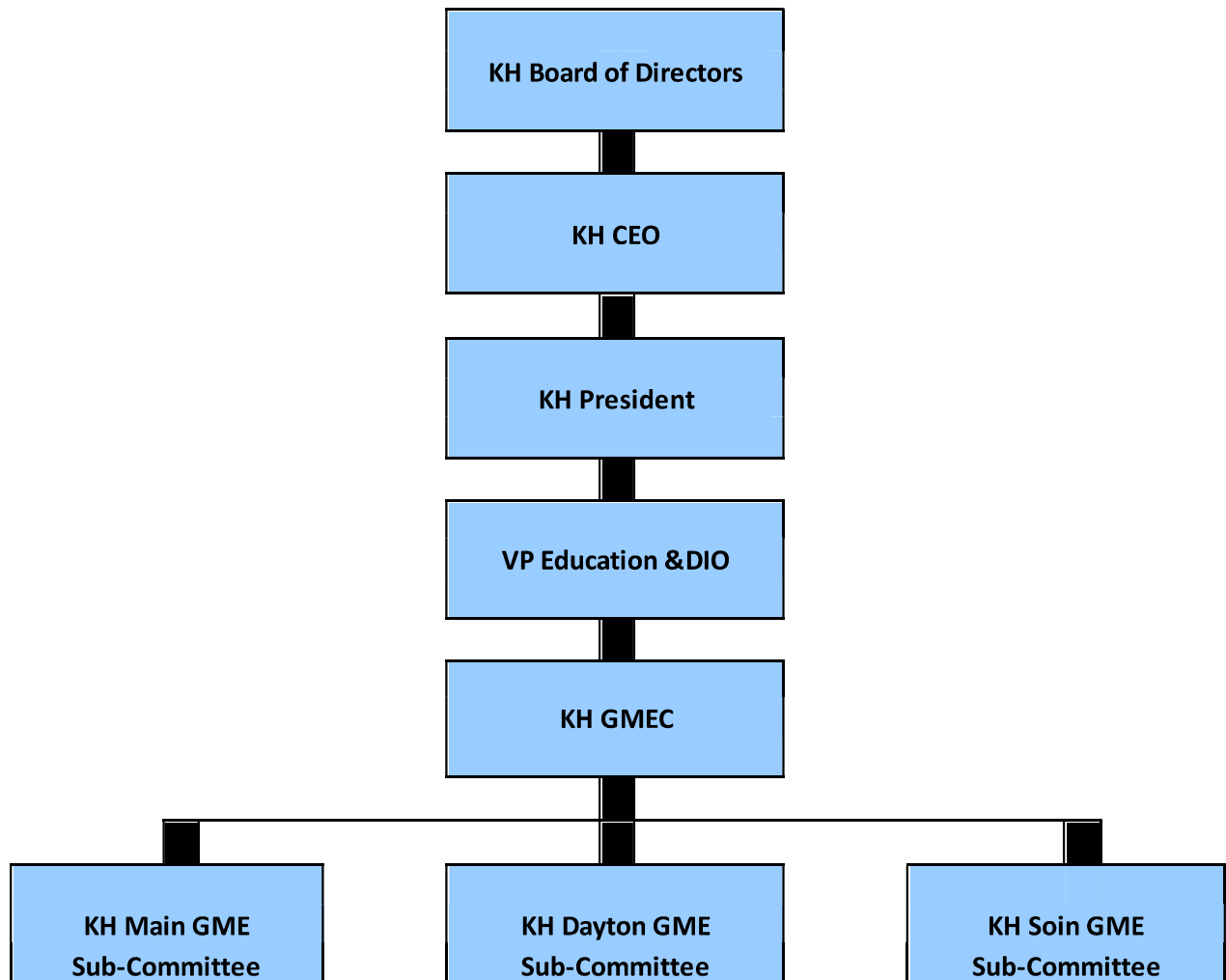
The Kettering Health Graduate Medical Education Committee (GMEC) was formed in 2016 as part of the transition merging the KH Dayton, KH Main, and KH Soin GME programs into a single accreditation system. Its purpose is to provide oversight of the Sponsoring Institution (KH) and its ACGME-accredited programs. The charter of the KH GMEC is available in Appendix 1.

##### **105.1. Hospital-Specific Medical Education Subcommittees**

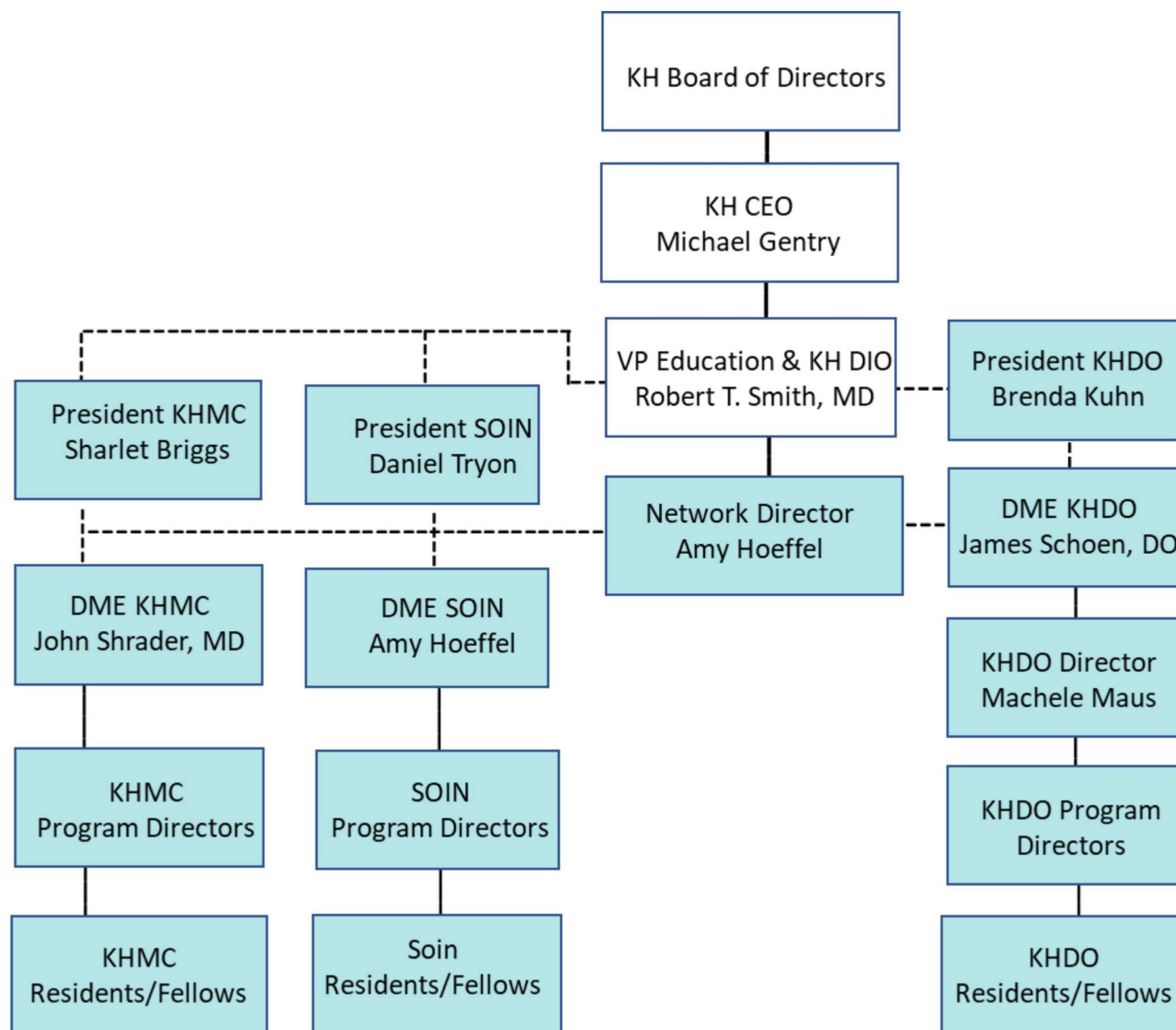
KH Dayton, KH Main, and KH Soin each have a subcommittee that serves as an extension of and responsible to KH's GMEC. These subcommittees meet monthly (generally 10 times per year) to address the ongoing business of graduate medical education within their respective facilities. They may assume some of the oversight responsibilities of KH's GMEC, as specifically delegated.



## 105.2. Organizational Chart of the Graduate Medical Education Committee



### 105.3. Organizational Chart of Graduate Medical Education Personnel



## INSTITUTIONAL RESOURCES

### 201. Resource Obligations

Kettering Health provides sufficient institutional resources to ensure the effective implementation and support of its programs in compliance with ACGME's Institutional, Common, and specialty/subspecialty specific program or other accreditation requirements.

KH provides sufficient financial support and protected time to the DIO to effectively carry out the educational administrative and leadership responsibilities to the sponsoring institution. The DIO works with and delegates to a team of GME physician leaders and administrators appropriate responsibilities to ensure sufficient operational resources for GME responsibilities. Sufficient salary support and resources (e.g., time, space, technology, supplies) from KH allows for effective administration of the GME Office and all of its programs.

## **202. Program Administration**

### **202.1. Program Director**

For every residency/fellowship program there is a single Program Director with authority and accountability for the operation of the program. The Program Director meets the qualifications as outlined in the specialty/subspecialty program requirements or has been otherwise approved by the applicable accrediting body. The Program Directors are selected based upon their interest in physician education, their qualifications, and anticipated commitment to continue in the position for a length of time adequate to maintain continuity of leadership and program stability. Requests for change in Program Director must be submitted to the GMEC and the DIO for review. Such requests must include appropriate documentation of qualifications that follow the requirements as outlined by the applicable Review Committee (RC). The GMEC must approve a change in Program Director. After approval, the DIO will submit the change to the ACGME via Web ADS.

Each Program Director bears responsibility for the organization and implementation of the program to the medical department chairperson, to the GMEC, the DIO and the associated ACGME review committee. The Program Director must administer and maintain an educational environment conducive to educating the residents/fellows in each of the ACGME competency areas. Specific tasks may be delegated, but the Program Director is responsible for the program as a whole and for the timely and accurate completion of all required tasks. A complete list of Program Director duties is outlined in the document “Responsibilities of the Residency and Fellowship Program Director” (see Appendix 4).

The GME Office, in collaboration with each accredited program, ensures the Program Directors have sufficient financial support and protected time to effectively carry out their educational, administrative, and leadership responsibilities as described in ACGME’s Institutional, Common, and specialty/subspecialty-specific Program Requirements or other accreditation standards. Program Directors must engage in professional development applicable to their responsibilities as educational leaders through the KH, academic society, or other GME services, such as the Center for Osteopathic Research and Education (CORE).

### **202.2. Faculty**

The GME Office, in collaboration with the Program Director, ensures the programs receive adequate support for core faculty members to ensure effective supervision and quality resident/fellow education. Core faculty must engage in professional development applicable to their responsibilities as educational leaders through KH, their academic society, or other GME services, such as CORE. The program must ensure that, for each educational assignment, there is a sufficient

Graduate Medical Education Manual, 2025-2026

number of faculty with documented qualifications to instruct and supervise all residents/fellows at that location. The faculty must:

- Devote sufficient time to educational program to fulfill their supervisory and teaching responsibilities;
- Demonstrate a strong interest in the education of the residents/fellows;
- Administer and maintain an educational environment conducive to educating residents in each of the ACGME competency areas;
- Establish and maintain an environment of inquiry and scholarship with an active research component;
- Regularly participate in organized clinical discussion, rounds, journal clubs, and conferences; and,
- Encourage and support residents/fellows in scholarly activities.

The physician faculty must have current board certification in the specialty/subspecialty or possess qualifications acceptable to the Review Committee. The physician faculty must possess current medical licensure and appropriate medical staff appointment.

Any non-physician faculty must have appropriate qualifications in their field and hold appropriate institutional appointments.

The Program Director, with the assistance of the Program Coordinator, is responsible to assure that qualifications of teaching faculty are met.

### **202.3. Other Administrative Staff**

The sponsoring institution and the GME department jointly ensure the availability of all necessary professional, technical, and clinical personnel for the effective administration of the GME programs, including designated Program Coordinators who, in conjunction with the Program Director, are held accountable to the GME Office for all sponsoring institution and program accreditation requirements. The GME office ensures that Program Coordinators have sufficient support and time to effectively carry out their responsibilities.

### **203. Resident/Fellow Forum**

A resident/fellow forum meets monthly to communicate and exchange information with each other relevant to their accredited programs and their learning and working environment. Any resident or fellow from any of the accredited programs has the opportunity to raise a concern directly to the forum or through their peer selected representative. No GME Program Directors, faculty, or administrative personnel are present at the forum. Issues of a general nature to the GME learning and working environment are address in the GMEC or one of its hospital subcommittees, as appropriate. Peer-selected residents/fellows from each hospital are part of the GMEC and its' hospital subcommittee.

### **204. Support Services**

Kettering Health is committed to providing services in its healthcare delivery system to minimize resident/fellow work that is extraneous to their GME programs' educational goals and objectives, Graduate Medical Education Manual, 2025-2026

and to ensure that resident/fellow educational experience is not compromised by excessive reliance on resident/fellow to fulfill non-physician service obligations. Support services and systems include patient support services, laboratory, pathology, radiology, and medical records.

Services available to residents/fellows to provide a healthy and safe learning environment include 24-hour food services, call/nap rooms, email and internet services, readily accessible parking, and appropriate security.

#### **204.1. Medical Library**

The medical libraries at KH Main and KH Dayton are available to residents and attending physicians at all times. After regular business hours, physicians may use ID cards to access the libraries. Many library resources and services are also available through the medical library intranet site.

<http://intranet.ketthealth.com/kh/DeptPages/admin/showpage.cfm?unit=kmcmmedlib> and <http://intranet.ketthealth.com/kh/DeptPages/admin/showpage.cfm?unit=GVMedEdToolbox>

#### **204.2. Pastoral Services**

Emotional and spiritual support offered by hospital chaplains are valuable aids to many patients. Hospital chaplains visit patients regularly and are available at any time upon request. In addition, clergy of all churches are welcome to visit at any time. Interfaith chapels are located on the first floor of each hospital and are always open for prayer and meditation. Worship services for patients are also conducted on weekends at KH hospitals. Pastoral services at each hospital can provide further details.

#### **204.3. Patient Relations**

Patient representatives within the department of Patient Relations are designated by the hospital administration to respond to questions, concerns, and problems regarding hospital services. The patient representative's role is to be an impartial communicator who gathers information pertinent to the concern, channels it to the appropriate medical and hospital staff, and then communicates a response back to the patient/family member. Depending upon the severity of the situation, immediate supervisors, directors, department chairpersons, or hospital administration may be notified. In some instances, the incident will be brought to the attention of Risk Management in case of concern about future liability.

Patient Relations offers many services to patients, families, and staff. Arrangements for interpreters for the deaf, language translators, notary public service, and adaptive telephone devices can be made. Patient representatives maintain a posture of high visibility and accessibility in the hospitals. They visit patients and make unit rounds to be aware of requests, concerns, and problems so that any issues can be addressed and resolved in a timely manner.

The basic philosophy of Patient Relations is:

- Maintain the rights of every patient and family to receive considerate and respectful care.
- Serve as a liaison between patient, families, and the organization in problem resolution, meeting special needs, and helping patients understand policies and procedures.
- Assure organizational responsiveness to individual needs and concerns.

A representative is available in-house Monday through Friday, 8:00 a.m. to 4 p.m. After hours on-call services of Patient Relations representatives are available for emergencies by contacting the PBX operator.

## **205. Human Resources**

Human Resources at KH can be contacted in person or by telephone at an HR department at a KH hospital site (Dayton, Main, Miamisburg, Soin, Greene, and Hamilton). Information is also available on the intranet site at

<http://intranet.ketthealth.com/kh/DeptPages/admin/showpage.cfm?unit=KHNHR>

## **KH INSTITUTIONAL WORK ENVIRONMENT**

### **301. KH Code of Ethics**

A Code of Ethics has been adopted by KH that recognizes the responsibilities of employees, physicians, and volunteers to patients and their families, visitors, students, fellow employees, and physicians, and to the community that we serve. Adherence to this Code helps create a positive and healthy working environment for all. The AM-Code of Ethics policy is found on the KH intranet site at <https://intranet.ketthealth.com/KH/administration/policiesnew/index.cfm>

### **302. Physician Code of Ethics**

The GME programs at KH employ both allopathic and osteopathic physicians. The governing body of each physician entity also holds a Code of Ethics appropriate to the profession of medicine. These two Codes of Ethics are included in Appendices 2 and 3 of this document and physicians are expected to abide by their professional Code of Ethics, as well as that of the institution.

### **303. Standards of Behavior**

The following section describes the standards of behavior expected of each employee, physician, student, and volunteer who provides services at KH.

