

INSTITUTIONAL POLICIES & PROCEDURES

GRADUATE MEDICAL EDUCATION

Jamaica Hospital Medical Center

2010

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GRADUATE MEDICAL EDUCATION

I. INTRODUCTION

Purpose of Graduate Medical Education:

The purpose of Graduate Medical Education is to provide an organized structured educational program with supervision and guidance for all residents, facilitating the residents' ethical, professional and personal development. Jamaica and its GME programs, through curricula, evaluation, and resident supervision, support safe and appropriate patient care.

II. INSTITUTIONAL ORGANIZATION AND RESPONSIBILITIES:

A. Sponsoring Institution - Jamaica Hospital Medical Center

All residency programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) must operate under the authority and control of one Sponsoring Institution. Institutional responsibility extends to resident assignments at all participating sites of our programs.

As a Sponsoring Institution, we must be in substantial compliance with the ACGME Institutional Requirements and must ensure that all of our ACGME accredited programs are in substantial compliance with the Institutional, Common and specialty-specific Program Requirements, and the ACGME Policies and Procedures.

Any failure to maintain Institutional accreditation will jeopardize the accreditation of all our ACGME sponsored programs.

B. Commitment to Graduate Medical Education (GME)

Jamaica Hospital Medical Center's (JHMC) commitment to Graduate Medical Education is exhibited by the provision of leadership, organizational structure and resources, educational, financial and human that enables this Institution to achieve substantial compliance with the Institutional Requirements and to enable ACGME accredited programs to achieve substantial compliance with Program Requirements. This includes providing an ethical, professional and educational environment in which the curricular requirements as well as the applicable requirements of scholarly activity and the general competencies can be met. The regular assessment of the quality of the GME programs, the performance of our Residents and the use of outcome assessment results for program improvement are essential components of this Institutional commitment.

Our commitment is illustrated in our "Declaration of Institutional Commitment" which is reviewed, dated and signed by representatives of Jamaica's governing body, administration and GME leadership.

C. Director of Academic Affairs

There will be a qualified Director of Academic Affairs appointed by the governing body of Jamaica Hospital Medical Center who will act as the designated institutional official (DIO). In this role, the Director of Academic Affairs has the authority and responsibility along with the Graduate Medical Education Committee (GMEC) for the oversight and administration of all the GME programs in the Institution and is responsible for assuring compliance with ACGME Common, specialty/subspecialty-specific Program, and Institutional Requirements.

The DIO will establish and implement procedures to ensure that s/he, or a designee in the absence of the DIO, reviews and cosigns all program information forms and any documents or correspondence submitted to the ACGME by program directors.

The DIO and/or the Chair of the GMEC will present an annual report to the Organized Medical Staff (OMS) and the governing body of the Hospital. This report must also be given to the OMS and governing body of major participating sites that do not sponsor GME programs. This annual report will review the activities of the GMEC during the past year with attention to, at a minimum, resident supervision, resident responsibilities, resident evaluation, compliance with duty-hour standards and resident participation in patient safety and quality of care education. The GMEC and the Medical Staff will regularly communicate about the safety and quality of patient care provided by the residents.

Jamaica Hospital Medical Center must provide institutional resources to ensure the effective implementation and support of its programs in compliance with the Institutional, Common, and specialty/subspecialty-specific Program Requirements.

1. Jamaica must ensure that the DIO has sufficient financial support and protected time to effectively carry out his/her educational and administrative responsibilities to the institution.
2. Jamaica must ensure that program directors have sufficient financial support and protected time to effectively carry out their educational and administrative responsibilities to their respective programs.
3. Jamaica and the program must ensure sufficient salary support and resources (e.g., time, space, technology, supplies) to allow for effective administration of the GME Office and all of its programs.
4. Faculty and residents must have ready access to adequate communication resources and technological support.

5. Residents must have ready access to specialty/subspecialty-specific and other appropriate reference material in print or electronic format. Electronic medical literature databases with search capabilities will be available.

There must be administrative support for GME programs and residents in the event of a disaster or interruption in patient care and include assistance for continuation of resident assignments. See Appendix 1 for the Disaster Policy.

D. Institutional Agreements:

Jamaica, as the Sponsoring Institution, retains responsibility for the quality of GME, including when resident education occurs in other sites.

Master affiliation agreements must be renewed every five years and must exist between the Institution and all of its major participating sites.

Jamaica Hospital Medical Center must assure that each of its programs has established program letters of agreement with its participating sites in compliance with the Common Program Requirements.

E. Accreditation for Patient Care in Sponsoring and Major Participating Sites that are Hospitals:

As the Sponsoring Institution, Jamaica Hospital Medical Center and/or major Participating sites that are Hospitals should be accredited by The Joint Commission; accredited by another entity with reasonably equivalent standards as determined by the Institutional Review Committee (IRC); accredited by another entity granted “deeming authority” for participation in Medicare under Federal regulations; or recognized by another entity with reasonably equivalent standards as determined by the IRC.

If a sponsoring or participating institution is not so accredited or recognized, then the Sponsoring Institution must provide a satisfactory explanation to the IRC of why neither has been granted or sought. If the Sponsoring Institution or Major Participating Sites loses its accreditation or recognition, the Sponsoring Institution must notify and provide a plan of response to the IRC within 30 days of such loss. Based on the particular circumstances, the IRC may request the ACGME to invoke its “egregious or catastrophic” policy.

III. INSTITUTIONAL RESPONSIBILITIES FOR RESIDENTS

A. Eligibility, Selection of Residents and Application Process:

Jamaica has written policies and procedures for resident recruitment and appointment. Each program must be monitored for compliance. See Appendix 5 for the Eligibility and Selection of Residents Policy.

B. Financial Support for Residents:

Jamaica Hospital Medical Center and participating institutions will provide all residents with appropriate financial support and benefits to ensure that residents are able to fulfill the responsibilities of their educational programs.

Annual salary rates of House Staff are negotiated by the residents' union, the Committee of Interns and Residents/SEIU (CIR) and Jamaica Hospital Medical Center and are as set forth in the Collective Bargaining Agreement/CIR contract. The CIR contract provides a uniform agreement of financial support and benefit package for all GME programs. Deductions required by law will be calculated and taken from all employees' pay in accordance with existing legal authority and direction. Voluntary deductions will be made when authorized by eligible employees.

The hospital's payroll system makes available a "direct deposit" to employees' individual banking institutions. **Direct Deposit is a privilege extended to residents; however, it can be cancelled at the discretion of the Director of Academic Affairs if residents fail to meet their responsibilities, such as completion of Medical Records.**

C. Benefits and Conditions of Appointment:

The information on the terms, conditions and benefits of appointment are on the Jamaica Hospital Medical Center website. Candidates for Jamaica Hospital Medical Center's GME programs (applicants who are invited for an interview) are informed, in writing or by electronic means, of the terms, conditions, and benefits of 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, meals, laundry services, or their equivalents are to be provided. The CIR Agreement provides a uniform agreement of benefits for all GME programs. The preceding terms, conditions and benefits of appointment are contained in the currently existing CIR contract and in the CIR SEIU VHHSBP Benefits Plan.

D. Agreement of Appointment:

All GME Programs must assure that residents are provided with a written agreement of appointment/contract, provided by the Office of Academic Affairs that outlines the terms and conditions of their appointment to a GME program.

Jamaica Hospital Medical Center monitors programs with regard to implementation of terms and conditions of appointment by program directors. Jamaica and the Program Directors must ensure that residents are informed of and adhere to established educational and clinical practices, policies, and procedures in all sites to which residents are assigned.