***Trustworthy means displaying professionalism resulting in creating meaningful and enduring relationships. To demonstrate trustworthiness, I will:***

- Be willing to learn, develop, and grow
- Honor patients' rights; follow privacy guidelines and code of ethics with patients, physicians, co-workers, & guests
- Be honest and fair; accept accountability for actions; recognize opportunities for improvement
- Follow-up on assignments in a timely manner
- Be attentive to compliance risks and requirements
- Be dependable in timeliness, productivity, and attendance
- Come to work with a positive attitude

***Innovative involves creatively adapting actions and responses to advance the level of service we provide. To demonstrate innovation, I will:***

- Recognize /anticipate other's needs
- Exceed service expectations creatively and be receptive to and adopt others creative ideas to exceed service expectations
- Maintain focus on the customers
- Be willing to learn and advance skills through formal or informal education

***Competent is the commitment and ability to perform specific job functions based on established standards of practice. To demonstrate competent, I will:***

- Hold myself and others accountable for safety by ensuring appropriate procedures and guidelines are followed and by paying attention to detail
- Become very good at my work
- Be responsive to feedback for improvement and demonstrate continued progress in improving my competencies and skill development
- Be responsive to coaching and apply learning

***Caring is demonstrating concern and compassion for our patients, physicians, co-workers and guests. To demonstrate caring, I will:***

- Be friendly and sympathetic in-service situations
- Seek to understand the individual physical, emotional, spiritual, and cultural needs of others, while respecting their religious beliefs and practices and responding appropriately
- Use **ICARE** and common courtesy by saying “please” and “thank you”; knock and pause before entering a patient’s room
- Value and respect others by treating them with dignity and kindness at all times and under difficult situations

***Collaborative means patients and customers benefit most when our employees, physicians, and others cooperate in a team effort. To demonstrate collaboration, I will:***

- Be cooperative, listen respectfully and be open to suggestions and observations from others
- Understand the importance of other's contributions
- Consider others needs when solving problems
- Exhibit willingness to assist co-workers across departments
- Resolve conflict in a forgiving spirit.
- Refrain from and constructively address gossiping and spreading rumors
- Respond to opportunities to support, recognize, and celebrate teamwork.
- Offer solutions to problems

Source: KH Standards of Behavior with ICARE at

<http://intranet.ketthealth.com/kh/DeptPages/admin/showpage.cfm?unit=hrepe>

### **304. Called to Care**

At Kettering Health, we see our work as a sacred calling, and consider it our highest joy to ease the burden of suffering for those in our care. Sacred work is the expression of God’s love through the Graduate Medical Education Manual, 2025-2026

work we do every day, whenever we meet a need with kindness and compassion. Our commitment is to provide exceptional care—every patient, every time, everywhere. Each of us has the power to impact someone’s life with kindness, respect, and a listening presence. The ICARE model of service that follows is a brief guide to connecting and communicating with patients and families in a way that promotes healing.

## ICARE

### *Introduce yourself*

- Acknowledge the person, smile, use friendly tone of voice.
- Give people your full attention.

### *Call the person by name*

- Find out the person’s preferred name.
- Listen for what matters most to them right now.

### *Ask*

- Ask what you can do to help.
- Anticipate their needs and address their concerns.

### *Respond*

- Give explanations about what you are doing and why, how long it will take, what will happen next at each step, and give reasons for any wait times.
- Follow through on what you say you will do.

### *Express thanks*

- Express your gratitude for the privilege of serving them and for their choice to receive care at KH.
- Ask if there is anything else you can do for them. Wish them well.

## 305. Corporate Integrity

The Corporate Integrity department provides an avenue by which any employee, physician, volunteer, or student can report a concern to the Corporate Integrity Officer, as described below.

1. You can report your concern by phone through the CONFIDENTIAL HOTLINE (1-844-587-1658). Calls to the hotline are handled through a third-party hotline vendor, Ethics Point, which affords the upmost confidentiality of the hotline information and the ability of talking to a live person 24 hours a day, 7 days a week.
2. You can also report your concern on the INTRANET HOTLINE.  
<http://intranet.ketthealth.com/KH/DeptPages/CorplInteg/>
3. You can track the status of your case by using a special code given to you by Ethics Point.

From the Corporate Integrity website: “Whether you report by phone or on the intranet, **you may remain anonymous if you wish.** If you are willing to be identified, you may choose one of the report methods explained above or meet with a representative of the Corporate Integrity Department. **You will be given every protection if you are willing to come forward either in person or anonymously, including protection from retaliation by any employee, supervisor,** Graduate Medical Education Manual, 2025-2026



**or manager.** Every effort will be made to maintain the confidentiality of all matters brought to the attention of the KH Corporate Integrity Department, consistent with applicable law and the needs of our patients and operations.”

### **306. Harassment and the Work Environment**

Harassment creates a harmful atmosphere that denies a resident/fellow the right to an education. KH will not tolerate harassment of any student, resident/fellow, faculty, staff, or patient/visitor. KH Human Resources outlines the policy titled “HR-KH Harassment, Discrimination and Retaliation Free Workplace” on the KH Intranet, found at <http://intranet.ketthealth.com/KH/administration/policiesnew/index.cfm?> .

A resident/fellow may contact the GME Office or the Human Resources Office with any concerns or questions.

### **307. How to Raise and Resolve Concerns**

A concern is defined as an issue perceived by the resident or Program Director as needing resolution.

The KH GME program is committed to having a positive learning and working environment for its residents/fellows. All individuals have the right to enjoy an environment free from conduct that can be considered abusive, harassing, threatening, or intimidating. Every individual must be allowed to raise concerns in good faith or express opinions in a non-threatening atmosphere of mutual respect and in a confidential manner, as appropriate. Program Directors and Program Coordinators encourage open-door availability to the residents/fellows and invite their feedback.

Residents/fellows who have any concerns regarding their education and/or professional environment may raise their concerns either in writing or orally to their Chief Resident, Program Director, or the Resident/Fellow Forum. If a resident/fellow member does not feel comfortable raising an issue in that manner, or if the issue is not resolved, the concern may be brought to the attention of the physician director of Graduate Medical Education or to an administrative director of GME. The GME office may act as mediator and intercede for the resident so as to try to reconcile differences and resolve the concern in a confidential manner. The resolution by the GME Office, using appropriate interaction with the resident, Program Director, and any others deemed integral to the decision, will be final. Additionally, a resident/fellow may report concerns anonymously to the Kettering Health Compliance Officer via the Kettering Health Corporate Integrity website or by contacting the phone number listed on that website using the following link: [Kettering Health Intranet \(ketthealth.com\)](http://intranet.ketthealth.com)

**Note:** Serious issues related to discipline, educational continuance, or promotion that concern a resident/fellow should be addressed with the faculty and Program Director, or through the due process policy.

**Note:** Issues related to patient safety may be addressed to the Chief Residents, the attending physician, the Program Director, and/or through use of an online incident report system called

Safety Awareness for Excellence, which combines SAFE event reporting + Remote Data Entry Access.

### **308. Disabilities and Accommodations**

In accordance with the HR-KH Equal Employment Opportunity policy, programs do not discriminate in the admission, selection, or treatment of residents/fellows. KH is committed to providing quality educational and occupational opportunities for everyone, including qualified individuals with disabilities. KH provides reasonable accommodation to residents/fellows with disabilities.

Applicants to KH graduate medical education programs who may need reasonable accommodations at any point in the selection process, as well as incoming or current residents/fellows who may require reasonable accommodations should consult with the GME office. Requests for accommodations are evaluated on a case-by-case basis in accordance with the following policy: <http://intranet.ketthealth.com/KH/administration/policiesnew/index.cfm?>

### **309. Legal and Potential Risk Matters**

Good rapport and effective communication between physician and patient are critical. A well-documented and accurate medical record, containing all material information relevant to optimum health care services, is a physician's best defense.

Effective use of risk management principles minimizes the potential for involvement in a liability claim. Patient or family requests for records or information must be directed to the patient relations department. Medical information cannot be released without the authorization of the director of medical education.

A physician does not discuss a claim with a claimant or the claimant's representative except as authorized by the director of medical education and the KH Legal Services Department.

Subpoena, deposition, and/or hearing requests must be promptly forwarded to the administrative director of patient relations, the director of medical education and KH Legal Services/Risk Management. Any correspondence from a claimant, claimant's attorney, or claimant's insurance company must be directed to the Patient Relations Department of the applicable facility, or, if not a facility, then to the KH Legal Services Department. Summons and complaints received by a physician naming the physician as a defendant must be immediately forwarded to the KH Legal Services Department.

Medical equipment company representatives often request physicians to evaluate trial products. All such requests must be referred to the purchasing department.

Malfunctioning medical equipment poses substantial risk to patients. Malfunctioning equipment must be reported immediately to the Patient Relations Department. The Safe Medical Device Act requires filing of information related to equipment failure to the FDA within a few days of the event.

If a patient injury results from malfunctioning equipment, the equipment must be taken out of service immediately for testing and repair. Faulty equipment cannot be sent back to the manufacturer without approval of the risk manager. Evidence of malfunction must be preserved.

See the KH policy, PR Safe Medical Device Reporting Program at the KH Intranet site:

<http://intranet.ketthealth.com/KH/administration/policiesnew/index.cfm?fac=KHMCS#HR>

Any correspondence from a patient alleging substandard medical care should be delivered to the Patient Relations Department of the applicable facility, or, if not a facility, then to the KH Legal Services Department. Any proposed response to such correspondence must be reviewed by KH Legal Services Department.

### **309.1. Legal Problems**

Legal problems that relate to patients should be discussed with the attending physician. Legal direction may be obtained through the KH Legal Services Department, who advises on hospital-related legal issues, as well as on requests to testify, patient requests for an affidavit, and professional liability matters.

When an incident with a patient occurs, the responsible resident/fellow must discuss the matter with the attending and/or the Program Director as well as with a Patient Relations representative. An incident report is filed with the Patient Relations department. Patient Relations representatives need specific information about the incident as soon as possible. Reports to Patient Relations are not part of the chart and are confidential. See the KH policy, PR Incident/Occurrence and Serious Reportable Event Reporting at the KH Intranet site:

<http://intranet.ketthealth.com/KH/administration/policiesnew/index.cfm?fac=KHMCS#HR>.

### **309.2. Professional Liability (Incidents)**

The term "incident" refers to accidents or occurrences involving professional liability, or an occurrence that could predispose to accidents or injuries.

"Incident" also refers to an actual or alleged injury arising from the rendering or failure to render professional services related to a therapeutic or diagnostic procedure.

A claim of failure to obtain informed consent from a patient or guardian is considered an "incident."

All "incidents" related to patient care should be reported to the Program Director, the director of medical education, and to the Patient Relations Department of the applicable facility, or, if not a facility, then to the KH Legal Services Department.

Actual or alleged incidents should be reported on a form supplied by the Patient Relations/KH Legal Services Department and should include:

- resident physician's name, address, and specialty;
- patient's name, address, and medical record number;

Graduate Medical Education Manual, 2025-2026

- narrative with specific details of the incident and resulting injury, including the time and date (facts only);
- identification of any witness to the occurrence;
- status of patient, post-accident;
- any other factual comments by physicians relevant to the accident.

The report should be sent in a confidential envelope to Patient Relations or the KH Legal Services Department within 48 hours of the incident. These reports do not become part of the patient's medical record. Major unusual events should be reported immediately by calling the department or on-call representative.

While written reports are important in investigations, certain occurrences may best be reported to the Patient Relations Department by phone. A follow-up written report may be requested.

Occurrence reports are filed when there is a deviation from the accepted standards of hospital care by any hospital staff member. The reports support policy and procedural changes and the detection of safety hazards. Incident reports are privileged communications between hospital employees, administrators, and insurance carriers. Reports are not part of the patient's chart and cannot be subpoenaed unless mentioned in the physician's orders, the progress notes, or the nurse's charting. The patient's record should give professional information but should not refer to the incident report. Progress notes relating to adverse events or unanticipated outcomes should be honest and accurate. Factual data should be included, opinions should be excluded. Copies of incident reports should never be kept outside of the KH Legal Services Department.

Physicians do not sign incident reports, lest the report be regarded as a progress note.

The term "incident" also refers to any happening not consistent with routine, or commonly practiced patient care, including an accident or a situation that might result in an accident.

Resident/fellow physicians should report:

- threats of legal action;
- patient's or attorney's request for medical records;
- subpoena;
- attorney requests to interview physician or another employee.

Questions regarding the reporting of incidents should be directed to the Director of Medical Education, the Patient Relations Department, or the KH Legal Services Department. To be discussed privately with supervisory physician and Program Director are medical care issues such as adverse events and unanticipated outcomes; therapeutic misadventures, and/or significant misdiagnosis.

### **310. Reporting Charges & Convictions During Employment**

Any current employee charged with or convicted of a crime (other than a minor traffic offense) will report being convicted of such a crime to Human Resources (HR) and the department leader within 7 days of the employee's conviction in accordance with HR-KH Reporting Charges & Convictions

Graduate Medical Education Manual, 2025-2026

During Employment, which can be found here:

<http://intranet.ketthealth.com/KH/administration/policiesnew/index.cfm?> HR, in collaboration with the Security Department, will investigate all the circumstances surrounding the charge or conviction and will consider any factors that might make the employee unfit for his or her current assignment, or for any assignment within KH.

If licensure requires additional reporting to the state organization (i.e., Board of Nursing or Board of Pharmacy), KH will report such conviction. Nothing in this policy will supersede any law or other KH policy that requires reporting of charges and/or convictions.

## **PROGRAM EDUCATIONAL CURRICULUM**

### **401. Curriculum**

The Program Director, in conjunction with the faculty of each program, develops a curriculum for each residency/fellowship that demonstrates the achievement of ACGME competencies as defined in the Common and Specialty-specific program requirements. The curriculum outlines overall educational goals for the program, competency-based goals and objectives, a written plan for didactic sessions, resident/fellow progression of responsibilities, and supervision expectations. The six competency areas, as described by ACGME standards, focus the educational requirements: Patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

Overall educational goals for the program are available in the program manual for residents/fellows and faculty. Rotation-specific goals and objectives are prepared and are available from the program office. In addition, prior to the onset of each rotation, the rotation-specific goals and objectives are made available to all residents/fellows and attending physicians through the Resident Management System (RMS).

### **402. Resident/Fellow Scholarly Activities**

The Program Director, in conjunction with the faculty, must outline how resident/fellow will advance their knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care.

Residents should begin scholarly activities during the first year as a requirement of the program. The type of project varies according to the specific residency, and may include activities such as literature reviews, case presentations, editorial reviews, poster presentations, and contributions to professional newsletters and journal clubs. During the final year of residency most residents should engage in a research project that is suitable for sharing at a research symposium. Fellows are encouraged to contribute to regional or national presentations in their discipline, as well as designing research with a goal to publication. Programs are expected to include resident/fellow scholarly contributions in the annual program review provided to the GMEC.

An annual research competition occurs each spring, inviting KH residents/fellows in good standing to participate. The purpose of the competition is to recognize residents/fellows for scholarly activity and research. Participants must be nominated by their Program Director; their original research projects must have been supervised by a member of the KH medical staff and answer a question of significance. Submissions are judged on both written and oral presentations. Research categories include basic science, clinical research, clinical case study, and patient safety/quality.

The institution's IRB and the expertise of statisticians are available at no cost to all residents and fellows, as is KH's innovation center which employs individuals skilled in research to assist residents/fellows. An "Investigator Guidebook to Research" prepared by the Office of Innovation, Research, and Grants is available to every resident/fellow and faculty through the GME intranet sites.

<http://intranet.ketthealth.com/showpage.html?deptId=GVMedEdToolbox>

<http://intranet.ketthealth.com/showpage.html?deptId=KHMCMedEd>

## **EVALUATION – PROGRAM AND INSTITUTIONAL**

The primary responsibility for defining the standards of academic performance and personal professional development rests with the Program Director and faculty of each individual program. Residents/fellows must know and understand the performance criteria on which they will be assessed. The Program Director must provide residents/fellows with copies of the assessment tools to be used as part of the evaluation process. The Program Director and faculty must define the performance standards (i.e., pass/fail mark of a learning experience or "how much is enough" to advance one training level to the next). The goal is that both faculty and residents/fellows share a common understanding of what is expected and how it will be evaluated. Ideally, the resident/fellow will perceive assessment as a fair and close approximation of actual ability. In each program there must be clearly stated basis for evaluation and advancement.

Program Directors and supervising faculty must provide and document timely feedback on an ongoing basis for resident/fellow, including formative "on-the-spot" and summative feedback. Feedback should include both positive observations and feedback about any conduct concerns as they occur. Documentation must appropriately reflect the feedback provided. End-of-rotation evaluations of the resident/fellow by the faculty should be completed within two weeks of the last day of contact.

### **501. Clinical Competency Committee**

The Clinical Competency Committee (CCC) established by each residency/fellowship program provides a review of the performance of each resident/fellow by a group of at least three faculty within the program. Information from this semi-annual review is used in reporting Milestones evaluations of each resident/fellow to ACGME and in advising the Program Director regarding the progress of each resident/fellow. A written record of this review serves as documentation. The

meeting of the CCC does not take the place of or substitute for the required semiannual evaluation of the resident/fellow by the Program Director.

## **502. Formative Evaluation**

Resident/fellow performance must be assessed during each rotation or similar educational assignment in a timely manner. Formative assessments should include both informal “on-the-spot” feedback and feedback based on the planned collection of information using an assessment form. Examples of assessment methods include: director observation, global assessment, simulations/models, record/chart review, standardized patient examination, multisource assessment, project assessment, patient survey, in-house written examination, in-training examination, oral exam, objective structured clinical examination, formal oral exam, practice/billing audit, review of case or procedure log, review of patient outcomes, review of drug prescribing, resident/fellow experience narrative, and any other applicable assessment methods.

Written or electronic formative assessment should be used to provide a mechanism through which programs can document progressive resident/fellow performance improvement. Programs should use resident/fellow self-assessment as an important component of formative assessment, both to compare with data from other evaluators and to help the learner develop important lifelong learning skills.

Programs should not use data derived from formative assessments to make high stakes decisions (promotion, graduation). The primary purpose of any formative assessment is to capture the process of developing abilities. This allows residents/fellows to recognize learning gaps in knowledge, skills, and attitudes to guide planning for further learning and to identify the need for remediation.

As part of the formative assessment process the program must:

- Provide objective assessments of competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice as application to the educational assignment.
- Use multiple evaluators (e.g., faculty, peers, patients, self, medical students, and other professional staff).

## **503. Semiannual Evaluation**

The Program Director or designee must provide each resident/fellow with a written or electronically documented semiannual evaluation of performance with feedback. The semiannual evaluation is used to document the current level of resident/fellow performance compared to the performance criteria established for a given post graduate year (PGY). The results of the semiannual evaluation should be used by programs in decision making for promotion to the next PGY or graduation. Remediation and discipline policies may be applicable.

Assessments to be reviewed and documented as part of each semiannual evaluation must include:

- Competency based formative assessments by faculty, peers, patients, self, medical students, or other professional staff



- Procedural data, as applicable
- Review of rotation schedule
- Didactic attendance
- Scholarly activity, including research
- Individual compliance with duty hours requirements
- Performance on in-training examination, as applicable

All documented formative assessments, semiannual evaluations, and any other assessments of resident/fellow performance must be confidentially maintained in the individual's program file and accessible for review by the resident/fellow upon request.

#### **504. End-of-Program Summative Evaluation**

The Program Director must provide a final summative evaluation for each resident/fellow upon completion of the program. Completion of the program is applicable to any resident/fellow transferring to another program, graduating at the end of training, or completing a preliminary year of training before entering a specialty program. This evaluation must be reviewed with the resident/fellow, signed by both the Program Director and the resident/fellow, and kept as a permanent record with a copy maintained in the program file, and the original document forwarded to the GME office.

The summative evaluation must:

- Document the resident's/fellow's performance during the final period of education, including an assessment of the six competency areas outlined by ACGME—patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice;
- Document any formal disciplinary actions that occurred during training;
- Provide verification statement by documenting in a written format that the resident has “demonstrated sufficient competence to enter practice without direct supervision.” Resident/fellow are not allowed to graduate, even if the specified time for residency/fellowship education has expired, if the Program Director does not feel comfortable signing such a statement; and
- Any additional documentation as further specified by the Review Committee or applicable certifying Board.

#### **505. Faculty Evaluation**

Regular evaluation of faculty is critical to maintaining and improving the quality and effectiveness of a program. At least annually, the program must evaluate faculty performance as it relates to the educational program and provide feedback. Faculty should be evaluated on their clinical teaching abilities, commitment to the educational program, clinical knowledge, professionalism, and scholarly activities. This process must include review of evaluations completed by residents/fellows. Other quality indicators appropriate to the program should also be reviewed.



Residents/fellows should complete confidential evaluations of the faculty after each rotation, educational assignment, or no less often than annually. Residents/fellows should evaluate only those areas on which they have direct knowledge and information on which to judge quality. All resident/fellow evaluations of the faculty are distributed and monitored for compliance by the program. The process must be confidential and protect the anonymity of feedback from the residents/fellows. A “Resident/Fellow Evaluation of the Faculty” assessment tool is provided by the GME Office for use. A program that chooses to do additional faculty evaluations by the resident/fellow must ensure a process that maintains resident/fellow confidentiality.

## **506. Program Evaluation and Improvement**

Each program must document formal, systematic evaluation of the educational curriculum at least annually. All programs of training duration greater than one year must precede the annual program evaluation with a confidential written or electronic evaluation of the program by both the resident/fellow and the faculty. The program must demonstrate how they have used the results of this feedback, together with other program evaluation results, to improve the program.

The annual program evaluation must be completed by a Program Evaluation Committee (PEC) that is appointed by the Program Director and comprised of at least two program faculty members and at least one resident. The program, through the PEC, must document formal, systematic evaluation of the curriculum at least annually and is responsible for rendering a written Annual Program Evaluation (APE). The program must monitor and track each of the following areas: Aggregate resident performance data; faculty development; graduate performance, including performance of program graduates on the certification examination; program quality; any areas of non-compliance with ACGME standards; progress on the previous year’s action plan(s), and any additional program quality indicators.

The PEC must prepare a written plan of action to document initiatives to improve performance in one or more of the areas listed above, as well as delineate how they will be measured and monitored. The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes. A copy of the APE must be forwarded to the appropriate GMEC sub-committee, then to the DIO for review. The Program Director must indicate to the DIO any deficiencies that require additional resources for resolution.

Programs are required to use the annual program evaluation template provided by the GME Office, unless an alternate template has been submitted to and approved by the GMEC.

## **507. Annual Institutional Review**

An Annual Institutional Review (AIR) must be conducted annually through a review of established performance indicators. The review occurs in the third quarter of the year for the previous academic year (July – June).

The AIR Subcommittee focuses on the following performance indicators for the institution, by residency program and, where appropriate, in the aggregate:

### **507.1. Accreditation Updates**

Results of the most recent institutional self-study visit.

Results of the most recent program visit.

- Program(s)
- Site visit date
- Self-study
- Citations
- Notification of accreditation status

Notification of upcoming self-study visits

- Program(s)
- Site visit date
- Self-study due date

Notification of pre-application or approval status of new programs

- Program(s)
- Positions approved
- Positions filled
- Length of training
- Date for Site visit
- Citations

### **507.2. Program Administrative Review**

GMEC program actions – Special focused reviews

- Program schedule
- Review date
- Recommendations

New Program Directors (PDs)

New Program Coordinators (PCs)

Compliance with up-to-date signed institutional agreements

### **507.3. Enrollment and Incoming Demographics**

Enrollment data and trends, by program and aggregate

Primary care versus specialty enrollment

Enrollment of under-represented minorities

First-year class / Recruitment data

Recruiting summary of medical schools for incoming class

Match results trends

Objective Standardized Clinical Evaluation (OSCE) scores

#### **507.4. Graduates**

Number of graduating residents

Honors and awards

Professional plans, i.e.: private practice, additional training, academe, government

Number of graduates practicing within KH, in Ohio

Residents leaving prior to completion of training

#### **507.5. Program Quality Surveys**

Resident surveys

- Response rate
- Percent of questions at or above national means
- Questions to monitor across the institution
  - Satisfied that program uses evaluations to improve
  - Satisfied with feedback after assignment
  - Education not compromised by service
  - Provided data about practice habits

Faculty surveys

- Response rate
- Percent of questions at or above national means
- Questions to monitor across the institution
  - Sufficient time to supervise residents/fellows
  - Faculty satisfied with personal performance feedback
  - Satisfied with faculty development to supervise and educate residents/fellows
  - Worked on scholarly project with residents/fellows

Other surveys

#### **507.6. Other Program Quality Indicators**

Board passage rates

Clinical volume/case logs

Duty hour compliance

Error reporting/Just Culture

Quality improvement projects and analysis

Honors and awards

Research and publication, residents/fellows, and faculty

Milestones initiatives

Graduate Medical Education Manual, 2025-2026

Follow-up on action plans from previous year from CLER review

- Patient safety
- Quality improvement
- Care transitions
- Supervision
- Duty hours, fatigue management & mitigation
- Professionalism

## **508. Special Review of a Residency/Fellowship Program**

### **508.1. Placing a Program on Special Review**

A residency or fellowship program will be placed on a Special Review by the GMEC when:

1. The program receives anything less than continuous accreditation following its review by ACGME;
2. There has been a significant complaint against the program;
3. Any of the “Established Criteria for a Special Review” (see below) have been met;
4. Chronic delinquency of a program in meeting ACGME/GME related work deadlines and requirements;
5. As determined by the DIO.

### **508.2. Established Criteria for a Special Review**

- Program attrition (Change in Program Director less than every 2 years; greater than 1 resident/fellow per year resident attrition (withdrawal, transfer, or dismissal)
- Loss of a major participating educational site
- Inability to fill resident/fellow complement for more than 2 years
- Not meeting ACGME specialty-specific scholarly activity requirements (Graduating residents; core faculty)
- Board pass rate does not meet ACGME specialty-specific standards
- Case logs/Clinical experience do not meet ACGME specialty-specific standards
- Inadequate ACGME surveys – Inadequate completion rates and/or multiple composite responses showing program deficiencies (Resident survey; faculty survey)
- Non-compliance with reporting responsibilities to ACGME, specialty organizations, and/or GMEC
- Inability to meet established ACGME common and program specific requirements
- Notification from Review Committee requests for progress reports and site visits, unresolved citations or new citations or other actions by the ACGME resulting from annual data review or other actions

### **508.3. Special Review Procedure**

1. When the GMEC requires a Special Review of a program, it will establish an ad hoc GME Special Review committee. Members of this ad hoc committee will include the Designated Institutional Official, Director of GME and the GME Administrative Director of the hospital where the program is based, a Program Director and Program Coordinator from another

program, and a resident/fellow who is not in the program being reviewed.

2. The committee will determine materials and data to be used during the Special Review.
3. The committee will hold separate meetings with the program stakeholders for the purpose of gather information and perspectives from those directly involved in the program undergoing Special Review. Program stakeholders should include, but are not limited to, residents, core faculty, and program leadership (Program Director, Associate Program Director, and Program Coordinator).
4. The committee will summarize the Special Review in a written report to the GMEC. This report will describe the quality improvement goals, the corrective actions, any institutional recommendations, and the proposed process for GMEC monitoring of outcomes.

The GMEC will monitor outcomes of the Special Review, evidenced by documentation of discussions and follow up in the GMEC minutes.

## **Certifications, DEA, NPI, and Licensures**

### **601. Training Certificates**

The Ohio Administrative Code 4731-6-30 requires a training certificate for individuals participating in residencies and fellowships:

A training certificate is mandatory for participation in an internship or residency accredited by the ACGME or the AOA, a combined post-graduate training program or a clinical fellowship program at an institution with a residency program accredited by the ACGME or the AOA in the same or a related field unless the participant holds a current certificate to practice medicine and surgery or osteopathic medicine and surgery under section 4631.14 or section [4731.29](#) of the Revised Code. The participation in the programs prior to receiving an active training certificate or an acknowledgment letter from the board is the unlicensed practice of medicine pursuant to section [4731.34](#) of the Revised Code.  
<http://codes.ohio.gov/oac/4731-6-30>

Please complete the registration by navigating to <http://elicense.ohio.gov>

1. Click the “LOGIN IN / CREATE YOUR ACCOUNT” button in the center of the screen.
2. Click the “I DON’T HAVE A LICENSE” button.
3. Complete the form and click the “SUBMIT” button. A pop-up message will be displayed to verify the Social Security number entered. Confirm or edit the number.

Once you confirm your Social Security Number, you will be redirected to the eLicense Ohio Dashboard to manage your application.

Please complete the online Training Certificate Application by navigating to <http://elicense.ohio.gov>

4. Click “APPLY FOR A NEW LICENSE”
5. Click “MEDICAL BOARD” from 1st box, “TRAINING CERTIFICATE (DO)” as License type, and “GENERAL APPLICATION”. Save and Continue.
6. Complete personal info. NOTE: Your address will be published on Ohio’s website do not use your home address. Use your hospital’s address instead.
7. Electronically sign and “SUBMIT”.
8. Go to Shopping Cart and complete payment. An automated email will be sent to you.
9. Please email receipt to your program coordinator for reimbursement.
10. Acknowledgement letters will be mailed to your home. Please forward a copy to your program coordinator upon receipt.

Failure to obtain a training certificate in a timely manner could compromise your employment.

A training certificate may be renewed twice for a maximum of six years.

Activities must be limited under the training certificate (or the acknowledgment letter) to the programs of the hospitals or facilities for which the training certificate is issued. Training must be only under the supervision of the physicians responsible for supervision as part of the residency program. In other words, any patient care provided outside of the accredited training program (such as “moonlighting”) is not covered by this training certificate.

## **602. ALS Certification**

Certification in Advanced Cardiac Life Support (ALS) is required for all residents/fellows. BLS may be required by individual programs. Information about recertification courses is available to residents/fellows through the GME Offices at KH Main and KH Dayton.

## **603. DEA Number**

Residents/fellows are assigned a DEA (Drug Enforcement Agency) number by their respective hospital when training begins. As a staff prescriber of the hospital, the resident/fellow may administer, dispense, or prescribe *only within the scope of the training program*, including at sites outside the physical confines of the hospital.

A number may be used by a permanently assigned resident during rotations at any area hospital except Wright Patterson Air Force Base Medical Center. The DEA number assigned to each resident

is specific to that individual. If residents moonlight and/or participate in work not related to their residency program, they cannot use the DEA# which was issued from the hospital. They would need to use their own individual one at that time. Applications for a permanent DEA# are obtained when residents contact the State Medical Board of Ohio to apply for a permanent license.

#### **604. National Provider Identifier**

Residents/fellows are required to submit their National Provider Identifier (NPI) to the GME Office. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the number does not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI is designed to improve the efficiency and effectiveness of the electronic transmission of health information.

Resident/fellow without a NPI should go to the National Plan & Enumeration System website to complete an NPI application. <https://nppes.cms.hhs.gov/NPPES/Welcome.do>

#### **605. Medical Licenses**

Residents are required to take and pass the United States Medical Licensing Examination (USMLE) Steps 1, 2, and 3, or the Comprehensive Osteopathic Medical Licensing Examination (COMLEX) Levels 1, 2, and 3 by the end of the second year of training, as applicable.

Paid leave is provided for the actual dates of the examination(s) and the minimum time necessary for travel.

### **INSTITUTIONAL INFORMATION**

#### **701. Medical Records**

The Medical Record is the basic tool for planning patient care and for communication among physicians and other persons contributing to patient care. It reflects the quality of patient care that is provided and documents the course of each patient's illness and care. Completion of medical records in a timely and competent manner is a professional responsibility of all physicians. It is also a requirement of accrediting authorities, such as HFAP. Inadequately completed or uncompleted medical records may endanger patients and cause the institution to lose revenue unnecessarily. Therefore, an essential responsibility of all residents/fellows is the completion of those medical records which they are assigned in the course of their delivery of patient care.

As residents/fellows do not have their own patients or independent staff privileges, the medical record is ultimately the responsibility of the patient's attending physician. Nevertheless, the resident's/fellow's role and responsibility in the medical records process is considered an integral component of the training program. Any issues regarding a resident's/fellow's responsibility for completion of medical records will have oversight from the GME Office, and academic standing may be seriously affected by violation of these policies and guidelines.

Residents/fellows should be sure to address the following areas related to medical records:

Graduate Medical Education Manual, 2025-2026

### 701.1. While on Rounds

- Sign all telephone orders
- Dictate histories/physicals within 24 hours of admission
- Dictate discharge summaries on date of discharge
- Clear the record room three times per week

### 701.2. Admitting Note (not a history and physical)

At the time of admission, the responsible resident/fellow makes an admission progress note, which introduces all caregivers to the case. The diagnosis forms the basis of the Medicare review process.

An admitting note includes:

- Chief complaint
- Brief history of present illness
- Pertinent medical history
- Significant physical findings
- Meaningful admitting diagnosis
- Outline of plan

### 701.3. Discharge Summary

Includes resident/fellow and attending physician ID numbers

|                     |                                                                                                                  |
|---------------------|------------------------------------------------------------------------------------------------------------------|
| From face sheet     | Patient's name, admission date, discharge date                                                                   |
| Discharge diagnosis | Number all diagnoses known and listed at time of discharge                                                       |
| Concise             | Emphasize pertinent +/-, significant PMH only                                                                    |
| History             | Admitting medications                                                                                            |
| Physical exam       | Pertinent admission information only                                                                             |
| Hospital course     | Briefly outline course of work-up and treatment, including significant labs, x-rays, any other events or studies |
| Diagnostics         | Mention other studies not covered previously                                                                     |
| Discharge plans     | Medications (including dosage), diet, activity, follow-up (who and when), complications                          |

### 701.4. Orders

KH's Policy manual provides guidance to physicians and other care givers about how to manage verbal, telephone, written, and fax orders. All verbal orders must be authenticated in the EMR within timeframes designated by the medical staff and regulatory/accreditation bodies.

See <http://intranet.kettthealth.com> in the Policies link,

"PC-Orders Management for Verbal, Telephone, Written, and Fax Orders Giving, Receiving, and Authenticating-CPOM."

### 701.5. Progress Notes

Residents/fellows should write daily progress notes on their patients. More frequent progress notes are indicated on critically ill patients, whenever seeing the patient of another physician or service, whenever there is a major change in diagnosis or in management, and whenever requested to see a patient by nursing service. If the attending physician is present when the resident sees a



patient, or if the resident consults with the attending physician about the patient, the progress notes should so indicate.

#### **701.6. Face Sheet**

Face sheets must give final diagnoses; procedures must be signed and dated at the time of discharge. Essential points to remember for prompt reimbursement for hospital services rendered:

- The principal diagnosis is the diagnosis made after study – the primary reason for the patient's admission. It may not be the most significant diagnosis.
- Record only one diagnosis in the "principal diagnosis" area.
- Record as "secondary" all other diagnoses identified and/or treated during the admission.
- Record all procedures performed.

#### **701.7. Completed Records**

A completed record is defined as one which includes the following:

- A comprehensive history and physical exam within 24 hours of admission;
- Sufficient progress notes and/or diagnostic tests to justify treatments and length of stay;
- Applicable informed consent(s);
- A report of operations and/or a written preoperative, operative, and postoperative note immediately prior to or following surgery that is dictated/signed or placed in the EMR using templates or typing;
- A discharge summary and order to justify treatments and length of stay that are dictated/signed or placed in the EMR using templates or typing;
- All reports are dictated, transcribed, and signed/authenticated, and when all orders are signed.

Errors in documentation should be address by adding addendums.

#### **701.8. Delinquent Records**

Timely and accurate completion of patient medical records reflects on the professionalism of the resident. Residents are expected to complete patient records in accordance with hospital policies. When a residency program notifies the resident of delinquent records (as reported by Health Information Systems), residents must promptly complete the records. Failure to do so may result in disciplinary action.

### **702. Dress and Appearance**

The KH Dress and Appearance Policy guides all who work at KH facilities to project a professional image while carrying out their clinical and educational duties. In addition to wearing clothing suitable for a professional health care environment, safety and infection control principles should be considered when selecting work attire.