The written agreement of appointment must contain or provide a reference to at least the following:

1. Residents' responsibilities;
2. Duration of appointment;
3. Financial support;
4. Conditions for reappointment;
5. Non-renewal of Contract: In instances where a resident's contract is not going to be renewed, Programs must provide the resident(s) with a written notice of intent not to renew the resident's contract no later than seven and one-half months prior to the end of their annual contract year. However, if the primary reason(s) for the non-renewal occurs within the seven and one-half months prior to the end of the contract, programs must ensure that residents are provided with as much written notice of the intent not to renew as the circumstances will reasonably allow, prior to the end of the contract. PGY-1 residents and residents who have transferred into a Jamaica Hospital residency training program shall be notified in writing during their first year of training, six and one-half months prior to the end of their annual contract year if their contract is to be non-renewed.

When a resident will not be promoted to the next level of training the Programs must provide the resident(s) with a written notice of intent no later than four months prior to the end of the resident's current agreement. If the primary reason(s) for the non-promotion occurs within the four months prior to the end of the contract, Jamaica must ensure that its programs provide the resident(s) with as much written notice of the intent not to promote as circumstances will reasonably allow, prior to the end of the contract.

Residents must be allowed to implement the institution's grievance procedures (See Appendix 6 Grievance Policy or Article 13, Grievance Procedure, in the CIR contract) if they have received a written notice of intent not to renew their contracts or of intent to renew their contract but not to promote them to the next level of training.

6. Professional Liability Insurance:

It is the policy of Jamaica Hospital Medical Center that Residents in all JHMC GME programs shall be provided with professional liability coverage for the

duration of residency or fellowship training. Each Resident shall be protected by such coverage regardless of whether the Resident is still employed by the Hospital at the time a professional liability claim or lawsuit is made, filed, or served, provided that such claim or lawsuit arises from acts or omissions occurring within the scope of the Resident's employment.

As set forth in the Collective Bargaining Agreement between the Hospital and the Committee of Interns and Residents, such coverage provides indemnification against any and all liabilities, loss damage, costs and expenses of whatever kind or nature including counsel and attorneys fees arising from any professional liability claim or lawsuit which residents may incur by reasons of negligent acts or omissions committed or performed within the scope of the residents' employment, studies, administrative or committee functions or responsibilities, subject to certain exclusions.

A detailed explanation of exclusions to coverage, rights and responsibilities of Residents and rights and responsibilities of the Hospital is set forth in the Collective Bargaining Agreement between the Hospital and the Committee of Interns and Residents, Article 7.

7. Health and Disability Insurance:

It is the policy of Jamaica Hospital Medical Center to provide hospital and health insurance benefits for the residents and their families through the Committee for Interns & Residents Union (CIR). All insurance begins the first day of the residents' contract. The Hospital provides insurance to all residents for disabilities resulting from activities that are part of the educational program. The terms of such benefits are set forth in the CIR SEIU VHHSBP Benefits Plan.

8. Leaves of Absence:

- a) Leave for maternity or disability is covered by the CIR contract. Leave for other reasons, personal or academic, may be approved by the program director. Approved leave is without pay or benefits and does not reduce previously earned credit. The effect of leave on earned credit (the number of months meeting GME standards towards completing requirements for board eligibility) must be provided to the resident in writing. The program director should contact ACGME and the specialty board if there is any question regarding the criteria for earned credit months. **All contractual leave policies are superseded by the residents' specialty Board requirements.** Each program must provide information relating to access to eligibility for certification by the relevant certifying board.
- b) Twelve (12) days of paid sick leave shall be provided per year cumulative to a maximum of forty-eight (48) days. Disability due to maternity shall be considered as sick leave.

- c) Residents who are pregnant shall, upon their request and with proper notification to their departments and documentation from their personal physician, be assigned electives and rotations appropriate to their condition, relieved of a reasonable and limited amount of night call and exposure to particularly harmful disease, radiation, and chemicals, and be allowed to schedule personal medical visits when necessary. Such requested changes shall be in conformity with the rules of the Resident's specialty board.

The Hospital may require such residents to present documentation from their personal physician that they are able to continue at or return to work. Unless the department chairman declares that they are unable to work, pregnant residents may continue to work as long as they perform their modified duties in such a way as to meet satisfactory levels appropriate to their specialty board and departmental requirements before they use their accrued paid and unpaid leave time.

- d) Upon request, residents shall be granted up to 12 months leave of absence without pay in addition to accrued paid holidays, sick and vacation time for maternity, childcare and disability. Such residents shall be allowed to return to their positions without loss of earned credit for full or partial years of service providing that such accreditation allowances shall be made within the rules or guidelines of the resident's specialty board. Payment of short term and long- term disability compensation and the extension of insurance coverage shall be as per the provisions specified in the respective plans.
- e) The residents shall be allowed to schedule time for childbirth training classes for themselves or with their spouses as necessary. Adoption shall be treated the same as birth for all appropriate, leave-time purposes. Any child or day-care services provided to other hospital employees shall also be offered to residents.
- f) When a resident is absent for an episode of illness for several days including two consecutive nights of on-call (or is relieved as above) and upon request provides satisfactory documentation from his/her personal physician, or where a resident resigns from his/her residency program the coverage shall be provided by residents who shall either receive compensation time-off or be paid at the normal hospital resident pay rate, at the chairman's option, when performing duty above that normally published in their regular on-call schedule.

Daytime coverage for a sick or disabled resident shall be shared by the remaining residents where such additional duties are not unreasonably burdensome. Where it is practical for a resident to make-up to one night's absence due to sickness or disability, he/she shall do so.

- g) A resident shall be paid at his/her regular pay for three (3) working days absence in the event of the death of a grandparent, parent, spouse, dependent or brother or sister; two (2) days paternity leave; and three (3) days marital leave.

- h) Time off with pay for specialty exams, will be granted for a period not to exceed 3 days in which the exams are actually given.
- i) Education leave up to 3 days with pay, to attend medical conferences shall be granted to eligible employees, provided that appropriate coverage can be arranged within the department. Eligible employees are those residents in the final year of their basic residency, and any resident who is a chief resident or fellow. Further terms regarding educational leave including but not limited to monetary allowances and reimbursable expenses arising out of residents' participation in educational conferences, are set forth in the CIR contract.
- j) When a resident is required to take the ACLS course, he/she shall be given time off for the length of the course. Coverage shall be arranged by the Department as required, except in an emergency, but at no additional cost to the Hospital.

Paid leave time granted to a CIR delegate shall be determined by the terms of the CIR contract.

- k) A professional leave of absence may be granted by the chairman of the department with the approval of administration. There will be no pay benefits or credited time granted by Jamaica Hospital Medical Center during this time.

9. Counseling Services:

Each Program Director must maintain a counseling system. There must be easy access to psychologists and/or psychiatrists. Preceptors will monitor & assess residents and refer to psychologists and/or psychiatrists when necessary. Program directors are responsible for monitoring residents for evidence of fatigue, behavioral changes, examples of which may include but are not limited to moodiness, self neglect, poor hygiene and/or disruptive, uncooperative, contentious behavior. Residents should refer to the CIR contract which sets forth the terms of coverage and provision for outpatient services for the treatment of mental, psychoneurotic and personality disorders. See Appendix 9 Resident Physician Impairment Policy.

10. Harassment:

The Hospital has a written policy covering sexual and other forms of harassment. See Appendix 11 Harassment Policy.

11. Accommodation for disabilities:

The Hospital has a written policy regarding accommodation for residents with disabilities. See Appendix 12.

12. Residency Closure/Reduction:

If Jamaica Hospital Medical Center intends to close or reduce the size of a GME program or close the institution, the GMEC, DIO and residents must be informed as early as possible. In the event of such a reduction or closure, residents already who are already in the program must be allowed to complete their education or such residents must be assisted in enrolling in an ACGME accredited program in which they can continue their education.

13. Restrictive Covenants:

GME programs must not require residents to sign a non competition guarantee.

E. Resident Participation in Educational and Professional Activities

1. Each GME program must provide effective educational experiences for residents that lead to measurable achievement of educational outcomes in the ACGME competencies as outlined in the Common and specialty/subspecialty-specific Program Requirements.
2. Residents must participate on committees and councils whose actions affect their education and/or patient care; and,
3. Residents must participate in an educational program regarding physician impairment, including substance abuse and sleep deprivation.