For details, please see HR-KH Dress and Appearance in the "Policies and Procedure" manual on the KH intranet. <http://intranet.ketthealth.com/KH/administration/policiesnew/index.cfm?>

### **703. ID Badge and On-Duty Cards**

### **703.1. ID Badge**

KH requires that the identification badge issued to residents/fellows when hired must be worn at all times while on duty. Identification badges must be worn:

- On the upper torso, displayed prominently between the shoulder and waist.
- On the outer layer of clothing so it may be visible at all times.
- With the picture and name (front) facing out.
- With the approved KH locking clip (in order to prevent the badge from flipping on its back side).
- Without the use of lanyards.

The badge surface must be kept from any type of defacing, including placement of stickers, pins, tape, or any items that block or cover any portion of the badge.

All identification badges are the property of KH and should be returned to the GME Office before the individual graduates/terminates employment from KH or if a change in roles or responsibilities requires that a new identification badge be issued.

If an identification badge is lost or stolen, it is the responsibility of the individual to immediately report this to Human Resources. A new identification badge will be issued for a fee. If the lost or stolen badge is found, it must be returned to the HR office immediately.

### **703.2. On-Duty Cards**

One of the benefits accorded to residents/fellows is a meal allotment of up to \$250 per month. In order to provide a method of purchase, the GME Office issues an on-duty card to each resident to purchase nourishment while on duty.

Residents/fellows are to use the card only when on duty and only to purchase food sufficient for their on-duty time. The on-duty meal benefit is not extended to family members or guests. Residents/fellows should be aware that if they purchase food for another employee, that employee may face disciplinary action at the discretion of his or her supervisor.

Residents/fellows must use their employee ID cards for off-duty meals, for family and guests, and to purchase items from the pharmacy, gift shops, etc.

Residents/fellows should notify Human Resources promptly if a card fails to function properly. If an on-duty card is lost or stolen, it is the responsibility of the individual to immediately report this to Human Resources. A new on-duty card will be issued for a fee. If the lost or stolen card is found, it must be returned promptly to Human Resources. On-duty cards are the property of KH and should be returned to the GME Office before graduation or leaving a program.

***Inappropriate use of the on-duty card is considered a serious offence because it goes against the KH value of trustworthiness, and the GME values of responsibility and stewardship. If a resident repeatedly uses the on-duty card inappropriately, Medical Education may suspend use of it for a period of time to be determined at the time of the infraction. Other consequences may be imposed consistent with the resident performance process (i.e., warning or probation).***

Graduate Medical Education Manual, 2025-2026

## 704. Information Security

By law (HIPAA, 1996) KH must make reasonable efforts to protect patient information, and therefore have several institution-wide policies pertaining to information security. In keeping with professional ethics and integrity, residents are expected to abide by these policies for the protection of patients and their professional reputations.

To ensure patients information is secure residents are not permitted to use their private third-party email systems to conduct any KH business. They must use their assigned KH email address. Residents are not permitted to “route” their work emails to their private email addresses. Additionally, any email that contains PHI and PII with in the email or an attachment must be secured according to the IP-KH Encryption policy.

Relevant policies can be located at the following website: <http://intranet.ketthealth.com/> under the link, “Policies”

- IP—Disclosure of Protected Health Information to Individuals Involved in Patient’s Care
- IP—Email on a Mobile Device
- IP—Email Usage
- IP—Employee Access to Personal Health Information
- IP—Mobile Device Use and Security
- IP—Notification Procedure in the Event of a Breach of Protected Health Information
- IP—Protected Health Information Transmission via Electronic Media

## 705. Crisis Response Policy

### Purpose of Policy:

The purpose of this policy is to affirm our commitment to providing a safe environment for our residents by creating a proactive approach to addressing a critical event affecting the medical education setting. This policy is meant to reduce emotional impact on the KH residents and KH residency program members, including program administration, program office staff, and faculty, restore functionality for those affected by the event, and identify and refer those individuals who may require additional support. This policy will also lay out step by step instructions on who needs to be contacted and a timeframe of communication among the residency center.

### Background:

To provide standardized process for dealing with and initiating a critical incident intervention when a critical incident or emergency weather event that directly affects a KH resident, medical education administrator, staff, or faculty has occurred.

### Definitions:

Critical Incident - Any actual or alleged event or situation that creates a significant risk of substantial or serious harm to a facility, large group of staff members, a single physician or mental health, safety, or well-being of an individual. This could include mass casualties, pandemic, severe accidents, or illness of an individual, loss of family or property, or even suicide.

Emergency Weather Event – Severe weather can include hazardous conditions produced by thunderstorms, including damaging winds, tornadoes, large hail, flash flooding, and winter storms

Graduate Medical Education Manual, 2025-2026

associated with freezing rain, sleet, snow, and strong winds. (\*For severe weather – see the KH-Severe Weather Emergency Plan Policy)

## **Program and Sponsoring Institution Responsibilities:**

### **For Critical Incident:**

- Following the occurrence of a crisis, the Program Director (PD) and/or Director of Medical Education (DME) will be contacted immediately. The PD and/or DME will contact the Designated Institutional Official (DIO) to provide details of the situation, including identification of those involved. If DIO is unavailable, the ADME will fulfill the duties of DIO.
- The DIO will contact the Administrative Director of Medical Education (ADME) and if necessary, human resources, to inform them of the situation.
- The DIO, PD, DME, and ADME will evaluate the situation and determine a course of action. This will include a communication plan (see attached flowchart)
  - If necessary, the PD will offer Employee Assistance Program information to all affected parties.
  - The DIO will quickly inform Hospital Leadership (President / CEO), and Legal Counsel as necessary.
  - The DIO / ADME may develop a specific Crisis Response Team as needed.
- The Program Administrator / Program Coordinator (PA/PC) will provide a brief description of the event and ask for timely replies regarding their availability to respond and conduct an appropriate intervention if necessary.
- The PA/PC will select appropriate team members and notify them of their responsibilities (which could include patient care coverage in the residency outpatient center or critical patient care rotations). These team members will be given information about the crisis event. They will schedule a date, time, and location to conduct an intervention if necessary. Team members should include key individuals such as the DIO, PDs, other key faculty, Chief Resident, Mental Health Professionals, and other key staff such as the PA/PC, and hospital staff (nursing or other services.)
- The PD, APD, and core faculty will be available as needed for onsite emotional support during intervention and for a reasonable amount of time after the event.
- Other specific steps may include:
  - Work with the hospital communications staff to get ahead of the news cycle and providing guidance to trainees and faculty to deflect new agencies back to the hospital communications office.
  - Contacting and mobilizing grief counselors to be available to trainees and staff.
  - Talking with the family of the involved resident. Involve legal counsel regarding disclosure (HIPPA rights.)
  - In the event of Suicide, see the attached Journal of Graduate Medical Education, August 2018, pp. 387 – 391 for a detailed checklist that can be used (TABLE: Tasks After the Death of a Resident or Fellow.)
- After the intervention, the coordinator will contact the DIO and PD (if they were not on-site for intervention) to ensure the health and well-being of all affected individuals and will arrange for the provision of continued support as needed.

The DIO and ADME will provide instructions to all other departments needing to be informed. This information will include resources available for all affected individuals.

### **Emergency Weather Event – Additional Responsibilities:**

During residency center closures due to emergency weather or power outages the following additional duties will be performed:

- If it is determined inappropriate to open the residency outpatient center by PD and site manager, due to an emergency weather event outside of the KH Severe Weather Emergency Plan Policy, the PD will follow the communication plan. The Site Manager will communicate in a timely manner with faculty, coordinator(s), clinic staff. The coordinator(s) will inform all residents.
- The site manager will follow all other emergency plans as advised by their leadership department.
- Review Resident Policy on page 705 for more information.

### **Resident Responsibilities:**

- The Chief resident(s) will be given details as needed regarding the crisis event. The Chief(s) will then relay relevant details to all other residents as the DIO and PD advise.
- If there is a need for patient care coverage in the residency outpatient center, the Chief(s) will collaborate with the Center Manager and Residency Coordinator to determine coverage.
- If there is a need for patient care coverage outside of the residency outpatient center, such as ICU or Inpatient, the Chief(s) and Residency Coordinator will determine coverage. When it is possible, have the attending faculty physician on that rotation cover in the event of an emergent crisis.
- All residents are expected to adhere to the Kettering Health Code of Conduct policy to ensure the privacy is protected for those involved.
- Some residents may be expected to cover duties to ensure patient care is not compromised or sacrificed.
- Some or all the residents may be asked to attend an intervention to openly discuss the event. If this occurs, it is mandatory to attend unless the resident is on PTO, on call, or scheduled on a critical patient care rotation.

### **Means to Accomplish Goals:**

The overall goal is to give timely, sensitive information to Administration, Faculty, Residents, and other parties that need to know, while still protecting the privacy of those affected. Administration should be clear of their expectations when delegating responsibilities. Resources available should be provided to everyone affected. Kettering Health offers an Employee Assistance Program IMPACT with 24/7 phone counseling services and face to face counseling services can be scheduled as well. IMPACT phone number is 800-227-6007

### **Timeline and Communication:**

*Director of Medical Education & Designated Institutional Official*

- Program Director (immediately – within 1 hour)
- Hospital Administration (as soon as possible – within 4 hours)
- Legal (as soon as possible – within 4 hours)
- Human Resources (as soon as possible – within 4 hours)
- Core Faculty (within 8 hours)
- Chief Resident(s) (within 8 hours)
- Residents (within 8 hours)

Graduate Medical Education Manual, 2025-2026

## **Timeline and Communication:**

### *Program Director*

- Designated Medical Executive/Designated Institutional Official (immediately – within 1 hour)
- Emergency Contact (Immediately)
- Faculty (as soon as possible – within 2 hours)
- Residents (within 4 hours)
- Students (within 8 hours)

### *Administrative Director of Medical Education*

- Program Administrators/Coordinators (as soon as possible – within 2 hours)
- Residency Center Administrator/Manager (as soon as possible – within 2 hours)
- Resident Rotation Faculty (within 8 hours)

### *Residency Center Management*

- Staff (within 4 hours)
- Preceptors (within 4 hours)

## **706. DAGMEC Records Retention Guidelines**

The residency/fellowship programs at Kettering Health utilize records retention guidelines published by the Dayton Area Graduate Medical Education Consortium (DAGMEC). Appendix 4 contains a records retention worksheet for DAGMEC programs. It describes the types of program and employment files that need to be retained and the specific retention periods. General guidelines follow:

1. Each graduate medical education program will maintain a program file for each resident and fellow. The file will contain a record of the resident's specific rotations and other educational experiences (including procedural logs), evaluations, periodic summative reviews, any disciplinary actions, the final evaluation by the Program Director, and other information concerning the resident that the Program Director judges appropriate to maintain in the file for educational and/or credentialing purposes.
2. The employing hospital will maintain an employment file concerning employment and HR issues for each resident.
3. The attached Records Retention Worksheet contains specific guidelines for the management of documents within both the program and the employment files.
4. The resident's/fellow's program file will be treated as a confidential document. Files will be maintained in a secure location and will be available only to the Program Director, the Director of Graduate Medical Education, the program's evaluation committee, designated staff, and the resident.

5. The Program Director may disclose the program file, or portions thereof, to others judged to have a legitimate need for the information, for reasons relating to the accreditation of the program or of the program's participating institutions. The Program Director may also disclose the file, or portions thereof, to others, as authorized in writing by the resident.

### **707. New Innovations Residency Management Suite**

New Innovations Residency Management Suite (RMS) is a software database that records, documents, and reports on many elements of resident work life. Each resident/fellow is given a username, password, and logon information at orientation. The website for New Innovations is <http://www.new-innov.com/login>. Residents have access to many helpful modules in New Innovations. Refer to Appendix

## **INSTITUTIONAL GME POLICIES AND PROCEDURES**

### **Recruitment, Eligibility, Selection, and Appointment**

#### **801. Recruitment**

Candidates for programs (applicants who are invited for an interview) must be informed in writing or by electronic means, of the terms, conditions, and benefits of their appointment, including financial support; vacations; parental, sick, and other leaves of absence; professional liability, hospitalization, health, disability and other insurance provided for the residents and their families; and the conditions under which living quarters, including individual sleep rooms, lounges, lockers, meals, laundry services, or their equivalents are provided. A packet with this information, including a sample resident agreement, is provided to the programs annually before resident interviews commence.

#### **802. Eligibility and Selection**

Kettering Health provides equal opportunity employment to all KH employees and applicants. As stated in the HR- Hiring Process policy, KH will not discriminate against an individual due to race, color, sex, religion, national origin, age, disability/veteran's status, or any other characteristic or status that is protected by law. Programs will select from among eligible applicants on the basis of their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity. Programs strives to recruit, select, and retain a diverse group of residents. This is done by marketing programs to highly qualified DO and MD candidates from various backgrounds and medical schools across the country. Interview selection committees aim to set aside conscious and unconscious bias during the interview and ranking process by limiting who can see items such as applicant test scores, medical schools, and personal information to select members of the committee.

ACGME-approved residency programs require completion of USMLE Step 2 or COMLEX Level 2 **and** one of the following qualifications for appointment eligibility to KH-sponsored programs.

Graduate Medical Education Manual, 2025-2026

1. Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).
2. Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA).
3. Graduates of medical schools outside the United States and Canada who meet one of the following qualifications:
  - a. Have received a currently valid certificate from the Educational Commission for Foreign Medical Graduates prior to appointment, or
  - b. Have a full and unrestricted license to practice medicine in a US licensing jurisdiction in which they are in training.
  - c. Graduates of medical schools outside the United States who have completed a Fifth Pathway\* program provided by an LCME-accredited medical school.

In selecting from among qualified applicants, KH-sponsored programs participate in several matching and documentation services whenever available and applicable: The National Matching Services (NatMatch) AOA Intern/Resident Registration Program, the National Resident Matching Program (NRMP), the Electronic Residency Application Service (ERAS®), Armed Forces Selection Boards, and SF Match (for the Ophthalmology Residency Matching Program). Selections are made by the Program Director in collaboration with the core faculty.

### **803. Appointment**

Upon verification that an applicant has met eligibility requirements, completed the application process, and been selected by the Program Director and teaching faculty, the applicant will begin the process of appointment. All requirements for employability by KH Human Resources and for practicing as a physician by the State Medical Board of Ohio must be completed before an applicant is considered fully appointed, entered into the payroll system, and able to receive a salary.

### **804. Contract Agreement**

KH provides residents/fellows with a written agreement of appointment/contract outlining the terms and conditions of their appointment to the programs. Contract agreements are typically for the duration of the training program with renewal letters sent annually. The contract/agreement of appointment will directly contain or provide a reference to the following items:

- Resident/fellow responsibilities;
- Duration of appointment;
- Financial support for residents/fellows;
- Conditions for reappointment and promotion to a subsequent PGY level;
- Grievance and due process;
- Professional liability insurance, including a summary of pertinent information regarding coverage;
- Hospital and health insurance benefits for residents/fellows and their eligible dependents;
- Disability insurance for residents/fellows;



- Vacation, parental, sick, and other leave(s) for residents/fellows, compliant with applicable laws and KH Human Resources policies;
- Timely notice of the effect of leave(s) on the ability of residents/fellows to satisfy requirements for program completion;
- Information related to eligibility for specialty board examinations; and,
- Institutional policies and procedures regarding resident/fellow duty hours and moonlighting.

### **805. Non-Competition**

Kettering Health will never ask nor require a resident/fellow to sign a non-competition guarantee or restrictive covenant if moonlighting or in any capacity during the educational experience.

### **806. Evaluation, Advancement, and Reappointment**

Each residency/fellowship program at Kettering Health must use formal evaluation forms as well as various observations and examination results that are best suited to its specialty. A regular evaluation of each resident/fellow, consistent with the specialty requirements, should occur at the end of each rotation.

The Clinical Competency Committee reviews all resident/fellow files, including evaluations, and provides a recommendation to the Program Director.

The Program Director (or designee) of each residency/fellowship must do a formal evaluation of each resident at least bi-annually, including review of all evaluations in the resident's/fellow's file and other pertinent data and recommendation from the Clinical Competency Committee. The bi-annual evaluation includes a discussion with the resident regarding his/her progress. The contents of the resident's/fellow's file are maintained by the residency programs and are considered confidential.

Each program must determine criteria for promotion and/or renewal of appointment for residents/fellows. Each resident/fellow must be reappointed for each subsequent year of training, contingent upon satisfactory completion of the current post-graduate year and assurance that all requirements are met for advancement. Final decisions regarding contract renewal must be made **no later than 60 days** before the end of the contract year.

### **807. USMLE Step 3 / COMLEX Level 3**

Residents must take and pass either the USMLE Step 3 or COMLEX Level 3 to be allowed to progress in their residency program.

**This policy applies to all residents in 1 ACGME-accredited post-graduate training programs sponsored by Kettering Health.**

### **Definitions**

USMLE Step 3 (United States Medical Licensing Examination) is the final step in the examination process used by the National Board of Medical Examiners to assess a physician's ability to apply knowledge, concepts, and principles that constitute the basis of safe and effective patient care.

COMLEX Level 3 (Comprehensive Osteopathic Medical Licensure Examination) is the final step in the examination process used by the National Board of Osteopathic Medical Examiners to assess an osteopathic physician's ability to apply knowledge, concepts, and principles that constitute the basis of safe and effective patient care.

State licensing boards may utilize the results of the USMLE or the COMLEX examinations in the decision to grant a license to practice medicine independently.

### **Procedure**

1. Residents should take either the USMLE Step 3 or the COMLEX Level 3 exam in the PGY-1 year, and
2. Residents **MUST** successfully pass either the USMLE Step 3 by the end of the second year of training or the COMLEX Level 3 no later than 9 months into the second year of training.
3. Residents who do not meet the above requirements may be subject to academic remediation by the program.
4. Programs are responsible for making reasonable accommodation (e.g., during approved rotations) for residents to schedule time away from the program to take the exams, and for providing appropriate clinical coverage during such absences.
5. Failure of residents to successfully pass either of the examinations will result in failure to advance to a PGY-3 position at KH. Resident contracts may also be affected.

### **Scheduling the Exam**

1. Residents are responsible for registering for the appropriate exam, payment of all exam-related costs, and reviewing the examination timelines to ensure their results will be available by the appropriate deadline.
2. The exam should be scheduled at a time when it is possible to obtain two days off from residency responsibilities. Therefore, please check with the GME program before applying to get feedback on when to take the exam. Do not wait until the last few months of the PGY-1 year to apply, as there may not be a rotation that will allow time off to take the exam.
3. Residents should report the two exam days as work hours, and not days off.

### **One-time exemption:**

1. Program Directors may petition the Graduate Medical Education Committee for a one-time exemption for residents who have failed to successfully pass the required exam by the completion of their PGY-2 year of training.
2. A simple majority vote by the GMEC will approve the exemption.
3. The one-time exemption will allow the resident to receive a six-month extension of their contract. Failure to successfully pass the examination by the end of the six-month extension will result in non-renewal of contract and dismissal from the training program.

## **808. Due Process for Residents and Fellows**

The primary purposes of the KH graduate medical education programs are to provide high-quality medical education, patient care, experience in teaching, and the opportunity to conduct research. Important to these purposes is Kettering Health's intent to deal fairly with residents/fellows, particularly in the areas of conduct, potential discipline, and non-promotion. The policies and procedures below outline procedural due process in matters of discipline and promotion.

The Due Process policies and procedures are applicable to all residents and fellows in Kettering Health programs. In the case of WSUBSOM integrated residencies, the responsibilities herein assigned to the director of medical education will be the responsibility of the Wright State University Boonshoft School of Medicine.

### **808.1. Standards for Remediation and Discipline**

Each resident or fellow must demonstrate the competence, efficiency, and maturity necessary to assume increasing responsibilities, including teaching and supervising other residents and students, as determined by evaluation methods established and disseminated to the resident or fellow by the residency/fellowship Program Director.

The need for remediation for a resident/fellow may arise regardless of preventive measures. Identification of a concern involving a resident/fellow may be reported by any physician or resident to the Program Director or the DME, based on reports from nursing service, patient relations, or others. The Program Director will review all reports alleging rule violations or deficiencies in clinical performance and meet promptly with the resident/fellow to discuss any reports that the Program Director believes to have substance. The concern may be resolved during the discussions. Possible solutions may include remedial work, increased supervision of patient care, counseling, discipline and/or leave of absence. The Program Director will place a written account of the meeting, including pertinent discussions, problems identified, and plans for remediation in the resident's/fellow's file.

A progressive discipline process may be instituted when a resident/fellow fails to meet the program's professional and performance expectations. Violation of any of the following standards relating to conduct, depending on the severity, may be grounds for discipline up to and including termination of the resident/fellow from the program:

- Perform all resident/fellow professional responsibilities competently, efficiently, ethically, and maturely;
- Refrain from engaging in any conduct that is grounds for refusal to grant or revocation of a certificate to practice medicine in Ohio under Ohio Revised Code Section 4731.22, <http://codes.ohio.gov/orc/4731>;
- Refrain from habitual or excessive drug or alcohol use;
- Not obstruct or disrupt hospital activities; and
- Abide by GME policies, including the requirement for written prior approval from the Program Director and hospital specific DME for any moonlighting activities.

- Abide by all Kettering Health/KH policies

## **808.2. Procedure for Coaching and Discipline of Residents and Fellows**

The progression of options available in the coaching and discipline of residents/fellows is described below. However, depending on the severity of the conduct involved, any of these options may be skipped and appropriate discipline, up to and including termination, may be imposed.

### **Coaching by Program Director, Faculty, Medical Education, or Peers**

- Written recommendations for improvement
- No resident signature required
- No record in permanent resident/fellow file
- Appeal process not applicable
- May progress to written warning or other more serious disciplinary action, depending on the severity of the conduct involved

### **Warning Letter**

- Written expectations for improvement
- GME Office must be informed of the action
- Resident signature on letter of warning required
- Document remains in permanent resident/fellow file until graduation
- Resident/fellow may add response letter to file
- Appeal process not applicable
- May progress to probation, failure to promote, termination, or other action
- GME Office should confer with Human Resources for any discipline that reaches the level of a warning letter and beyond.

### **Probation Letter**

- Written expectations for improvement
- GME Office must participate jointly with the Program Director
- Resident signature on letter of probation
- Document remains in permanent resident/fellow file (unless overturned by appeal) and is reportable during subsequent credentialing and verification inquiries
- Subject to appeal
- May progress to ongoing probation, failure to promote, termination, non-renewal of contract, or other action

### **Demotion/Suspension/Termination/Non-renewal of Contract**

- Written notification, including the program's intended action, a brief summary of the reasons for the intended action, and the right of appeal
- GME Office must participate jointly with the Program Director
- Demotions, terminations, or non-renewal of contract require advance notice of at least 60 days. However, depending on the circumstances, the decision may be made to remove the resident/fellow from any/all responsibilities and duties during this time period.

- Subject to appeal
- If desired, the resident/fellow must give notice of appeal in writing within five (5) days to the Director of Medical Education to initiate an appeal of a decision involving demotion, suspension, termination, or non-renewal of contract
- Document remains in permanent resident/fellow file (unless overturned by appeal) and is reportable during subsequent credentialing and verification inquiries

### **Emergency Suspension**

When, in the judgment of the Program Director, the resident's/fellow's conduct may result in imminent danger or harm to a patient, or the function of the institution is severely threatened, the Program Director may immediately suspend the resident/fellow with pay for a maximum of 60 days.

## **809. Appeals/Grievance**

A resident/fellow has the right to appeal an academic action or an academic decision made by the Program Director which affects his/her standing or continuance in the residency/fellowship program. Time is of the essence in all aspects of the appeal proceedings.

### **809.1. Appeals/Grievance Procedure**

1. A resident/fellow who has received one of the appealable sanctions (probation; demotion/suspension/termination/non-renewal of contract) and who wishes to appeal it must file an appeal with the DME within five (5) working days of receiving the sanction. Each appeal must be in writing and must specify the sanction being appealed, the reasons for appeal, any new information the resident/fellow wishes to be considered, and any alternate sanctions the resident/fellow might accept. The appeal must be filed with the DME. Failure to file within five (5) working days prohibits a future appeal of this issue by the resident/fellow.
2. Upon receipt of the resident's/fellow's request for appeal, the DME shall convene a hearing to review the action/decision. The review panel shall consist of three faculty members who are knowledgeable about the academic content of the program, appointed by the DME. The resident/fellow may submit a list of three potential faculty members, from which at least one individual will be selected to serve on the review panel. The two remaining faculty members nominated by the resident/fellow will also be eligible for appointment. The DME shall appoint a faculty member from the three-member review panel as chairperson. The purpose of the review is to determine if there was substantial evidence to support the program's action/decision.
3. Within ten (10) days of its formation, the review committee shall meet to hear the appeal. The resident/fellow shall present, in person, the basis of his or her appeal to the review committee. A non-counsel representative may be present at the proceedings on behalf of the resident/fellow but may not speak on his or her behalf. Both the resident/fellow and the Program Director may have an attorney present as an observer but may not be represented by the attorney at the hearing. The review committee has the right to question both presenting parties.

4. At the end of the appeals hearing, the review panel shall meet in closed executive session to decide its recommendation. A majority of the review panel membership must support a recommendation in order for it to be enacted. It is limited to making the following recommendations: (1) uphold the sanction, (2) impose a sanction of lesser severity, or (3) impose no sanction. In the case of probation, the review panel will address whether the resident/fellow may be promoted prior to the completion of probation.
5. The review committee shall present its findings in writing to the DME. The DME shall inform the Program Director and the resident/fellow, in writing, of the findings/decision of the review committee. Written notice may be given by personal service or by first class mail. The DME is also responsible to apprise the DIO about the appeal and the findings/decision of the review committee.
6. After ten (10) days receipt of the decision of the review committee, the resident/fellow may appeal the decision to the Designated Institutional Official. The appeal must be in writing, contain the result of the resident/fellow request, and the reasons to support that result. Within 15 days of receipt of the resident's/fellow's appeal, the DIO shall notify the resident or fellow in writing of his/her decision to affirm, modify, or reverse the decision. This decision is final.
7. The Program Director shall file a copy of all reports and notifications of action in the resident's/fellow's personnel file.
8. The ACGME will be notified if there is a change of standing for the resident/fellow as a result of the disciplinary process.

#### **809.2. Miscellaneous**

- This policy is not intended to supersede the policies of Kettering Health. Such matters will be brought to the DME's attention for review and intervention with the Human Resources Department, as needed. Remedial actions for employee misconduct must comply with hospital's employment policies. Examples of misconduct for which an individual may be subject to dismissal may include but are not limited to being under the influence of intoxicants or drugs; disorderly conduct, harassment of other employees (including sexual harassment), use of abusive language on the premises, fighting, encouraging a fight, threatening, attempting or causing injury to another person on the premises.
- A decision to not certify a resident/fellow as eligible for a specialty certification exam is not a sanction covered by the due process or appeals procedures.
- In the case of a military resident/fellow rotating from the U.S. Air Force, the Air Force version of the appeals procedure will apply.

#### **810. Diplomas**

Upon completion of a program, the resident/fellow will receive a diploma of completion.

If evidence of completion of an internship is needed for a credential application, the GME Office will prepare documentation in the form of a letter.

Upon recommendation of the Program Director, residents who have successfully served a portion of a residency program shall receive a residency diploma for the served training period. This will confirm participation in an accredited residency program.

### **811. Disaster and the Educational Experience**

If there is a disaster that disrupts the educational site(s) used for the training of residents and fellows, KH will make every effort to adjust the learning experiences within its existing resources and in accordance with ACGME policies so as to minimize disruption to the residents and fellows. If, because of a disaster, an adequate educational experience cannot be provided for each resident/fellow, KH will attempt to:

1. Arrange temporary transfers to other programs/institutions until such time as the residency/fellowship program can provide an adequate educational experience for each of its residents/fellows.
2. Cooperate in and facilitate permanent transfers to other programs/institutions if it appears to the Graduate Medical Education Committee that restoring an adequate education experience for the resident/fellow is unlikely to occur in a reasonable time.
3. Keep the residents/fellows well informed about the status and options of the available training experiences.

The Designated Institutional Official (DIO) is responsible for ensuring that appropriate and timely communication occurs between the Kettering Health GME programs and the ACGME Institutional Review Committee Executive Director and the appropriate Review Committee Executive Director relative to the ability of the institution to continue its training program(s) and any resident/fellow transfers.

Kettering Health will continue to provide contracted salary and benefits for residents/fellows whose training assignments are affected by a disaster until the contract expires, or until appropriate resident/fellow transfers to another program have occurred.

### **812. Vendors**

Kettering Health's policy entitled CI-GIFTS AND GRATUITIES provides guidance to employees (staff, volunteers, and contract physicians) regarding offerings, interactions, and acceptance of business courtesies made to or offered by vendors, patients, and others. This policy, available on the intranet site, is applicable to the residents/fellows and all employees.

<http://intranet.ketthealth.com/KH/administration/policiesnew/index.cfm?>

### **813. Residency/Fellowship Program Closure or Reduction**

If Kettering Health intends to reduce the number of approved resident/fellow positions, to close any residency or fellowship program, or to close one of the hospitals within KH, it will inform the GMEC, DIO, and affected residents/fellows as soon as possible.

In the event of such a reduction or closure, every effort will be made to allow residents/fellows already in the program to complete their education.

If any resident/fellow is displaced by a closure or reduction in the number of residents/fellows, every effort will be made to assist the resident/fellow in identifying a program at the same level in which the resident/fellow can complete the post-graduating educational program.

## **814. Impaired Resident**

### **814.1. KH Policy – Fitness for Duty**

As KH employees, all residents are subject to the HR-KH Drug and Alcohol Free Workplace policy, which can be found on the intranet site at

<http://intranet.ketthealth.com/KH/administration/policiesnew/index.cfm?> .

Kettering Health does not condone violations of federal, state, or local laws related to the sale, possession, use, or distribution of drugs or alcohol. Failure to comply with applicable law(s) and/or KH policy may result in any/all of the following actions:

- Referral to an approved treatment center;
- Disciplinary action, including suspension, termination, or non-reappointment;
- Notification to civil authorities of the violation;
- Notification to the Ohio State Medical Board.

### **814.2. Impaired Physicians**

According to the Ohio Revised Code, an impaired physician is one who cannot practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol, or other substances that impair the ability to practice.

With probable cause, the state board may compel mental or physical examination of any physician. Failure to submit to examination constitutes an admission of the allegations. If, after the examination, a physician is found to be impaired, the physician will be required to submit to treatment as a condition for initial, continued, reinstated, or renewed medical licensure.

Under the Ohio Revised Code, physicians are required to report impaired colleagues to the Ohio State Medical Board, unless the impaired physician voluntarily enters treatment. Program Directors should not report impaired residents or physicians in fellowship training who voluntarily enter treatment. Programs must report impaired physicians in training who refuse to enter treatment.

The medical education department will obtain a list of approved treatment providers from:

State Medical Board of Ohio  
30 E. Broad Street, 3<sup>rd</sup> Floor  
Columbus, OH 43215-6127  
Phone: (614) 466-3934

All professionals who have concerns about a resident's/fellow's possible impairment are encouraged to report to the Program Director in accordance with the following conditions:

- If the resident's or fellow's behavior and/or physical appearance suggest substance abuse;
- If the resident or fellow does not practice according to acceptable and prevailing standards of care;



- If a violation of a federal, state, or local law related to the sale, possession, use, or distribution of drugs or alcohol is suspected or becomes known;
- If information is requested by the program administrators; and
- When required by applicable codes of professional conduct. (It is the ethical responsibility of any physician who knows of an apparent problem in a colleague to take affirmative action, to seek treatment or rehabilitation for his or her fellow physician.)

When a concern related to the habitual or excessive use or abuse of drugs, alcohol, or other substances is reported, the Program Director should investigate the report. The Program Director, however, refrains from attempting to make a clinical diagnosis. The concern is treated in a confidential manner to prevent discrimination against the resident or fellow.

The resident or fellow presumed to be impaired is brought before the Impaired Resident's Subcommittee of the Impaired Physician's Committee for full case consideration and referral for independent assessment, if deemed appropriate. If the subcommittee becomes aware of additional violations, information should be reported to the Program Director. In the case of additional violations or based on the severity of the violation, the Program Director may take disciplinary action as described above.

The subcommittee will meet on an ad hoc basis as necessary, and it will be disbanded when it determines that the resident or fellow has been successfully rehabilitated.

The Program Director should validate any report of alleged violations of federal, state, or local laws related to the sale, possession, use, or distribution of drugs or alcohol. If a violation is confirmed, civil authorities and the Ohio State Medical Board are notified. The Program Director may take disciplinary action as described above and as outlined in applicable Kettering Health/KH policy.

A resident or fellow may be given a leave of absence, or may utilize sick leave, while being treated at an approved center.

### **814.3. Therapy**

A therapy program for the impaired resident will be developed with the knowledge of the director of medical education and of the Impaired Resident Subcommittee of the medical staff. Others are informed only as required by circumstances. True impairment requiring suspension would require the knowledge and input of the Program Director.

The therapy program includes provision for residents at risk for all types of impairment and will generally be covered by employee health care benefits. The medical staff program will assist the resident in arranging needed therapy.

### **814.4. Rehabilitation**

Therapy plans will be adapted to the individual's need(s) by the primary therapist.

- Length of therapy must be adequate;
- Graduate Medical Education Manual, 2025-2026

- Suitable surveillance must be included in all phases of rehabilitation.
- Recognized alcohol or drug treatment programs are recommended for the rehabilitation of the impaired physicians.

Kettering Health may cooperate with area hospitals and the Greater Dayton Area Hospital Association (GDAHA) in developing late-phase rehabilitation following completion of inpatient therapy. The impaired practitioner treatment provider should be approved by the State Medical Board.

Residents/fellows who have been terminated must submit a report of successful therapy and apply for readmission. To be considered, the resident/fellow must demonstrate strong motivation, be approved by the impaired physician team, and must be recommended for continuation in the program by the Program Director and the medical director of the appropriate hospital (i.e., KH Main, KH Dayton, or KH Soin).

Residents who have been identified as at risk for impairment must maintain throughout the residency a high level of professional performance, must accept a positive surveillance program including random urine testing, and must participate actively in an individually defined community support system throughout the residency/fellowship.

Further evidence/instances of impairment will be grounds for termination from the residency/fellowship program.

## **815. Residents Prescribing Prescription Medication**

The purpose of this policy to assure resident appropriate prescribe prescription medication, including controlled substances, to patients under the direct care of the resident and supervising physician within the guidelines of Kettering Health, State Medical Board of Ohio, Drug Enforcement Administration regulations, and the Ohio Administrative Code.

### **815.1. Definition of Patient**

In the context of this policy, the term “patient” refers to persons with whom a resident and/or supervising physician has established a physician-patient relationship as documented in the medical record. This may include peers, nursing, hospital medical staff, or friends who are established patients in the clinic or appropriate medical setting within the scope of his/her duties within the residency program and as appropriately documented in the medical record.

### **815.2. Use of Your Medical License for Prescription Medications**

Residents will be issued a Training Certificate from the State Medical Board to be used during their residency. This license allows the resident to prescribe medications for patients seen within the scope of their residency training only. Prescribing medication for anyone outside of this context, is in essence, prescribing medication without a license and is not permitted. This type of activity is reportable to the State Medical Board of Ohio and could result in sanction of the resident’s license and disciplinary action from the Medical Education Department, which may result in probation or termination of the resident’s contract.