F. Resident Educational and Work Environment

Jamaica Hospital Medical Center and its GME programs provide an educational and work environment in which residents may raise and resolve issues without fear of intimidation or retaliation. This includes the following:

- Provision of an organizational system for residents to communicate and exchange information on their work environment and their GME programs. This may be accomplished through their participation on the GMEC, through their resident union, the CIR or other forums in which to address resident issues.
- A process by which individual residents can address concerns in a confidential and protected manner. Any resident may meet with the DIO to discuss any issues. All such discussions will remain confidential.

Jamaica Hospital Medical Center provides services and develops health care delivery systems to minimize resident' work that is extraneous to their GME programs' educational goals and objectives. These services and systems include:

1. Patient support services: Peripheral intravenous access placement, phlebotomy services, and laboratory and transporter services, must be provided in a manner appropriate to and consistent with educational objectives and quality patient care.
2. Laboratory/Pathology/Radiology Services: laboratory, pathology, and radiology services must be in place to support timely and quality patient care.

3. Medical Records: A medical records system that documents the course of each patient's illness and care must be available at all times and must be adequate to support quality patient care, residents education, quality assurance activities, and provide a resource for scholarly activity.

Jamaica Hospital Medical Center ensures a healthy and safe work environment that provides for:

1. Food Services: Residents have access to appropriate food services 24 hours a day while on duty in all institutions.
2. Call Rooms: Residents on call must be provided with adequate and appropriate sleeping quarters that are safe, quiet and private where possible.
3. Security/Safety: Appropriate security and personal safety measures must be provided to residents at all locations including but not limited to: parking facilities, on-call quarters, hospital and institutional grounds, and related facilities.

IV. GRADUATE MEDICAL EDUCATION COMMITTEE (GMEC)

A. GMEC Composition and Meetings

The Graduate Medical Education Committee is responsible for monitoring and advising on all aspects of residency education.

Voting membership on the committee includes the DIO; residents nominated by their peers, representative program directors, administrators, and may include other members of the faculty. At minimum two residents are elected from each program to assure consistent, adequate representation.

The committee meets quarterly and maintains written minutes documenting fulfillment of the committee's responsibilities. Minutes, once approved, will be forwarded to Administration and the governing body.

B. GMEC Responsibilities:

The Committee will establish and implement policies and procedures regarding the quality of education and the work environment for the residents in all our programs. These policies must include:

1. The Committee will review funding for resident positions.
2. Communication with program directors: The GMEC must:
 - a) Ensure that communication mechanisms exist between the GMEC and all program directors within the institution.

- b) Ensure that program directors maintain effective communication mechanisms with the site directors at each participating site for their respective programs to maintain proper oversight at all clinical sites affiliated with the GME programs of Jamaica Hospital Medical Center.

3. The GMEC develops and implements formal written policies and procedures governing resident duty hours to ensure compliance with the Institutional, Common and specialty/subspecialty-specific Program Requirements. There are no exceptions to the resident working hours. See Appendix 4 for the Duty Hour Policy.

Each GME program has established formal written policies governing resident duty hours that are consistent with the Institutional and Program Requirements and with applicable New York State Laws and Regulations, along with the negotiated terms of the CIR Agreement. These formal policies apply to all participating institutions used by the residents and address the following requirements:

The educational goals of the program and learning objectives of residents must not be compromised by excessive reliance on residents to fulfill institutional service obligations. Duty-hours and call schedules must be monitored by both Jamaica Hospital Medical Center and programs and adjustments made as necessary to address excessive service demands and/or resident fatigue. Duty hours, however, must reflect the fact that responsibilities for continuing patient care are not automatically discharged at specific times. All residents are to be provided appropriate backup support when patient care responsibilities are especially difficult or prolonged; and, structuring of duty hours and on-call schedules must focus on the needs of the patient, continuity of care, and the educational needs of the resident.

4. Resident supervision: Monitor programs' supervision of residents and ensure that supervision is consistent with:

- a) Provision of safe and effective patient care,
- b) Educational needs of residents,
- c) Progressive responsibility appropriate to residents' level of education, competence, and experience; and,
- d) Other applicable Common and specialty/subspecialty-specific Program Requirements.

5. Communication with Medical Staff: Communication between leadership of the medical staff regarding the safety and quality of patient care that includes:

- a) The annual report to the OMS;
- b) Description of resident participation in patient safety and quality of care education; and,

- c) The accreditation status of programs and any citations regarding patient care issues.
6. Curriculum and evaluation: Assurance that each program provides a curriculum and an evaluation system to ensure that residents demonstrate achievement of the six general competencies as defined in the Common and specialty/subspecialty-specific Program Requirements.
 7. Resident Status: selection, evaluation, promotion, and dismissal of residents in compliance with the Institutional and Program Requirements.
 8. Oversight of program accreditation: Review of all ACGME program accreditation letters of notification and monitoring of action plans for correction of citations and areas of noncompliance.
 9. Management of institutional accreditation: Review of the Institutions' ACGME letter of notification from the IRC and monitoring of action plans for correction of citations and areas of noncompliance.
 10. Oversight of program changes: Review of the following for approval, prior to submission to the ACGME by program directors.
 - a) All applications for ACGME accreditation of new programs;
 - b) Changes in resident complement;
 - c) Major changes in program structure or length of training;
 - d) Additions and deletions of participating site;
 - e) Appointments of new program directors;
 - f) Progress reports requested by any Review Committee;
 - g) Responses to all proposed adverse actions;
 - h) Voluntary withdrawal of program accreditation;
 - i) Requests for an appeal of an adverse action; and,
 - j) Appeal presentations to a Board of Appeal or the ACGME.
 11. Experimentation and innovation: Oversight of all phases of educational experiments and innovations that may deviate from Institutional, Common, and specialty/subspecialty-specific Program Requirements, including:

- a) Approval prior to submission to the ACGME and/or respective Review Committee;
 - b) Adherence to Procedures for “Approving Proposals for Experimentation or Innovative Projects” in *ACGME Policies and Procedures*; and;
 - c) Monitoring quality of education provided to residents for the duration of such a project.
12. Oversight of reductions and closures: Oversight of all processes related to reductions and/or closures of:
- a) Individual programs;
 - b) Major participating sites; and,
 - c) The Sponsoring Institution.
13. Vendor interactions: Provision of a statement that addresses interactions between vendor representatives/corporations and residents/GME programs, see Appendix 13, Vendor Policy.

V. INTERNAL REVIEW

A. Process:

1. The GMEC must develop, implement, and oversee an internal review process as follows:
 - a. The GMEC must designate an internal review committee(s) to review each GME program sponsored by Jamaica Hospital Medical Center. The internal review committee must include faculty, residents, and administrators from within the institution but not from within the GME program being reviewed. External reviewers may also be included on the committee as determined by the GMEC. Administrators from outside the program may also be included.
 - b. The review must follow a written protocol approved by the GMEC that incorporates, at a minimum, the ACGME Institutional Requirements on internal reviews.
2. Internal Reviews must be in process and documented in the GMEC minutes by approximately the midpoint of the accreditation cycle. The accreditation cycle is calculated from the date of the meeting at which the final accreditation action was taken to the time of the next site visit.

3. If there are no residents enrolled in the program at the mid-point of the review cycle:

the GMEC must demonstrate continued oversight of those programs through a modified internal review that ensures the program has maintained adequate faculty and staff resources, clinical volume, and other necessary curricular elements required to be in substantial compliance with the Institutional, Common and specialty-specific Program Requirements prior to the program enrolling a resident.