During the course of a resident's training, a resident may apply and obtain their own license from the State Medical Board of Ohio. Residents using their own license to prescribe medications for patients shall only do so within the scope of their residency training. Prescribing medication outside of this context could result in disciplinary action from the Medical Education Department, which may result in probation or termination of the resident's contract.

### **815.3. Use of the DEA Number for Controlled Substances**

The Kettering Health will issue each resident a hospital assigned DEA number valid for the duration of training.

Residents may use a hospital assigned DEA number to prescribe controlled substances to patients seen within the scope of their training experience only.

Residents may prescribe controlled substances only when the resident and/or supervising physician has a physician-patient relationship with the patient, which must be clearly documented in the patient's medical record. The purpose (i.e., diagnosis and plan of treatment) for each prescription of controlled substance must be documented in the medical record prior to prescribing a controlled substance.

Residents may, in the context of their practice, in the residency program, prescribe controlled substances and other medications only to patients under their care.

Residents shall not prescribe controlled substances for their own use or for use by members of their family.

Residents who hold an Ohio medical license and personal DEA number with that license may use their personal DEA number in lieu of a hospital assigned DEA number. Residents who use their personal DEA number in the context of their residency program shall abide by this policy.

### **815.4. Misuse of the DEA Number**

Misuse of the hospital assigned or personal DEA numbers includes, but is not limited to:

1. Prescribing controlled substances to patients not seen within the scope of their training.
2. Prescribing controlled substances by a resident for his/her personal use or the use of his/her immediate family.
3. Prescribing controlled substances by a resident for peers, nursing, hospital medical staff, or friends without clear documentation of a physician-patient relationship in the medical record.
4. Any violations of the provisions of this policy.

Misuse of any DEA number will be reported directly to the Medical Education Department and may result in disciplinary action up to and including dismissal from the training program.

Misuse of a personal DEA number may subject the resident to required reporting and disciplinary action by the Drug Enforcement Administration, State Medical Board of Ohio, and/or Kettering Health.

Any resident found misusing hospital assigned or personal DEA numbers must undergo a "for cause" drug screen, and if indicated, a diagnostic and/or therapeutic intervention and subsequent indicated drug screen(s) during the remainder of their residency/fellowship program.

Graduate Medical Education Manual, 2025-2026

Residents must also properly verify OARRS (either OARRS directly or via NARxCHECK) data when required before prescribing specific controlled substances to patients. This verification must also be documented in the medical record.

## **RESIDENT/FELLOW BENEFITS, LEAVES, AND HEALTH REQUIREMENTS**

### **901. Benefits**

#### **901.1. Health, Dental, and Vision Insurance**

Insurance plans to cover medical managed health care, dental care, and vision coverage are available to residents/fellows beginning with the first day of employment at the standard employee rate. Residents/fellows must elect their coverage during the annual open enrollment period or during any “qualifying” event as specified by Human Resources. The resident/fellow is responsible for the premium. The intranet site provides helpful information.

<http://intranet.ketthealth.com/kh/DeptPages/KHNHR/docs/Benefits.cfm>

#### **901.2. Disability Insurance**

Disability insurance supplements income if the subscriber becomes ill, disabled, or physically unable to work over a long period of time. Residents/fellows will use the same program administrator of disability insurance as selected by KH Human Resources.

KH provides a short-term and long-term disability plan as a core benefit available upon employment. Additional options to increase coverage may be purchased by the residents/fellows. Human Resources department provides a full description of each plan at the time of benefit selection.

#### **901.3. Professional Liability Insurance**

Professional liability coverage is provided for all activities within the scope of the resident's/fellow's duties within the training program. Coverage does not cover unauthorized activities or moonlighting. Coverage provides defense and protection against awards from claims reported or filed after the completion of training if the alleged acts or omissions of the resident/fellow occurred during the training program and are within the scope of the training program.

#### **901.4. Life Insurance**

A group term life insurance policy is provided equal to one year's salary at no cost to the resident/fellow. This plan is portable and may be transferred to an individual policy. The resident/fellow may purchase additional options.

#### **901.5. Behavioral Health Services (Employee Assistance Program)**

KH's IMPACT Employee Assistance Program offers free and confidential support for emotional, marital, family, financial, chemical dependency, legal, and job-related problems. Employees, their household members, dependents in and away from home, and parents/parents-in-law are eligible for this service. Confidential professional support can be accessed 24 hours a day, 365 days a year, with over 400 qualified masters/doctoral level counselors in this network of services. Unlimited in-the-moment phone support is available, as well as three complimentary face-to-face counseling sessions per person per issue, and other services. The toll-free confidential hotline can be reached at 1-800-227-6007. An expansive collection of resources is available at the IMPACT website at [www.myimpactsolution.com](http://www.myimpactsolution.com).

Mental health services are offered under employee health benefits. Limits are specified in the Schedule of Benefits for the health insurance selected by the employee and are accessed through the mental health network administrator.

#### **901.6. Uniforms**

Residents/fellows are expected to wear lab coats (or surgical scrubs) at all times they are on duty. Lab coats are issued upon entering a residency/fellowship program. Replacement lab coats (if needed) are to be ordered through the medical education office prior to the start of the academic year. Surgical scrubs are provided by the hospital for use only during surgical/procedural rotations and during night duty rotations.

#### **901.7. Meals**

Meals are provided for residents and fellows when they are on-duty, up to \$250 per month. Residents must use the On-Duty Resident meal card to receive this benefit. On Duty meal benefits are not extended to family members or guests. See policy 703.2 for appropriate use of KH employee ID card for other purchases.

### **902. Leave Policy – Residents and Fellows**

Kettering Health (KH) recognizes that residents and fellows may occasionally need to take time off during their employment. Each academic year, they are provided with twenty (20) days of paid time off (PTO) for personal, medical, or professional needs. Additionally, KH offers various forms of leave through its Leave of Absence Policy, which applies to all employees, including residents and fellows. This policy covers FMLA, personal and educational leave, extended medical leave, and military leave, which falls under KH's Call to Duty Policy and complies with applicable laws.

Residents and fellows are eligible for up to six weeks of paid FMLA leave immediately upon hire. KH ensures that those granted such leave receive 100% of their pay for up to six weeks during residency. The Program Director is responsible for informing residents and fellows of how an extended leave of absence might affect satisfactory program completion and eligibility for board certification.

To support personal well-being and professional success, it's important to follow KH's leave procedures closely. Before leave begins, the resident or fellow must notify their Program Administrator, Program Director, and the Director of Medical Education. They must also contact Lincoln Financial at 800-281-

9135 or through [www.MyLincolnPortal.com](http://www.MyLincolnPortal.com) as early as possible to initiate the leave. Lincoln Financial will notify the resident of approval or denial and copy the Director of Medical Education. The resident should meet with the Program Administrator to confirm leave dates and PTO availability. The resident must also meet with the Program Director and Administrator to ensure ACGME competencies and board eligibility requirements will be met during and after the leave period.

During the leave, the resident must promptly respond to all communications and requests from Lincoln Financial and keep them updated on any changes. They must also keep their Program Administrator and Program Director informed of any revisions to their anticipated return-to-work date.

Prior to returning, the resident must obtain a physician's Return-to-Work Release and submit it to campus Employee Health before their first scheduled shift. For questions, residents can contact HR at 844-235-4647. The Program Administrator should also be informed of the final return-to-work date. If there are changes to this date, the resident must meet again with their Program Director and Administrator to evaluate how adjustments may impact graduation and board eligibility requirements.

## **903. Health Requirements and Services**

### **903.1. Physical Examinations**

All residents/fellows must agree to a health evaluation upon initial appointment. The health evaluation may be done at the employing hospital. KH provides this evaluation at no cost to the resident physician.

Residents/fellows have the option of an annual follow-up health evaluation during the term of their employment. Health evaluations include any testing required by the employing institution. If the health evaluation reveals a condition requiring specific diagnostic studies or treatment, the resident/fellow is expected to choose a physician to conduct such studies or treatment. Costs not covered by the health insurance plan must be borne by the resident/fellow.

### **903.2. Immunizations and Screening Tests**

All residents/fellows must be in compliance with the immunization policies of the hospital that employs them and hospitals where they have an affiliated clinical rotation. Refer to the EH-Immunization Policy and EH Tuberculosis Screening for the most current KH requirements.

[EH-KH Immunization and Mycobacterium Tuberculosis Screening.pdf \(kettthealth.com\)](#)

All residents and fellows must maintain current immunizations and screening tests. Many residents/fellows will be able to provide evidence of immunity or previous immunizations. Documentation for immunization records is provided to Dayton-area hospitals via the New Innovations Resident Management Suite (RMS).

### **903.3. Job-Related Injury/Illness**

When a resident/fellow is involved in a job-related injury or develops a job-related illness, the employee health departments located at KH Dayton, KH Main, and KH Soin are available to assess the situation, investigate the injury or illness, and assist in filing an employee injury/illness report and any other Bureau of Workers Compensation paper that is required to establish a Workers Compensation claim.

Health care workers who are infected with a potentially communicable pathogen are required to report their condition to Employee Health.

For more information, see the policy EH- Healthcare Worker Communicable Disease Reporting and Monitoring. <http://intranet.ketthealth.com/KH/administration/policiesnew/index.cfm?>

#### **903.4. Drug Screens for Out Rotations**

Medical Education will pay the cost of a 10-panel UDS for a required out-rotation if the resident/fellow follows this procedure:

1. Obtain a US Healthworks Treatment Authorization Form from the program's residency coordinator.
2. Make an appointment and have the screening done at US Healthworks Medical Group.  
**DAYTON** (Mon-Fri, 8 am – 5 pm)  
2023 Springboro West, Dayton, OH 45439  
Phone: (937) 293-7770. Fax: (937) 293-9982

## **THE LEARNING AND WORKING ENVIRONMENT FOR RESIDENT AND FELLOW EDUCATION**

Kettering Health and its residency/fellowship program are committed to and responsible for providing resident/fellow which emphasizes patient safety and quality of care to patients, professionalism through faculty modeling, appropriate and effective supervision, optimization of the healthcare team to include resident, fellows and faculty and commitment to the well-being of residents, faculty members, students, and all members of the health care team.

### **1000. Patient Safety**

The optimal clinical learning environment continually provides experiences that residents and fellows need to engage with the clinical site's efforts to address patient safety. It is important that the clinical site has processes to identify and implement sustainable, systems-based improvements to address patient safety vulnerabilities and that such processes engage interprofessional teams as part of ongoing efforts to deliver the safest and highest quality patient care. Kettering Health GME:

- Ensures experiential training on principles of patient safety;
- Provides process for patient safety reporting for systems improvement;
- Ensures that residents, fellows, and faculty know their responsibility for reporting patient safety events;
- Ensures that residents and fellows conduct a root cause analysis or other similar assessment activities, with formulation and implementation of an improvement plan;
- Ensures that residents and fellows have experiential training and opportunities to disclose patient safety events to patients and families;

### **1001. Health Care Quality**

The optimal clinical learning environment provides experiential and interprofessional training in all phases of quality improvement aligned with the quality goals of the clinical site. In this way, it ensures that residents and fellows engage with the entire cycle of quality improvement—from planning through implementation and reassessment. Kettering Health GME:

- Ensures that residents, fellows, and faculty are aware of the clinical sites' priorities and goals for quality improvement;
- Provides training for quality improvement to residents, fellows, and faculty;
- Provides residents, fellows, and faculty with opportunities to engage in interdisciplinary quality improvement and maintains a repository of all projects to monitor progress;
- Provides clinical team, including residents and fellows, with clinical site level quality metrics and benchmarks;
- Provides education on health disparities, including specific patient populations at the clinical care sites;
- Engages residents, fellows and faculty in opportunities and strategies to eliminate healthcare disparities in the clinical sites;
- Provides training in cultures competency relevant to the population served by the clinical site

### **1002. Teaming**

The optimal clinical learning environment supports high-performance teaming. The concept of teaming recognizes the dynamic and fluid nature of the many individuals of the clinical care team that come together in the course of providing patient care to achieve a common vision and goals. Kettering Health GME:

- Provides promotion of interprofessional team learning at clinical sites to involved residents, fellows, and faculty;
- Ensures that patients are engaged with their clinical care team and in decisions related to their care

### **1003. Supervision**

Programs must use the classification of supervision as defined by ACGME Common Program Requirements:

Direct Supervision – The supervising physician is physically present with the resident and patient. (Examples: Same OR catheterization lab, patient room, or ED room.)

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. (Examples: Physician is in surgeon's lounge, radiology department, or nurses' station; within the same facility attending a lecture, participating in a meeting, or in the dining room.)

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.

Oversight – The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

#### **1003.1. The Supervisor's Role**



The supervisor should motivate residents/fellows towards independent learning, self-reliance, and intellectual competence, as well as cultivate curiosity, critical thinking, and mature understanding. Residents/fellows need assistance in evaluating, integrating, and correlating clinical information. They must solve problems at the highest taxonomic levels. Supervisors should articulate the thought processes used in problem solving so that residents/fellows can develop their individual analysis and synthesis processes. The supervisor should help residents/fellows learn with clear instruction that correlates with their levels of understanding.

A supervisor must continuously assess the skills of residents/fellows, the amount of independence to be granted, and the level of supervision required. This supervisory level must assure the provision of safe patient care, maintain expected professional standards, and encourage the pursuit of orderly intellectual and professional growth.

At the onset of each rotation, supervisors should assess the professional experience of their residents/fellows, including areas of strength and weakness. This evaluation can start with the review of written evaluations of previous performance and continue discussion with the resident/fellow, as well as close observation of early performance in all phases of patient care. Each educational rotation should be individualized and emphasize areas where the resident/fellow needs more attention to achieve ideal patient-care skills. The supervisor and the resident/fellow should jointly formulate those learning objectives. The supervisor should also recognize individual differences among residents/fellows, such as special areas of interest, and compensate for them. Residents/fellows should know the goals and objectives they are expected to achieve during the rotation.

The supervisor should be readily available to guide and support residents/fellows with patient responsibilities and must recognize that the faculty and residents/fellows have collective responsibility for patient safety and welfare. When approached by residents/fellows about patient care problems, the supervisor should be helpful and considerate. The supervisor should actively encourage questions, opinions, and comments. Learning is enhanced by reasonable flexibility and willingness to allow discussion of alternative ideas of management suggested by residents. The supervisor should discuss patient care problems with residents/fellows to stimulate profound thought. New psychomotor skills should be demonstrated first by the supervisor and then performed by residents/fellows under observation until the residents attain proficiency. Residents/fellows should be provided examples to help them understand progressive decision-making and responsibility. They should understand the objectives for each rotation and the meaning of competency-based medical education, so that they will learn the trust level accompanying each skill:

1. Resident cannot do the skill even with assistance.
2. Resident can do the skill under proactive, ongoing, full supervision.
3. Resident can do the skill with indirect supervision with direct supervision available on request.
4. Resident can do the skill independently.
5. Resident can act as a supervisor/teacher – aspirational.

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident/fellow must be assigned by the Program Director and faculty members based on program-specific criteria.

Residents/fellows are expected to develop an individual system of productive self-assessment and self-confidence. Each resident/fellow must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.

The supervisor must also monitor for signs of fatigue in residents/fellows and intervene to assure safe patient care and learning.

### **1003.2. Progressive Authority and Responsibility**

The Program Director must evaluate each resident's abilities based on specific criteria, guided by the Milestones. Faculty members functioning as supervising physicians should delegate portions of care to residents based on the needs of the patient and the skills of the resident. Programs must set guidelines for circumstances and events in which resident/fellow must communicate with appropriate supervising physician or faculty members.

### **1003.3. The Resident/Fellow as Supervisor**

Senior residents or fellows have a supervisory role to junior residents and medical students in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident/fellow. Residents are often the first point of contact for medical students on rotation, and as such, have multiple roles, including supervisor, teacher, role model, and evaluator.

Examples of responsibilities:

- Provide orientation to the service, in collaboration with the faculty. Orientation includes objectives and expectations of the rotation, time, and place to report, conference time and attendance requirements, computer access and chart documentation expectations, assignments, layout of patient work environment.
- Serve as supervisor, teacher, and role model. Be available to address learner's questions and give feedback; demonstrate caring and respectful attitudes.
- Provide feedback to the attending physician for incorporation into the evaluation. Address any identified concerns early so that improvements can be made prior to final evaluation.
- In order to provide an effective teaching environment, as well as safe and quality care for all patients in the care of residents/fellows, it is vital to outline expectations for resident/fellow supervision.

**Each program must establish a written program-specific supervision policy consistent with the institutional policy and the respective ACGME Common, specialty/subspecialty-specific, or other accrediting body requirement.** Supervision must be exercised through a variety of methods, appropriate to the situation. The policy must be reviewed annually with the resident/fellow and the core faculty and made readily available. The program policy is reviewed during the initial accreditation process, during the periodic institutional self-study, and as indicated.

### **1004. Well-Being**

Kettering Health and each residency/fellowship program shares responsibility for creating a learning and working environment of respect and accountability for physician well-being. The following areas outline the areas of ongoing focus regarding physician well-being:

1. Enhance the meaning that residents/fellows find in the experience of being a physician
  - a. Protected time with patient
  - b. Limited non-physician obligations
  - c. Progressive autonomy and flexibility
  - d. Professional relationships
2. Give attention to scheduling, work intensity, and work compression
3. Evaluate workplace safety data and address safety of residents and faculty members
  - a. Workplace injuries
  - b. Patient violence

- c. Vehicle collisions
- d. Emotional well-being after adverse events
- 4. Provide time away from work to attend to one's own health, including access to health care scheduled during work hours
- 5. Educate about symptoms of burnout, depression, and substance abuse, including tools for self-screening, and resilience training
- 6. Provide access to confidential affordable mental health assessment, counseling, and treatment. See section 901.5, Behavioral Health Services. Residents/Fellows may contact:  
IMPACT Employee Assistance Program (EAP)  
Call toll-free, 24/7: 800-227-6007
- 7. Provide program policy/procedures to ensure coverage of patient care in the event that a resident may be unable to work, including but not limited to fatigue, illness, and family emergencies.
- 8. Assure clinical sites are a supportive care community that is free of stigma and promotes and supports wellbeing
- 9. Identify and monitor patient care activities for residents, fellows, and faculty to assure that expectations for duration and intensity of clinical care is not exceeded in the learning environment

### **1005. Professionalism**

Professionalism is a vital part of the educational experience for residents and fellows. It encompasses many aspects of each program, including provision of a learning environment without excessive reliance of residents to fulfill non-physician obligations, manageable patient care responsibilities, personal responsibility, and accountability, ensuring fitness for work, accurate reporting of clinical and educational work hours and patient outcomes, and a respectful environment free from abuse, coercion, and fear of reprisals. Program Directors are responsible for cultivating a professional environment for learning, in collaboration with the sponsoring institution, Kettering Health. Kettering Health GME:

- Educates residents and fellows on conflict-of-interest policies and potential issues as well as support in managing potential conflicts of interest
- Educates residents, fellows, and faculty on patient experience data on professionalism can be used to improve care
- Routinely assesses culture of professionalism at clinical sites
- Effectively addresses reported behaviors of unprofessionalism and ensures clinical sites are absent of chronic, persistent unprofessional behavior

### **1006. Fatigue Mitigation**

Programs must ensure that faculty and resident/fellow receive ongoing education in alertness, fatigue mitigation, and how to recognize signs of fatigue and sleep deprivation. This education may occur through GME orientation for all residents/fellows, departmental conferences/grand rounds, or any other appropriate educational tool. Program Directors are responsible to monitor the effectiveness of the fatigue mitigation process.

In the event a resident/fellow may be unable to perform his/her patient care duties due to fatigue, illness, or similar issues, the program must have a clearly defined back-up plan in place to ensure continuity of patient care.

A resident/fellow who may be too fatigued to safely return home has the option of using the already available nap rooms to sleep or using safe transportation home by contacting the hospital's

security department.

### **1006.1. Training for Fatigue Mitigation**

The outline below highlights the training residents/fellows receive in fatigue mitigation. Impaired performance means both missed opportunities for learning and potential hazards to patients.

Fatigued residents typically have difficulty with:

- Appreciating a complex situation while avoiding distraction
- Keeping track of the current situation and updating strategies
- Thinking laterally and being innovative
- Assessing risk and/or anticipating consequences
- Maintaining interest in outcomes
- Controlling mood and avoiding inappropriate behavior

Signs of fatigue include:

- Involuntary nodding off or waves of sleepiness
- Problem of focusing
- Lethargy
- Irritability or labile mood
- Poor coordination
- Difficulty with short-term recall
- Tardiness or absences at work

High risk times for fatigue-related symptoms are:

- Midnight to 6:00 a.m.
- Early hours of day shifts
- First night shift or call night after a break
- Change of service
- First two to three hours of a shift or end of a shift
- Beginning of residency or new to night call

Methods to limit fatigue-related problems include:

- Following the 80-hours limit of the total number of hours worked
  - Establishing a workload that allows for as little variation in work schedules as is feasible.
- Rapid or frequent shifts from day to night work are known to increase the risk of fatigue.
- Creating individualized schedules to accommodate idiosyncratic energy cycles.
  - Emphasizing the importance of adequate rest before and after clinical responsibilities.
  - Self-monitoring performance and asking other to monitor performance.
  - Remaining active to promote alertness.
  - Engaging in healthy diet and regular exercise.
  - Encouraging residents to consult their primary care physicians if daytime fatigue seems out of proportion to the workload. Sleep studies may be warranted.
  - Obtaining diagnosis and treatment to determine if fatigue is depression or other psychiatric syndrome.

### **1007. Transitions of Care**

Programs must design clinical assignments to minimize the number of transitions in patient care, and must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety. Programs must ensure that residents/fellows are competent in communicating with team members in the hand-over process. Schedules of attending physicians and resident/fellow currently responsible for each patient's care must be made available to appropriate members of the health care team.

Each program must have a “transitions of care” policy appropriate to the specialty/subspecialty. The policy is to be reviewed during the initial accreditation process, as part of the institutional self-study, and as indicated.

Attentiveness to effective transitions of care should be a part of the professionalism culture expected of physicians, and thus reviewed regularly with faculty, residents/fellows, and attending physicians. GME and each program is responsible for monitoring transitions of patient care.

### **1008. Clinical and Educational Work Hours per Week**

Clinical and education work hours pertain to all clinical and academic activities related to the training program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, membership time on a hospital or GME committee, and scheduled academic activities such as didactic conferences. Work hours do not include reading and preparation time spent away from the clinical site.

**Each program must have written policies and procedures regarding clinical and educational work hours to ensure compliance with the ACGME institutional, common, and specialty/subspecialty program requirements.**

The program policies must be distributed annually to the resident/fellow and faculty. Each program policy is reviewed during the initial accreditation process, during the periodic institutional self-study, and as indicated.

All residents/fellows must log clinical and educational work hours in New Innovations’ RMS at rolling two-week intervals. Monitoring of clinical and educational work hours by the program is required, with frequency sufficient to ensure appropriate compliance. The program’s annual program evaluation (APE) must include data obtained through the clinical and educational work hour compliance efforts, areas of potential non-compliance, and plans for addressing any problems identified, including needed resources. Compliance with clinical and educational work hours is reported at the hospital specific GMEC subcommittees.

#### **1008.1. Maximum Hours of Clinical and Educational Work per Week**

Clinical and educational work hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting. Programs should schedule residents to work fewer than 80 hours per week, which would allow residents to remain beyond their scheduled work period when needed without violating the 80-hour requirement.

#### **1008.2. Mandatory Time Free of Clinical Work and Education**

1. Residents should have eight hours off between scheduled clinical work and education periods. There may be circumstances when residents choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80-hour and one-day-off-in-seven requirements.
2. Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.
3. Residents must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days. A day off is defined as one continuous 24-hour period free from all administrative, clinical, and educational activities. Where feasible, schedules may be designed to provide for two consecutive days free of work.

### **1008.3. Maximum Clinical Work and Education Period Length**

Clinical and educational work period for residents must not exceed 24 hours of continuous scheduled clinical assignments. Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education. Additional patient care responsibilities must not be assigned to a resident during this time.

### **1008.4. Clinical and Educational Work Hour Exceptions**

In rare circumstances, after handing off all other responsibilities, a resident, on their own initiative, may elect to remain or return to the clinical site in the following circumstances:

- To continue to provide care to a single severely ill or unable patient;
- Humanistic attention to the needs of a patient or family; or,
- To attend unique educational events.

These additional hours of care or education will be counted toward the 80-hour weekly limit.

A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound education rationale. In preparing a request for an exception, the Program Director must follow the clinical educational work hour exception policy from the ACGME Manual of Policies and Procedures. Prior to submitting the request to the Review Committee, the Program Director must obtain approval from the Kettering Health GMEC and DIO.

### **1008.5. In House Night Float**

Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements. Review Committees may have specific maximums for night float experiences.

### **1008.6. Maximum In-House On-Call Frequency**

Residents must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period).

### **1008.7. At-Home Call**

Time spent in the hospital by residents on at-home call must 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 must satisfy the requirement for one-day-in-seven free of duty when averaged over four weeks. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.

Residents are permitted to return to the hospital while on at-home call to care for new or established patients. These hours of inpatient patient care must be included in the 80-hour weekly maximum.

### **1008.8.**

#### **Reporting Clinical and Educational Work Hour Violations**

If residents/fellows have concerns about compliance with the Program Clinical and Educational Work policy or practices, they should take one or more of the following steps:

- Talk to the chief resident and/or Program Director.
- Talk to the program coordinator or the manager/director of GME.
- Talk to the director of medical education (DME) or the designated institutional official (DIO).
- Report concerns to the KH Corporate Integrity Office at 1-844-587-1658, or at the Corporate Integrity link on the KH intranet site. <http://intranet.ketthealth.com/KH/DeptPages/CorpInteg/>

### **1008.9. Institutional Oversight of Resident/Fellow Clinical and Educational Work Hours**

Institutional oversight of clinical and educational work hours is accomplished by multiple mechanisms.

1. Each program must have written policies and procedures regarding resident/fellow clinical and educational work hours that are compliant with ACGME institutional, common, and specialty/subspecialty program requirements. These policies are reviewed at initial accreditation, during the periodic institutional self-study, and as indicated.
2. Program policies must be distributed to resident/fellow and faculty annually. Monitoring of clinical and educational work hours by the program is required with frequency sufficient to ensure appropriate compliance. All resident/fellow are required to continuously log clinical and educational hours using New Innovations RMS.
3. As part of the annual program evaluation (APE), the program must assess the compliance with the clinical and educational work hours policy, review of logged hours, review of the Resident/Fellow Survey, and discussion with resident/fellow and faculty. Compliance with clinical and educational work hours requirements must be recorded in the APE. Oversight for any areas of ongoing concern should be presented to the GMEC.
4. Annually the GME Office may conduct a consolidated internal audit of all resident/fellow clinical and educational hours logged to evaluate the program's overall compliance and monitor overall institutional compliance. Actions related to programs not in compliance will be determined by the GMEC.

Clinical and Educational Work Hours Reports from RMS help to monitor compliance indicators. The reports include:

- Program name
- Percent resident/fellow completing logs
- Average hours per week worked
- Number of violations for more than 80 hours per week on average was worked
- Maximum number of continuous hours on duty per resident/fellow
- Number of violations where 28 hour(s) continuous clinical and educational work hours was exceeded
- Average number of hours off between duty shifts
- Average number of days off

### **1009. Leaving the Work Site during Clinical and Educational Work Hours**

A resident/fellow who desires to be absent for a partial workday must obtain permission in advance from the attending physician and the Program Director.

### **1010. Moonlighting**

Professional and patient care activities that fall outside the normal scope of the education program are called moonlighting. Moonlighting activities may be inconsistent with sufficient time for rest and restoration to promote the resident's/fellow's educational experience and safe patient care. Moonlighting is voluntary; no resident/fellow is required to engage in moonlighting. PGY-1 residents are not allowed to participate in moonlighting activities. Each program must determine if moonlighting activities will be allowed.

Because resident/fellow education is a full-time endeavor that only full-time residents/fellows in good standing with the program can engage in, the Program Director must monitor moonlighting hours to ensure that moonlighting does not interfere with the ability of the resident/fellow to achieve the goals and objectives of the educational program.

All residents participating in moonlighting must request and receive written pre-approval by their Program Director and the hospital Director of GME prior to engaging in moonlighting. **Failure to request and receive prior approval for moonlighting from the Program Director may be grounds for disciplinary action, up to and including immediate dismissal.**

The Residency Review Committee stipulates that a resident/fellow spend no more than 80 hours per week in health care responsibilities. This 80-hour limit is inclusive of residency duties and responsibilities at extracurricular sites. At no time should a resident/fellow exceed clinical and educational hour regulations through a combination of training program plus moonlighting activities. **In no case should the resident/fellow go off scheduled work until the proper care and welfare of patients have been insured. Leaving a rotation to moonlight may be grounds for immediate dismissal from the program.**

#### **1010.1. Procedure Highlights**

1. A formal request to the Program Director must be approved prior to initiating a moonlighting activity at any location. The written request for each moonlighting activity must include the place and address, the physician in charge, the credentialing requirements, the anticipated number of work hours, proof of medical licensure, and proof of personal malpractice insurance, including tail coverage.
2. The request must be submitted to the Program Director for approval. Permission to moonlight may be denied if the resident/fellow fails to progress in any of the core competencies.
3. Written statement of permission from the Program Director will be included in the resident's/fellow's file.
4. The resident's/fellow's performance will be monitored to determine the effect of these activities.
5. Withdrawal of permission to moonlight is at the discretion of the Program Director.
6. Residents/fellows must annually renew the Program Director approval for moonlighting activities.

Voluntary activity, which is any unpaid activity or community service performed in a physician or non-physician capacity, is generally encouraged throughout the physician's professional career.



Volunteer activities during residency are permitted to the extent they do not interfere with the resident's performance in the educational program and contribute to personal and professional development. It is recommended that voluntary activity also be discussed with the Program Director in advance.

## **SELECTED KETTERING HEALTH POLICIES**

Kettering Health's organization-wide policy manual is available on the "Policies" link of the intranet at <http://intranet.ketthealth.com/>. Some of the policies apply to the entire Kettering Health, while some policies are hospital-specific; the policy clearly distinguishes to which organization(s) the policies apply. Residents/fellows are encouraged to peruse policies affecting patient care in advance of need, and to review them in more specific detail as situations arise for which the policy is needed. Below are examples of policies that may be of particular interest.

### **KH**

IC-Standard Precautions

LS-Subpoena Policy

MS-Withholding/Withdrawal of Life Sustaining Treatment

PC-Chain of Command

PC-Code Blue Code Pink (Resuscitation)

PC-Hand-Off Communications

PC-Informed Consent Process

PC-Orders Management for Verbal, Telephone, Written, and FAX Orders Giving, Receiving and Authenticating-CPOM

PC-Organ, Tissue, Eyes, and Whole-Body Procurement

PC-Patient/Family Dissatisfaction with Care Team

PC-Rapid Response Team

PR-Incident/Occurrence and Serious Reportable Event Reporting

### **KHMC**

PC-Autopsy (KHMC)

PC-Guidelines for Determining Brain Death (KHMC)

PH-Formulary (KHMC)

### **KHDO**

MS-Determination of Death (KHDO)

## APPENDICES

### Appendix 1. GRADUATE MEDICAL EDUCATION COMMITTEE CHARTER

I. **Committee Name:** KH GRADUATE MEDICAL EDUCATION COMMITTEE

II. **Purpose:**

The purpose of the Graduate Medical Education Committee is to provide oversight of the Sponsoring Institution and its ACGME-accredited programs to include:

- The quality of the learning and working environment
- The quality of educational experiences in each of the ACGME accredited programs and participating site
- The residency/fellowship programs' annual program evaluations and self-studies
- Implementation of the institutional policies for vacation and leaves of absence, including medical, parental, and caregiver leaves of absence, at least annually
- All processes related to reductions and closures of individual training programs, major participating sites, and the sponsoring institution
- The provision of summary information of patient safety reports to residents

III. **Stakeholders:**

- a. Kettering Health
- b. Kettering Health Main Campus
- c. Kettering Health Dayton
- d. Kettering Health Soin
- e. Medical Residents

IV. **Stakeholder's/Organization's Needs:**

Development and maintenance of robust residency and fellowship program that are accredited by the Accreditation Council for Graduate Medical Education (ACGME).

V. **Scope:**

The KH GMEC, together with the Designated Institutional Official (DIO), has authority and responsibility for the oversight and administration of the Sponsoring Institution's ACGME-accredited programs, as well as responsibility for ensuring compliance with the ACGME Institutional, Common, and specialty/subspecialty-specific Program Requirements. The committee works in collaboration with hospital and system leadership to ensure the GMEC is working within appropriate recognition of the financial, strategic, and political restraints of graduate medical education within the system.

**VI. Membership:**

|                                                      |                       |
|------------------------------------------------------|-----------------------|
| KH, Designated Institutional Official for GME, Chair | Dr. Robert Smith      |
| KH, Assistant Designated Institutional Official      | Amy Hoeffel, BS       |
| KHDO, Director of Graduate Medical Education         | Dr. James Schoen      |
| KHMC, Director of Medical Education                  | Dr. John Shrader      |
| KHMC, IM Residency Program Director                  | Dr. Lyndi Schwartz    |
| KHDO, Orthopedic Surgery Program Director            | Dr. Brent Bamberger   |
| KHDO, Ophthalmology Program Director                 | Dr. Brian Mihok       |
| SOIN, Family Medicine Program Director               | Dr. Courtney Stroble  |
| KHDO, Diagnostic Radiology Program Director          | Dr. Randy Gazaille    |
| KH, Innovation, Research and Grants                  | Dr. Mary Connolly     |
| KH, Innovation, Research and Grants                  | Stephanie Balsom      |
| KHDO, Neurology Program Director,                    | Dr. K. Douglas Pugar  |
| KHDO, Director for Graduate Medical Education        | Machele Maus          |
| KHMC, Quality Official                               | Dr. Jeffrey Weinstein |
| SOIN, Quality Official                               | Carolina Fogle        |
| KHDO, Quality Official                               | Dr. Troy Tyner        |
| KH Wellbeing Official                                | Dr. Rebecca Yeager    |
| KH Wellbeing Official                                | Kathy Perno           |
| Two Peer-selected Residents/Fellows from KH Main     | Varies by year        |
| Two Peer-selected Residents/Fellows from KH Dayton   | Varies by year        |
| Two Peer-selected Residents/Fellows from KH Soin     | Varies by year        |

**VII. Deliverables:**

- a. Establish annually the dates for the required quarterly meetings, call any special meetings as needed, and maintain appropriate documentation of the committee's actions.
- b. Review the ACGME institutional requirements for the GMEC.
- c. Ensure oversight responsibilities for the Sponsoring Institution's compliance with the ACGME requirements, as follows:
  - ACGME accreditation status of the Sponsoring Institution and its ACGME-accredited programs;
  - The quality of the GME learning and working environment within the Sponsoring Institution, its ACGME-accredited programs, and its participating sites;
  - The quality of educational experiences in each ACGME-accredited program that lead to measurable achievement of educational outcomes as identified in the ACGME Common and specialty/subspecialty-specific Program Requirements;
  - The ACGME-accredited programs' annual evaluation and improvement activities; and,
  - Processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the Sponsoring Institution.