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

4. The Internal Review should assess each program's:
 - a. Compliance with the Common, specialty/subspecialty-specific Program, and Institutional Requirements;
 - b. Educational objectives and effectiveness in meeting those objectives;
 - c. Educational and financial resources;
 - d. Effectiveness in addressing areas of noncompliance and concerns in previous ACGME accreditation letters of notification and previous internal reviews;
 - e. Effectiveness of educational outcomes in the ACGME general competencies;
 - f. Effectiveness in using evaluation tools and outcome measures to assess a resident's level of competence in each of the ACGME general competencies; and,
 - g. Annual program improvement efforts in:
 - Resident performance using aggregated resident data;
 - Faculty development;
 - Graduate performance including performance of program graduates on the certification examination; and,
 - Program quality

5. Materials and data to be used in the review process must include:

- a. The ACGME Common, specialty/subspecialty-specific Program and Institutional Requirements in effect at the time of the review;

- b. Accreditation letters of notification from previous ACGME reviews and progress reports sent to the respective RRC;
 - c. Reports from previous internal reviews of the program;
 - d. Previous annual program evaluations; and,
 - e. Results from internal or external resident surveys, if available.
6. The internal review committee must conduct interviews with the program director, key faculty members, at least one peer-selected resident from each level of training in the program, and other individuals deemed appropriate by the committee.

B. Internal Review Report

The written report of the internal review for each program must contain, at a minimum:

- The name of the program reviewed;
- The date of the assigned midpoint and the status of the GMEC's oversight of the internal review at that midpoint;
- The names and titles of the internal review committee members;
- A brief description of how the internal review process was conducted, including the list of the groups/individuals interviewed and the documents reviewed;
- Sufficient documentation to demonstrate that a comprehensive review followed the GMEC's internal review protocol;
- A list of the citations and areas of non-compliance or any concerns or comments from the previous ACGME accreditation letter of notification with a summary of how the program and/or institution subsequently addressed each item.

The DIO and the GMEC must monitor the response by the program to actions recommended by the GMEC in the internal review process.

The Sponsoring Institution must submit the most recent internal review report for each training program as a part of the Institutional Review Document (IRD). If the institutional site visitor simultaneously conducts individual program reviews at the same time as the institutional review, the internal review reports for those programs must not be shared with the site visitor.

VI. RESIDENT RESPONSIBILITIES

All physicians enrolled in a Graduate Medical Education program at Jamaica Hospital Medical Center (JHMC) should perform the duties enumerated in this policy. Specific job descriptions

which further delineate the resident members' duties are the responsibility of each program to develop and distribute.

A. Obligations:

The following are obligations that must be met in order to provide medical care to patients. Adherence to these procedures will ensure that obligations to patients and the various accrediting organizations have been fulfilled. Residents are required to:

1. Consult the attending of record about his/her patient's condition and treatment plan at the time of admission, or within 24 hours, and any time there is a change in the patient's condition.
2. Legibly document that the patient's condition, treatment plan and orders have been discussed with the attending, who must be identified. Documentation must occur subsequent to each discussion with the attending.
3. Identify themselves by pharmacy registration identification number and year of postgraduate training.
4. Examine all patients that they are responsible for, as indicated by program's schedule, on at least a daily basis.
5. Legibly document objective observations of the patient, focusing on an assessment related to whatever problems the patient has and his/her response to a treatment or procedure. For example, if a patient had vascular surgery performed on his/her left leg; legibly document the objective findings of a vascular assessment of the left leg on at least a daily basis.
6. Respond to all requests for consults and/or intervention by your service. Requests from the Emergency Department should be responded to immediately, if possible. Only after examining the patient and discussing the patient's condition with an attending from your service, may you tell another service that intervention by your service is not indicated.
7. Legibly document that the patient has been examined and the patient's condition discussed with an attending from the resident's department.
8. Document that based upon your discussion with the attending, who is identified, admission and/or intervention or follow-up by your resident's service is not indicated.

B. Adherence to Laws and Hospital Policies:

Residents are required to comply with all Federal, State and Local Laws, Rules and Regulations, as well as Jamaica Hospital Medical Center's policies, procedures, rules and regulations. This includes, but is not limited to, reporting treatments and/or procedures and other occurrences having an adverse impact upon a patient, visitor or other person.

Occurrence reports must be completed by the staff member who discovers the occurrence or to whom the occurrence was reported and by the physician responsible for assessing, evaluating and treating the patient, visitor or other person. All adverse occurrences must be reported immediately to the Clinical Nurse Manager or during evening hours to the Nursing Supervisor. The Nursing Department will forward occurrence reports to the Department of Risk Management. Jamaica Hospital Medical Center will be subject to fines and other penalties when occurrences subject to mandatory reporting requirements are not reported in accordance to New York State Department of Health Regulations governing occurrence reporting requirements.

C. OSHA Regulations:

In addition, residents are required to comply with OSHA Regulations that prohibit wearing scrubs, booties, masks and caps, which were worn during a surgical procedure, outside of the operating room.

D. Duty Assignment:

Residents may be required to perform duties usually assigned to a resident at a lower or higher year of training. This may be required when needed to accomplish the education and patient care mission of the department, to improve performance deficiencies of a resident or to allow a qualified resident to advance educationally. Any such variations will be at the discretion of the program director and will be temporary.

E. Credentialing and Delineation of Privileges

Each GME program is responsible for the development of procedures for credentialing and privilege delineation that comply with institutional objectives. Program Directors and Departmental Chairpersons are responsible to ensure that residents are granted privileges in compliance with department specific examination, treatment and procedures.

All residents will be supervised by more senior residents and by the Attending staff. In accordance with Part 405.4 of the New York State Health Code, postgraduate trainees in acute care specialties such as family practice, medicine, obstetrics, pediatrics, psychiatry and surgery must be supervised by physicians who are board certified or admissible in those respective specialties or who have completed a minimum of four post-graduate years of training in such specialty.

Each program must develop a plan for delineation of privileges for residents. Departmental plans for delineation of privileges should include but are not limited to the following:

- An explicit statement of the roles of attendings, fellows and residents in the clinical activities of the department.
- A general delineation of privileges for residents in each post-graduate year of training.
- A list of examinations, procedures and/or treatments at which the resident is to gain proficiency and the year of training in which proficiency is expected to be achieved. Such list should specify those

procedures requiring “general” supervision and those requiring “direct” supervision.

- A mechanism by which documentation of proficiency will take place.

The Departmental Chairperson or designee must be responsible for granting privileges based upon documentation of proficiency. Documentation of delineation of privileges must be maintained in residents’ files. Receipt and verification of documentation of delineated privileges of residents on rotation from affiliated hospitals will be the responsibility of the departmental office and the departmental Chairperson. Restrictions of delineation of privileges of residents on rotation from affiliated hospitals will be the responsibility of the department Chairperson.

Evaluations of residents will be completed by the supervising physicians at the conclusion of each respective rotation within that department. Copies of all evaluations must be maintained in the residents’ files.

The maintenance of residents’ credentials files is a departmental responsibility. Departments must:

- Conduct all required credential checks prior to acceptance into the specific residency program.
- Obtain all appropriate verifications of such credentials
- Maintain current delineation of privileges and periodic evaluations.
- Forward copies of all required credentialing materials to the Office of Academic Affairs.

Where immediate emergency medical care is required to preserve life or to prevent serious impairment of the health of a patient, all residents must be permitted to do everything possible within the scope of their knowledge and skill to preserve the life of the patient or to prevent the occurrence of serious harm to the patient. In such case, Attending staff or a senior resident must be consulted as soon as possible. In all other cases, performance of procedures in violation of departmental credentialing requirements may lead to the contemplation of disciplinary action. As such, due process procedures pursuant to the CIR may be invoked.

VII. HIPAA/PATIENT PRIVACY

Jamaica Hospital Medical Center is committed to protecting the privacy and confidentiality of health information of its patients. Protected health information (PHI) is strictly confidential and must not be given, nor confirmed to anyone who is not authorized under the medical center’s policies or applicable law to receive this information. Patient health information is defined as: Any patient information in any form (written, spoken or electronic) including name or address, that relates to the past, present, or future physical or mental health or condition of an individual, the provision of health care to an individual, or the past, present, or future payment for the provision of health care to an individual, and either identifies the individual or could reasonably be used to identify the individual.

PHI must be kept out of public viewing and hearing and must not be left in conference rooms, on desks, counters, or other areas that may be accessible to the public or to other employees or individuals who do not have a need to know the PHI. Caution must be exercised in sharing PHI with families and friends of patients. Such information may generally only be shared with a personal representative or with a family member, relative, or close personal friend who is involved in the patient's care or payment for that care. Information cannot be disclosed unless the patient has had an opportunity to agree or object to the disclosure. Disclosure of information that is relevant to the involvement of that family member, relative, or close personal friend in the patient's care or payment for the patient's care is permissible.

Caution must be taken to protect PHI in confidential databases and workstations, when downloading, copying or removing PHI and when emailing and faxing patient information.

Violations of this policy will lead to disciplinary action up to and including termination of employment or contract. Any resident who knows or has reason to believe that another person has violated this policy should report the matter promptly to his or her program director or departmental chairperson or the hospital's privacy officer.

**Jamaica Hospital Medical Center
Graduate Medical Education**

DISASTER POLICY

In the event of a disaster impacting the graduate medical education programs sponsored by the Jamaica Hospital Medical Center the GMEC establishes this policy to protect the well being, safety and educational experience of residents enrolled in our training programs.

The definition of a disaster is an event or set of events causing significant alteration to the residency experience at one or more residency programs as defined by the ACGME. Following the declaration of a disaster, the GMEC working with the DIO and other sponsoring institution leadership will strive to restructure or reconstitute the educational experience as quickly as possible following the disaster.

As quickly as possible the DIO and GMEC will make the determination whether transfer to another program is necessary.

Once the DIO and GMEC determine that the sponsoring institution can no longer provide an adequate educational experience for its residents, the sponsoring institution will, to the best of its ability, arrange for the temporary transfer of the residents to programs at other sponsoring institutions until such time as the Hospital is able to resume providing the experience. Where possible, residents will be transferred to one of the institutions in our network. Residents who transfer to other programs as a result of a disaster will be provided by their Program Directors with an estimated time that relocation to another program will be necessary. Should that initial time estimate need to be extended, the resident will be notified by their Program Directors using written or electronic means identifying the estimated time of the extension.

If the disaster prevents the sponsoring institution from re-establishing an adequate educational experience within a reasonable amount of time following the disaster, then permanent transfers will be arranged.

The DIO will be the primary institutional contact with the ACGME and the Institutional Review Committee Executive Director regarding disaster plan implementation and needs within the sponsoring institution.

In the event of a disaster affecting other sponsoring institutions of graduate medical education programs, the program leadership at Jamaica Hospital Medical Center will work collaboratively with the DIO who will coordinate the ability to accept transfer residents from other institutions. This will include the process to request complement increases with the ACGME that may be required to accept additional residents for training. Programs currently under a proposed or

actual adverse accreditation decision by the ACGME will not be eligible to participate in accepting transfer residents.

Programs will be responsible for establishing procedures to protect the academic and personnel files of all residents from loss or destruction by disaster. This should include at least a plan for storage of data in a separate geographic location away from the sponsoring institution.

**Jamaica Hospital Medical Center
Graduate Medical Education**

DISMISSAL AND DISCIPLINARY ACTION

It is the policy of Jamaica Hospital Medical Center to maintain the right to dismiss any employee. There shall be no dismissal, demotion or fine assessed against any resident except for cause until there has been a hearing between the CIR and the Hospital. Grounds for dismissal include, but are not limited to:

- Substance abuse;
- Intoxication or drinking on the Medical Center premises;
- Habitual or excessive absenteeism;
- Pilfering, theft or the deliberate destruction of Medical Center Property;
- Destruction or harm due to repeated acts of negligence;
- Insubordination;
- Incompetence;
- Fighting or creating a disturbance;
- Failure to follow rules and established practices;
- Interference with the work of others;
- Soliciting tips;
- Jeopardizing patients' safety or health;
- Use or possession of illegal substances or dangerous weapons;
- Any improper conduct towards patients or other employees;
- Gambling;
- Uncorrected problems relating to personal hygiene;

- Use and Disclosure of patient health information in violation of privacy regulations and the policies and procedures of the institution;
- Failure to render a personal service to any patient of the Medical Center if such service is within the normal and usual scope of the residents duties or is required by reason of any emergency;
- Misrepresentation on employment applications;
- Falsification of records and reports including time cards;
- Destruction, misuse, defacement, willful misplacement or removal of property or equipment belonging to the institution, patients, visitors, or employees without authorization.

When disciplinary action is contemplated, procedures set forth in the CIR contract shall be followed. See, Benefits and Conditions of Appointment, Grievance Procedures and Due Process.

Department: Administration
ALL Clinical Departments & Services

SUBJECT: Managing Disruptive and Inappropriate Behaviors		
Effective Date: 1 / 2009	Reviewed/Revised:	Next Review Date: 6 / 2010

I. Purpose

To ensure optimum patient care by promoting a safe, cooperative and professional healthcare environment; and to prevent or eliminate conduct which disrupts the ability of others to practice safely and competently.

II. Policy Statement

The Medical Center will not tolerate behaviors that undermine a culture of safety. It is committed to establishing and maintaining a working environment in which staff are treated with dignity and respect. Professional behavior is expected from all staff. Disruptive and/or inappropriate behavior is considered an unprofessional behavior and will be addressed in accordance with this policy.

III. Definition of Terms

A. Disruptive Behaviors – Behaviors that negatively impact the efficient and safe delivery of care or service, and/or undermine a safe work environment. These behaviors may include but are not limited to:

1. Expletives, especially targeting an individual or group
2. Demeaning behavior such as name calling
3. Sexual comments or innuendo
4. Racial or ethnic jokes
5. Fighting, threatening behavior or disorderly conduct
6. Throwing instruments, charts or any objects
7. Retaliation against any member of the health care team who has reported a violation to the code of conduct, or has participated in an investigation of an incident.

B. Inappropriate Behaviors – Behaviors that would cause a person of ordinary sensibilities “fear of injury” or “harm.” These behaviors include intimidation and other professional misconduct that may suppress input and force a staff member to become passive. These behaviors may include but are not limited to:

1. Inappropriate outbursts of anger
2. Criticizing other caregivers in front of patients or other staff

3. Comments that undermine a patient's trust in other caregivers or the hospital.
4. Comments that undermine a caregiver's self confidence in caring for patients
5. Failure to adequately address safety concerns or patient care needs expressed by another caregiver
6. Intimidating behavior that suppresses input by other members of the healthcare team
7. Deliberate failure to adhere to organizational policies without evidence to support an alternative

IV. General Principles

- A. All disruptive and inappropriate behaviors will not be tolerated.
- B. The Medical Center will strive to eliminate disruptive, intimidating and inappropriate behaviors through the promotion of the following programs and strategies:
 1. Cultural sensitivity
 2. Skills-based education
 3. Relationship-building
 4. Effective communication
 5. Effective interpersonal and coping skills
 6. Conflict management
 7. Effective collaborative practice
 8. Accountability
 9. Active surveillance for detecting unprofessional behavior
- C. The Hospital expects all staff to conduct themselves in a manner that promotes a culture of safety.
- D. This policy will address concerns, complaints and allegations of disruptive and inappropriate behavior that undermine optimal delivery of care or service to the patient.
- E. Other forms of unacceptable behavior or professional misconduct will be addressed in accordance with appropriate policies established by the Hospital or applicable State or Federal laws and statutes. These behaviors include harassment, sexual harassment, discrimination, physical abuse or threat, violence, conflict of interest, and grievances. Applicable laws, statutes, and policies may include but are not limited to the following:
 1. New York City Human Rights Law
 2. Deficit Reduction Act /Federal False Claims Act
 3. Corporate Compliance and Code of Ethics
 4. Non Retribution and Retaliation Policy
 5. Human Resources Policy on Grievances

6. Human Resources Policy on Reporting of Professional Other than
7. Physicians and Dentists in Terms of Professional Misconduct
8. Medical Staff By-Laws

V. Responsibilities

- A. The staff member is responsible for:
 1. Demonstrating professional behavior in the workplace at all times.
 2. Reporting any form of disruptive and/or inappropriate behavior without delay
 3. Participating in promoting a culture of safety and quality.