- The Annual Institutional Review and the AIR process, including submitting an annual executive summary of the AIR to the governing body—the KH Administrative Finance Committee.
  - Any underperforming programs through a Special Review process.
- d. Review, approve, or specifically delegate to the appropriate GMEC subcommittee the following:
- Institutional GME policies and procedures;
  - Annual recommendations to the Sponsoring Institution’s administration regarding resident/fellow stipends and benefits;
  - Applications for ACGME accreditation of new programs;
  - Requests for permanent changes in resident/fellow complement;
  - Major changes in ACGME-accredited programs’ structure or duration of education;
  - Additions and deletions of ACGME-accredited programs’ participating sites;
  - Appointment of new program directors;
  - Progress reports requested by a Review Committee;
  - Responses to Clinical Learning Environment Review (CLER) reports;
  - Requests for exceptions to duty hour requirements;
  - Voluntary withdrawal of ACGME program accreditation;
  - Requests for appeal of an adverse action by a Review Committee; and,
  - Appeal presentations to an ACGME Appeals Panel.

## VIII. Guidelines

At least four meetings of the GMEC will be held each academic year.

## Appendix 2. AMA CODE OF ETHICS

### Preamble

The medical profession has long subscribed to a body of ethical statements developed primarily for the benefit of the patient. As a member of this profession, a physician must recognize responsibility to patients first and foremost, as well as to society, to other health professionals, and to self. The following Principles adopted by the American Medical Association are not laws, but standards of conduct which define the essentials of honorable behavior for the physician.

### Principles of medical ethics

I. A physician shall be dedicated to providing competent medical care, with compassion and respect for human dignity and rights.

II. A physician shall uphold the standards of professionalism, be honest in all professional interactions, and strive to report physicians deficient in character or competence, or engaging in fraud or deception, to appropriate entities.

III. A physician shall respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interests of the patient.

IV. A physician shall respect the rights of patients, colleagues, and other health professionals, and shall safeguard patient confidences and privacy within the constraints of the law.

V. A physician shall continue to study, apply, and advance scientific knowledge, maintain a commitment to medical education, make relevant information available to patients, colleagues, and the public, obtain consultation, and use the talents of other health professionals when indicated.

VI. A physician shall, in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical care.

VII. A physician shall recognize a responsibility to participate in activities contributing to the improvement of the community and the betterment of public health.

VIII. A physician shall, while caring for a patient, regard responsibility to the patient as paramount.

IX. A physician shall support access to medical care for all people.

Adopted June 1957; revised June 1980; revised June 2001.

For a comprehensive description of the AMA Code of Ethics, please see <http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics.page>

### **Appendix 3. AOA CODE OF ETHICS**

The American Osteopathic Association has formulated this Code to guide its member physicians in their professional lives. The standards presented are designed to address the osteopathic physician's ethical and professional responsibilities to patients, to society, to the AOA, to others involved in health care and to self.

Further, the American Osteopathic Association has adopted the position that physicians should play a major role in the development and instruction of medical ethics.

**Section 1.** The physician shall keep in confidence whatever she/he may learn about a patient in the discharge of professional duties. Information shall be divulged by the physician when required by law or when authorized by the patient.

**Section 2.** The physician shall give a candid account of the patient's condition to the patient or to those responsible for the patient's care.

**Section 3.** A physician-patient relationship must be founded on mutual trust, cooperation, and respect. The patient, therefore, must have complete freedom to choose her/his physician. The physician must have complete freedom to choose patients whom she/he will serve. However, the physician should not refuse to accept patients for reasons of discrimination, including, but not

Graduate Medical Education Manual, 2025-2026

limited to, the patient's race, creed, color, sex, national origin, sexual orientation, gender identity or handicap. In emergencies, a physician should make her/his services available.

**Section 4.** A physician is never justified in abandoning a patient. The physician shall give due notice to a patient or to those responsible for the patient's care when she/he withdraws from the case so that another physician may be engaged.

**Section 5.** A physician shall practice in accordance with the body of systematized and scientific knowledge related to the healing arts. A physician shall maintain competence in such systematized and scientific knowledge through study and clinical applications.

**Section 6.** The osteopathic medical profession has an obligation to society to maintain its high standards and, therefore, to continuously regulate itself. A substantial part of such regulation is due to the efforts and influence of the recognized local, state, and national associations representing the osteopathic medical profession. A physician should maintain membership in and actively support such associations and abide by their rules and regulations.

**Section 7.** Under the law a physician may advertise, but no physician shall advertise or solicit patients directly or indirectly through the use of matters or activities which are false or misleading.

**Section 8.** A physician shall not hold forth or indicate possession of any degree recognized as the basis for licensure to practice the healing arts unless he is actually licensed on the basis of that degree in the state in which she/he practices. A physician shall designate her/his osteopathic school of practice in all professional uses of her/his name. Indications of specialty practice, membership in professional societies, and related matters shall be governed by rules promulgated by the American Osteopathic Association.

**Section 9.** A physician should not hesitate to seek consultation whenever she/he believes it advisable for the care of the patient.

**Section 10.** In any dispute between or among physicians involving ethical or organizational matters, the matter in controversy should first be referred to the appropriate arbitrating bodies of the profession.

**Section 11.** In any dispute between or among physicians regarding the diagnosis and treatment of a patient, the attending physician has the responsibility for final decisions, consistent with any applicable hospital rules or regulations.

**Section 12.** Any fee charged by a physician shall compensate the physician for services actually rendered. There shall be no division of professional fees for referrals of patients.

**Section 13.** A physician shall respect the law. When necessary, a physician shall attempt to help to formulate the law by all proper means in order to improve patient care and public health.

**Section 14.** In addition to adhering to the foregoing ethical standards, a physician shall recognize a responsibility to participate in community activities and services.

**Section 15.** It is considered sexual misconduct for a physician to have sexual contact with any current patient whom the physician has interviewed and/or upon whom a medical or surgical procedure has been performed.

**Section 16.** Sexual harassment by a physician is considered unethical. Sexual harassment is defined as physical or verbal intimation of a sexual nature involving a colleague or subordinate in the workplace or academic setting, when such conduct creates an unreasonable, intimidating, hostile or offensive workplace or academic setting.

**Section 17.** From time to time, industry may provide some AOA members with gifts as an inducement to use their products or services. Members who use these products and services as a result of these gifts, rather than simply for the betterment of their patients and the improvement of the care rendered in their practices, shall be considered to have acted in an unethical manner.

**Section 18.** A physician shall not intentionally misrepresent himself/herself or his/her research work in any way.

**Section 19.** When participating in research, a physician shall follow the current laws, regulations, and standards of the United States or, if the research is conducted outside the United States, the laws, regulations, and standards applicable to research in the nation where the research is conducted. This standard shall apply for physician involvement in research at any level and degree of responsibility, including, but not limited to, research, design, funding, participation either as examining and/or treating provider, supervision of other staff in their research, analysis of data and publication of results in any form for any purpose.

Source: <http://www.osteopathic.org/inside-aoa/about/leadership/Pages/aoa-code-of-ethics.aspx>

## **Appendix 4. RESPONSIBILITIES OF RESIDENCY AND FELLOWSHIP PROGRAM DIRECTORS**

The ACGME ascribes an important role to the Program Director for leading the educational activities of each residency program and for creating a climate conducive to resident learning. The following paragraphs describe these duties and responsibilities. Additions may be further specified by the Review Committees of the various residency programs.

1. There must be a single Program Director with authority and accountability for the operation of the program. The KH GMEC must approve a change in Program Director, and this change must be submitted to ACGME via the ADS.
2. Program Directors need to be in their positions for a length of time sufficient to maintain continuity of leadership and program stability.
3. Each Review Committee outlines the required qualifications for the Program Director. Typical qualifications include specialty expertise, documented educational and administrative experience, board certification in the specialty, current medical licensure, and medical staff appointment.

4. Specific duties of the Program Director:
  - a. Oversee and ensure the quality of didactic and clinical education in all sites that participate in the program;
  - b. Approve a local director at each participating site who is accountable for resident education;
  - c. Approve the selection of program faculty as appropriate;
  - d. Evaluate program faculty;
  - e. Approve the continued participation of program faculty based on evaluation;
  - f. Monitor resident supervision at all participating sites;
  - g. Prepare and submit all information required and requested by the ACGME;
  - h. Ensure compliance with grievance and due process procedures as set forth in the GME Manual;
  - i. Provide verification of residency education for all residents, including those who leave the program prior to completion;
  - j. Implement, distribute, and monitor policies and procedures consistent with the institutional and program requirements for resident duty hours and the working environment, including moonlighting;
  - k. Adjust schedules as necessary to mitigate excessive service demands and/or fatigue (including the demands of at-home call);
  - l. Monitor the need for and ensure the provision of back up support systems when patient care responsibilities are unusually difficult or prolonged;
  - m. Comply with KH's written policies and procedures for selection, evaluation and promotion of residents, disciplinary action, and supervision of residents;
  - n. Be familiar with and comply with ACGME and Review Committee policies and procedures;
  - o. Obtain review and approval of KH's GMEC/DIO before submitting information or requests to the ACGME, including:
    - i. All applications for ACGME accreditation of new programs;
    - ii. Changes in resident complement;
    - iii. Major changes in program structure or length of training;
    - iv. Progress reports requested by the Review Committee;
    - v. Responses to all proposed adverse actions;
    - vi. Requests for increases or any change to resident duty hours;
    - vii. Voluntary withdrawals of ACGME-accredited programs;
    - viii. Requests for appeal of an adverse action;
    - ix. Appeal presentations to a Board of Appeal or the ACGME; and
    - x. Proposals to ACGME for approval of innovative educational approaches.
  - p. Obtain DIO review and co-signature on all program application forms, as well as any correspondence or document submitted to the ACGME that addresses program citations and/or requests for changes in the program that would have significant impact, including financial, on the program or institution.



## Appendix 5. RECORDS RETENTION WORKSHEETS FOR DAGMEC PROGRAMS

|    | Program (Educational) File                                                                           | Retention Period                                                             |
|----|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| 1  | Application ERAS file                                                                                | Retain permanently                                                           |
| 2  | BLS/ALS Documentation (copy)                                                                         | Retain until resident graduates or until accreditation expires, then destroy |
| 3  | Contract/Resident/fellow Agreements                                                                  | Retain until resident graduates, then destroy                                |
| 4  | Correspondence, Miscellaneous                                                                        | Retain until resident graduates, then destroy                                |
| 5  | Credentialing Documents (Tests or Results, i.e., microscopy, restraints, moderate sedation, HIPAA)   | Retain results until resident graduates, then destroy                        |
| 6  | ECFMG Documentation                                                                                  | Retain permanently                                                           |
| 7  | Evaluation                                                                                           | Retain until summative final evaluation is completed, then destroy           |
| 8  | Family & Contact Info Sheet                                                                          | Retain until resident graduates, then destroy                                |
| 9  | Final evaluation                                                                                     | Retain permanently                                                           |
| 10 | Interview Review Sheet(s)                                                                            | Retain for five years post residency, then destroy                           |
| 11 | In-Training Exam Scores, filed by resident                                                           | Retain until resident graduates, then destroy                                |
| 12 | Letter of Offer                                                                                      | Retain until resident graduates, then destroy                                |
| 13 | Medical School Transcripts (copy)                                                                    | Retain until resident graduates, then destroy                                |
| 14 | Medical School Diploma (copy)                                                                        | Retain permanently                                                           |
| 15 | Moonlighting Requests                                                                                | Retain until resident graduates, then destroy                                |
| 16 | Procedure Checklist/Log or Summary                                                                   | Retain permanently                                                           |
| 17 | Recognition Letters                                                                                  | Retain until resident graduates, then destroy                                |
| 18 | Release Form for Verification Info (Used after graduation for releasing information about resident.) | Retain permanently                                                           |
| 19 | Reimbursement/Expenses paid by program funds (travel, meetings, books, etc.)                         | Retain until resident graduates, then destroy                                |
| 20 | State License(s) (copy)                                                                              | Retain until resident graduates, then destroy                                |
| 21 | Student Loans/Deferments (copy)                                                                      | Retain until resident graduates, then destroy                                |
| 22 | Vacation/Leave Requests                                                                              | Retain until resident graduates, then destroy                                |
| 23 | Visa Information                                                                                     | Retain until resident graduates, then destroy                                |

|    | <b>Employment File</b>                                                                               | <b>Retention Period</b>                                                      |
|----|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| 1  | BLS/ALS Documentation (copy)                                                                         | Retain until resident graduates or until accreditation expires, then destroy |
| 2  | Contract/Resident/fellow Agreements                                                                  | Retain permanently                                                           |
| 3  | Corporate Compliance Form – renewed annually                                                         | Retain until resident graduates, then destroy                                |
| 4  | Correspondence, Miscellaneous                                                                        | Retain until resident graduates, then destroy                                |
| 5  | Credentialing Documents (Tests or Results, i.e., microscopy, restraints, moderate sedation, HIPAA)   | Retain results until resident graduates, then destroy                        |
| 6  | Family & Contact Info Sheet                                                                          | Retain until resident graduates, then destroy                                |
| 7  | Hospital DEA Documentation                                                                           | Retain until resident graduates or until accreditation expires, then destroy |
| 8  | Hospital Doctor Number (copy)                                                                        | Retain until resident graduates, then destroy                                |
| 9  | Job Description                                                                                      | Retain for 5 years after graduation, then destroy                            |
| 10 | Malpractice Coverage Documentation                                                                   | Retain permanently                                                           |
| 11 | Recognition Letters                                                                                  | Retain until resident graduates, then destroy                                |
| 12 | Reimbursement/Expenses paid by employer (travel, meetings, books, etc.)                              | Retain until resident graduates, then destroy                                |
| 13 | Release Form for Verification Info (Used after graduation for releasing information about resident.) | Retain permanently                                                           |
| 14 | Safety Training – renewed annually                                                                   | Retain until resident graduates, then destroy                                |
| 15 | State License(s) – copy                                                                              | Retain until resident graduates, then destroy                                |
| 16 | Training Certificate(s) – copy                                                                       | Retain until resident graduates, then destroy                                |

## **Appendix 6. NEW INNOVATIONS MODULES**

Residents/fellows have access to the following modules:

### **Administration**

Department Manuals – If requested by the Program Director, medical education staff will upload department manuals to this module.

Intranet –

RRC Reviews –

Graduate Medical Education Manual, 2025-2026

## **Conferences**

Programs are required to enter calendar items such as morning report, journal club, M&M, didactics, etc. and attendance at these events. The chief resident maintains the Conferences module.

## **Continuity Clinics**

Continuity Clinics is used to track and report on patient visits, including associated diagnoses and procedures. Supervisors are able to pass or not pass Patient Visits, one at a time or as a group. Diagnosis and procedure groups must be entered by medical education staff

## **Curriculum**

This module allows programs to upload rotation-related curricular documents. It includes a mechanism to release documents on selected dates, to notify residents when documents become available, and to allow residents to confirm they have read an assigned document.

## **Custom Reports**

Links to reports generated from RMS data appear in this module. These reports are set up by medical education staff at the request of Program Directors or chief residents.

## **Duty Hours**

All residents/fellows are required to log their hours in the Duty Hours module. The log interface is a use-friendly calendar view. The module is configured to check resident hours against Maximum Hours Allowed Per X Days.

## **Evaluations**

Residents/fellows use this module to complete their evaluations of their rotations and/or attendings. It is also used to view completed evaluations by and about the resident and to sign off on evaluations of the resident by the Program Director and attendings. An evaluation summary, grading comparison report, and individual report are available under Custom Evaluation Reports.

## **Lists**

The Lists module includes lists of administrators, rotation names, people, and people who speak a particular language. There is also a feature that enables group email or pages. This module draws on all DAGMEC institutions for data but can be filtered to a specific institution or institutions.

## **Log Books**

Log Books is an RMS feature intended to help users collect and report on data not collected by other RMS modules or features. Data is collected for each Log Book via default and user-defined fields. Anyone with any level of access to Log Books can make a Log Book entry. Departments and Divisions may create as many Log Books as desired. Log Books can be shared with other Departments and Divisions. Log Books are set up by the medical education staff at the request of Program Directors or chief residents.

**Mobile**

In this module, residents with smartphones can download software that will allow them to download conferences and schedule data to their devices.

**Portfolio**

Residents have the option of using this module to log scholarly activities such as peer-reviewed funding; publication of original research or review articles in peer-reviewed journals or chapters in textbooks; publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings; or participation in national committees or educational organizations.

**Procedure Logger**

All residents are required to log procedures in this module for credentialing. This data is uploaded to the KH credentialing database on the intranet. The data is for internal use only during residency and does not follow the resident post-graduation.

**Assignment Scheduler**

In this module, residents can view all assignments for themselves and other residents in their program. Assignment Scheduler is typically set up by chief residents. Individual residents can request addition or deletion of assignments. If desired, block schedules can be added to the Assignment Scheduler view.

**Block Scheduler**

Rotation data is entered into the Block Scheduler by residency coordinators, and it becomes the schedule of record. In addition to documenting your progress toward graduation, evaluations are assigned based on this data and it is sent to CMS as documentation for reimbursement. For that reason, it is critical for residents to review this module regularly and confirm that the rotations entered are correct.

**Help**

The small green circle with a question mark at the top of every page opens the help menu with step-by-step guides to each module. From the help page residents can also reach free training webinars by clicking on Training Webinars and then going to the section for Residents, Fellows, Students and Faculty.

## **Appendix 7. CONTACT INFORMATION FOR GME ADMINISTRATIVE LEADERSHIP, PROGRAM DIRECTORS, AND GME STAFF**

GME Staff, Program Directors and Coordinators may be contacted by calling the campus Medical Education Offices:

KH Main Campus: 937-395-8803

KH Dayton Campus: 937-723-3434

KH SOIN Campus: 937-558-3946