- B. The Department Head or Chairperson is responsible for:
 1. Conducting a review in accordance with established polices and procedures.
 2. Promoting a surveillance system for detecting unprofessional behavior.
 3. Participating in a collaborative effort to eliminate disruptive and inappropriate behaviors.

- C. The Administration is responsible for:
 1. Implementing, monitoring and evaluating strategies that cultivate a culture of safety.
 2. Improving inter-professional communication through interdisciplinary meetings and dialogues.
 3. Resolving conflicts and complaints in a timely manner.
 3. Promoting education programs and initiatives that foster collaboration and teamwork.

VI. Procedure

- A. When a disruptive or inappropriate behavior is observed, the staff member shall report the incident to his / her immediate supervisor or Department Head.

- B. All practitioners shall report incidents to their appropriate clinical chairperson.

- C. The staff member fills out a “Staff Complaint Form” without delay.

- D. The complainant shall provide the following information:
 1. Relevant facts, including the date of occurrence, the identity of all parties, the location and the description and circumstances of the behavior at issue.
 2. Other individuals who might be aware of or have knowledge of the situation.

- E. Upon receipt of the complaint, the Department Head or Clinical Chairperson / Program Director shall immediately contact the Human Resources Department – Office of Labor Relations for direction on how to handle the complaint.

Note: Complaints involving discrimination / harassment, Corporate Compliance violations, and other serious allegations will require the involvement of the Human Resources Department, and may also be referred to the Corporate Compliance Department for investigation. Complaints involving the Medical Staff will be addressed in accordance with the Medical Staff By-Laws.

- F. The department assigned to handle the complaint will designate the appropriate management staff member to review the details of the incident, conduct an interview of the complainant and determine the policy or guideline applicable to the case.
- G. Additional interviews will be conducted based on the reported incident, and the individual investigating the complaint will meet with the respondent (the individual named in the complaint).
- H. A full investigation, including a review of records, documents, witnesses and all data related to the allegation will occur.
- I. The investigation will be conducted within a reasonable time frame. Confidentiality will be maintained to the extent practicable under the circumstances.
- J. Not all complaints of disruptive or inappropriate behavior will require a detailed investigation process. Department Heads directed to handle a complaint may employ non-confrontational interventional strategies and informal conversations to facilitate communication and build trust between the parties involved. They may utilize informal alternatives which include but are not limited to:
 - 1. Arrangement for a meeting to clarify the issue and/or to reach a mutually acceptable resolution.
 - 2. Distribution of relevant policies or education materials to the respondent.
 - 3. Informing the respondent of the perceived behavior to prevent recurrence.
 - 4. Acknowledgment of the demonstrated behavior and plan for correction.
- K. Upon completion of the investigation by the Human Resources or the Department Head / Clinical Chairperson / Program Director, or designee, the Medical Center shall take appropriate actions. Progressive discipline, including corrective actions under the Medical Staff By-Laws and Human Resources policies, shall be considered based upon the nature, severity, and of instances of disruptive behaviors. These actions may range from remediation through education to termination of employment, and may include any of the following measures:
 - 1. Issuance of a verbal or written warning which shall be maintained in the staff member's or practitioner's file.
 - 2. Education and training on the principles of promoting a culture of safety.
 - 3. Appropriate restrictions on the practitioner's clinical privileges consistent with the By-Laws of the Hospital.

4. Suspension or termination of employment.

- L. The Department Head or Human Resources will meet with the complainant and provide them with a memorandum advising that the complaint was investigated and as appropriate, corrective actions have been taken to resolve the complaint, in accordance with Human Resources policies and medical Staff By-Laws.
- M. If the investigation and response to the complaint are assigned to the staff member's department, a copy of the Staff Complaint Form, along with all relevant documentation, must be forwarded to the Human Resources Department – Office of Labor Relations, in an envelope marked *Confidential*.
- N. The Human Resources Department – Office of Labor Relations, will be responsible to log complaints, and to track and ensure that the appropriate follow-up has been completed when a Staff member Complaint Form has been submitted. They will provide a monthly activity report to the Corporate Compliance Department.
- O. The Human Resources Department – Office of Labor Relations will report on a quarterly basis to the hospitalwide Performance Improvement Committee a summary of reported incidents and corrective actions.

VII. Education

- A. The Hospital shall provide education programs in relationships building, interpersonal skills and conflict management.
- B. Principles and strategies for promoting a culture of safety and quality shall be incorporated in the orientation programs of staff at all levels and across disciplines.
- C. Annual staff member reorientation shall include concepts of teamwork, effective communication and collaborative work environment.

**Jamaica Hospital Medical Center
Graduate Medical Education**

DUTY HOUR POLICY

In order to promote patient safety and education through carefully constructed duty-hour assignments and faculty availability, to schedule resident duty hours that support the physical and emotional well-being of the resident, to promote an educational environment, and facilitate patient care, it is the policy of this institution that the scheduled work week of residents shall not exceed an average of 80 hours over a four week period. Residents shall not be scheduled to work for more than 24 consecutive hours with 2-3 hours for transition time. Transition time is to be used for appropriate transfer of patient information and specifically not for new patient care responsibilities. On-call duty will be scheduled for each resident no more than every third night. Scheduled on-duty assignments are to be separated by not less than 10 non-working hours. Residents shall have at least one 24-hour period of scheduled non-working time per week.

Moreover, all Jamaica Hospital Medical Center GME programs must have a department specific written policy on duty hours and must ensure that residents are provided appropriate backup support when patient care responsibilities are especially difficult or prolonged. All Programs must conform to the New York State Department of Health Regulations (Code 405).

**Jamaica Hospital Medical Center
Graduate Medical Education**

ELIGIBILITY, SELECTION POLICY and APPLICATION PROCESS

It is the policy of Jamaica Hospital Medical Center to assure that all enrolled residents are eligible as defined below and that each GME program is monitored for compliance. Furthermore, Jamaica Hospital Medical Center must assure that all enrolled residents are eligible as defined below:

Resident Eligibility: Applicants with one of the following qualifications are eligible for appointment to GME programs:

- Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).
- Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA).
- Graduates of medical schools outside the United States and Canada who meet one of the following qualifications:

Have received a currently valid certificate from the Educational Commission for Foreign Medical Graduates prior to appointment, or,

Have a full and unrestricted license to practice medicine in a US licensing jurisdiction in which they are training.

- Graduates of medical schools outside the United States who have completed a Fifth Pathway* program provided by an LCME-accredited medical school.

Resident selection:

All GME programs must select from among eligible applicants on the basis of residency program-related criteria such as their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity. GME programs must not discriminate with regard to sex, race, age, religion, color, national origin, disability, or any other applicable legally protected status. All programs are encouraged to participate in an organized matching program, such as the National Resident Matching Program (NRMP) where such is available.

Application Process:

All applicants to residency education programs must complete the ERAS application. All such applications must be reviewed, in their entirety by the program director. Once a decision is made to employ an applicant the hospital's employment application and the "Consent and Disclosure" Form must be completed by the applicant for a background check. Any refusal to complete the "Consent and Disclosure" Form shall terminate the employment offer.

*A Fifth pathway program is an academic year of supervised clinical education provided by an LCME accredited medical school to students who meet the following conditions: (1) have completed, in an accredited college or university in the United States, undergraduate premedical education of the quality acceptable for matriculation in an accredited United States Medical School; (2) have studied in a medical school outside the United States and Canada but listed in the World Health Organization Directory of Medical Schools; (3) have completed all the formal requirements of the foreign medical school except internship and/or social service; (4) have attained a score satisfactory to the sponsoring medical school on a screening examination; and (5) have passed either the Foreign Medical Graduation Examination in the Medical Sciences, Parts I and II of the examination of the National Board of Medical Examiners, or Steps 1 and 2 of the United States Medical Licensing Examination (USMLE).

**Jamaica Hospital Medical Center
Graduate Medical Education**

GRIEVANCE POLICY & DUE PROCESS

It is the policy of Jamaica Hospital Medical Center to address all academic or other disciplinary actions taken against residents that could result in dismissal, nonrenewal of a resident's agreement or other actions that could significantly threaten a resident's intended career development. It is furthermore the policy of this institution to ensure the adjudication of resident complaints and grievances related to the work environment or issues related to the program or faculty.

1. Adjudication of Complaints or Grievances:

Grievances or perception of exploitation should first be addressed at a departmental level providing for fairness and due process. Faculty attitude toward residents is the essential component in addressing grievances fairly while considering the needs of patients and the program. The hierarchy of supervision is the usual line of recourse for addressing grievances. Senior resident, chief resident, supervisory faculty, administration faculty is the usual line of supervision. The resident's preceptor or senior faculty can be an advocate for any resident at any time.

2. CIR Grievance Procedure:

When Grievances cannot be addressed in an informal manner, the following procedure (as set forth in the CIR contract) should be followed. These types of disputes should follow the three-step grievance procedure:

- a. Interpretation or application of the terms of the CIR contract;
- b. Regular and recurrent assignment of a resident to duties not appropriate to a resident;
- c. Unresolved grievances brought to the GMEC.
- d. A question regarding the non-renewal of the appointment of a resident.

First Step: The resident and the CIR shall take the grievance up directly with the Department's Chair, Program Director or Administrator involved. The Department Director or Administrator shall give his/her answer to the resident and the CIR within five (5) working days thereafter.

Second Step: If no satisfactory settlement is reached at the first step, the CIR may present the grievance in writing to the Hospital's Vice President of Human Resources or his/her designated representative within five (5) working days after the Department Director or Administrator has given his/her answer at the First Step. The Human Resources Director or his/her designated representative, will meet with a representative of the CIR within seven (7) working days after receipt of the written grievance and shall give his/her answer in writing to the written grievance within seven (7) working days after meeting with the CIR representative.

Third Step: If any grievance is not disposed of in the foregoing procedure, the CIR may within ten (10) working days after it receives Vice President of Human Resources' or his/her designated representative's written response at the Second Step, submit the dispute to final and binding arbitration pursuant to the Voluntary Labor Arbitration Rules of the American Arbitration Association.

In the event a grievance is of a general nature affecting either all residents of a single service or two or more residents assigned to different services, the CIR may file such grievances at the Second Step without resort to the First Step.

The parties shall bear equally the fees and expenses of the arbitrator.

Failure by a resident or the CIR to follow the specified time limits shall constitute a waiver of the right to further process the grievance. Failure by the Hospital to respond within the time limits prescribed shall be deemed a denial of the grievance.

Grievances related to a timely decision to non-renew a resident shall be submitted to the Medical Board and the governing body of the hospital for a final decision in lieu of submission to the American Arbitration Association. The resident shall be afforded the right to due process before that Board and governing body including the right to be represented by counsel provided by the CIR/SEIU. Grievances regarding the timeliness of notification of non-renewal pursuant to the Article 15, Individual Contracts, shall be submitted to arbitration.

**Jamaica Hospital Medical Center
Graduate Medical Education**

MOONLIGHTING POLICY

New York State and ACGME Regulations define moonlighting as working outside of the accredited program. JHMC considers residency training as a full-time responsibility and residents must not be required to engage in moonlighting. Moonlighting is not conducive to this objective. However, it is understood that at times permission for moonlighting is requested and such permission may be granted on a time-limited basis for activities in the medical profession at this institution, or for those with medical education value.

It is the policy of Jamaica Hospital Medical Center that residents who work outside of their accredited programs must have a license or limited permit. Such residents must also be covered by professional liability insurance (malpractice). It is the policy of Jamaica Hospital Medical Center that all program directors must closely monitor all moonlighting activities. Each program must have a written policy that addresses moonlighting. Each program policy must specify and require a prospective, written statement of permission from the program director that is made part of the resident's file. This written statement of permission must state that the residents' performance will be monitored for the effect of these activities upon performance and that adverse effects may lead to withdrawal of permission.

It is also the policy of this institution that:

- At all times the resident is to be under the supervision of an attending physician.
- Moonlighting time cannot be concurrent with assigned resident rotations.
- Total time devoted to patient care cannot surpass 80 hours per week.
- Moonlighting work includes all types of gainful employment within, as well as outside, of the hospital.

If a resident wishes to moonlight, he or she must:

1. Schedule a meeting with the Program Director to request permission;
2. At this meeting the resident must show that:
 - a. Moonlighting time does not conflict with the program's schedule.
 - b. All New York State Department of Health Regulation 405 requirements are met.
 - c. The time spent will not detract from responsibilities to the learning experience and attention to patient care.

3. If the Program Director gives approval, then permission is granted, in writing, and any impact on the resident's performance is evaluated.
4. If the Program Director does not grant approval, the resident must accept his decision as final.
5. If a resident is found to be moonlighting without permission, disciplinary action will be taken with possible dismissal from the program.
6. A duty hour log for the week involved must be completed and returned to the program director which will be placed in the resident's folder.

**Jamaica Hospital Medical Center
Graduate Medical Education**

POLICY ON RESIDENT CONFERENCE TRAVEL

Residents who are sent by their department to a conference or who are invited to present a paper or poster at a conference shall submit their original expense receipts to the Office of Medical Education to be reimbursed. No copies will be accepted. The following guidelines shall apply:

1. Documentation such as registration receipt of attendance at the conference shall be attached. Dates and location of the conference must be included.
2. Costs for travel to the conference shall be reimbursed for the least expensive mode of travel to the location of the conference.
3. The conference hotel accommodations rate shall be reimbursed, as shall any other comparable or less expensive lodging.
4. The conference registration fee shall be reimbursed in total.
5. Meals shall be reimbursed at a daily maximum of \$75.00 per day.
6. No entertainment or other non-conference related expenses shall be reimbursed.

**Jamaica Hospital Medical Center
Graduate Medical Education**

RESIDENT PHYSICIAN IMPAIRMENT POLICY

This policy delineates the actions to be taken when dealing with possible physician/resident impairment due to alcohol abuse, substance abuse, psychiatric issues, aging, medical problems, excessive stress, family problems, or other medical or psychiatric issues which can, or are leading to, impairment or inability to practice with reasonable skill and safety. In observing this policy, the institution shall fulfill its responsibilities to monitor residents and to comply with reporting requirements of New York State law.

Complaints or concerns from any source (patient, hospital administration, other physicians, etc.) about potentially impaired physicians should be referred to the Program Director or Departmental Chairperson's office in writing and with specific details about the behavior that was observed. Complaints that do not meet these specifications will be disregarded. Complaints should also, when possible, list the names of others that can corroborate the observations made.

All such complaints shall be kept confidential. Written material relating to the inquiry in the complaint shall be kept in a special file in a locked cabinet in the Program Director's or Departmental Chairperson's office. Access to the file shall be limited to the Program Director and the Chairman of the involved department. These individuals will maintain the confidentiality of the matter.

The Program Director or Departmental Chairperson, will briefly review the complaint to determine that it is legitimate and that there are not mitigating or obvious exculpatory factors. During this process, the Program Director or Departmental Chairperson must interview the physician involved and inform him of the allegation(s) without disclosing the source. The person lodging the allegation will also be interviewed. This initial review must be completed within 10 working days from the date of complaint. Other pertinent individuals, including nurses, will be interviewed at the discretion of the Program Director or Departmental Chairperson. Those interviewed must maintain the confidentiality of the matter.

If the Program Director or Departmental Chairperson can reach resolution of the issue with the resident, the issue will be recorded and stored in a confidential file. A process for appropriate follow-up will be put in place with clear understanding of the consequences for failure to comply with the established policy. Referral is made to the Medical Society of the State of New York Committee for Physicians Health for assistance and monitoring of impairment issues. Notification shall also be made to any regulatory body or agency as may be required by law.

All residents are instructed in the recognition and management of impairment including substance abuse, alcohol, depression, dementia and other mental emotional and physical disorders in their

peers as well as in the principles and methods of active intervention. The process for Early Identification of impairment shall consist of:

1. Regular monthly reviews by the program director of the written and verbal evaluations of residents.
2. Consideration of confidential information regarding suspected resident impairment.
3. Mentor program, which includes attending physicians assigned to all residents for counseling.

Impairment that jeopardizes job performance or patient care shall be reported to the Departmental Chairperson for due process resolution in accordance with institutional policy and procedure and for referral for confidential physician recovery assistance. Treatment for impairment shall be a condition for the impaired resident's continuation in the program. In all circumstances the program director shall be responsible for protecting the integrity of the residency program and the quality of patient care delivered by the staff and will respond appropriately to this end. Appropriate hospital board committees and regulating agencies will be notified when the institution is required to do so by law and/or pursuant to the Hospital by-laws and policies and procedures.

RESIDENT FATIGUE, STRESS AND SLEEP DEPRIVATION POLICY
Jamaica Hospital Medical Center

Purpose of Policy

The purpose of this policy is to ensure the well-being of residents and to ensure patient safety and quality patient care, by educating faculty and residents to recognize the signs of stress, sleep deprivation and fatigue and by application, to prevent and counteract the potential negative effects of stress, sleep deprivation and fatigue.

Education

Faculty and residents shall be educated on coping strategies that may help counter sleep inertia including physical activity, showering, pre-shift naps...understanding however that the latter does not replace time off which is required to fully recuperate from circumstances of forced or required wakefulness.

Faculty and residents shall be educated on strategies for recognizing, monitoring and coping with stress and fatigue. They will be taught to recognize the difference and similarities between situational stressors, behavioral stress and emotional stress.

Types and Signs of Stress

Situational stressors that residents typically encounter in the course of their training may include: heavy workloads, staff shortages, difficult patients (for example alcohol and substance abusers), patients with complex medical issues, less than optimal working and learning environment, family difficulties, financial difficulties, feeling isolated due to relocation, limited leisure time, psychosocial problems such as impairment, professional stressors such as patient care responsibilities, supervisory responsibilities.

Stress may be manifested as physical, emotional or behavioral. In general, some typical signs of stress may include: inability to relax, disinterest in lectures, discussions, etc, inability to complete a tasks. Specific signs of physical stress may include fatigue, headaches, insomnia, high blood pressure, ulcers or other gastrointestinal symptoms, heart palpitations, back or joint pain.

Signs of emotional stress may include anxiety, fear, irritability, feelings of hopelessness or helplessness, depression, being overly critical of oneself and one's work and having a general feeling of gloom about one's personal and professional life.

Behavioral signs of stress may include, changes in appetite, sleep disturbances, disruptive behavior, anger, aggression, social isolation, increased use of substances such as alcohol, caffeine or cigarettes and problems with concentration. Behavioral changes may be indicative of extreme fatigue but may also indicate very serious emotional states such having feelings of doom and considering engaging in behavior that may be harmful to self or others.

Signs of Fatigue

Some signs of fatigue include but are not limited to moodiness, depression and irritability. There may also be signs of forgetfulness, increased tendency for risk-taking, reduced reaction time (such as when driving), chronic absenteeism, digestive problems, loss of appetite, increased bouts of illness,

Signs of Sleep Deprivation

Clinical signs of sleep deprivation may include, repeated yawning or falling asleep at conferences, inattention to details, increased errors in performance or patient care, decreased cognitive function, irritability. There may also be physical signs such as weight gain or loss, decreased professionalism, poor decision-making, impaired attention span, memory lapses and decreased motivation for learning.

Responsibility/ /Management of Stress, Fatigue and Sleep Deprivation: Programs should at a minimum:

- Adhere to duty hour requirements and encourage honesty in duty hour reporting
- Reduce non-essential tasks and interruptions
- Assist Residents in identifying situations that may impair their sleep, cause fatigue or induce stress
- Educate Residents and Faculty regarding awareness and management of sleep deprivation, fatigue and stress
- Provide napping options
- Particularly address sleep, fatigue and stress as each pertain to night-float schedules
- Engage Residents and Faculty in specific discussions during protected conference time on sleep, fatigue and stress management
- Recognize the particular vulnerability of residents to stress, fatigue and sleep problems
- Encourage Residents to engage in activities for fitness and good health

Both faculty and residents must remain aware of and monitor the signs of fatigue, stress and sleep deprivation. Although this is a shared responsibility, Program Directors are responsible for identifying situations of stress, fatigue and sleep deprivation in departmental residents. Program Directors must also implement back up plans that will not only protect and ensure resident well-being in the event of stress, fatigue or sleep related problems but also ensure that patient safety is protected. In addition, all Residents must report discuss symptoms of stress, fatigue or sleep deprivation to their Chief Residents and/or Program Directors. Finally, all programs must provide access to supportive counseling services when needed.

**Jamaica Hospital Medical Center
Graduate Medical Education**

HARASSMENT POLICY

Sexual and Other Forms of Harassment

It is the policy of The Jamaica Hospital Medical Center to promote a workplace that is free of sexual and other forms of harassment. A work environment that is hostile, offensive, intimidating, or humiliating to workers may be sexual or non-sexual harassment. When any resident feels that he/she has been harassed the resident may file a complaint by contacting the Vice President of Human Resources or Corporate Compliance Officer.

Sexual Harassment:

Sexual harassment of employees occurring in the workplace or in other settings in which employees find themselves in connection with their employment is unlawful and will not be tolerated by the medical center. Further, any action against an individual who has complained about sexual harassment or against individuals for cooperating with an investigation of a sexual harassment complaint is similarly unlawful and will not be tolerated. Allegations of sexual harassment are taken seriously and complaints of sexual harassment are responded to promptly. Where it is determined that inappropriate conduct has occurred, prompt actions will be taken to eliminate the conduct and impose corrective action as necessary, including disciplinary action where appropriate.

While it is not possible to list all those circumstances that may constitute sexual harassment, the following are some examples of conduct which if unwelcome, may constitute sexual harassment, depending upon the totality of the circumstances including the severity of the conduct and its pervasiveness:

- Unwelcome sexual advances whether they involve physical touching or not;
- Sexual epithets, jokes, written or verbal references to sexual conduct, gossip regarding one's sex life, comments on an individual's body, comments about an individual's sexual activity, deficiencies or prowess;
- Displaying sexually suggestive objects, pictures, or cartoons;
- Unwelcome leering, whistling, brushing against the body, sexual gestures, suggestive or insulting comments;
- Inquiries into one's sexual experiences;
- Discussion of one's sexual activities.

Other Forms of Harassment: Harassment is defined as a course of conduct directed at a specific person that causes substantial emotional distress in such person and serves no legitimate purpose.

All residents, faculty and related personnel must refrain from engaging in conduct that may constitute harassment. Other forms of harassment may include but are not limited to that conduct which is intended to harass, alarm, annoy or threaten another person. Such conduct may include but is not limited to physical contact (actual, attempted or threatened) and/or communications whether written or spoken, by mechanical or electronic transmission such as telephone calls, emails or any other forms of communication made in a manner likely to cause another person annoyance, alarm or fear.

**Jamaica Hospital Medical Center
Graduate Medical Education**

EQUAL OPPORTUNITY EMPLOYMENT

I. POLICY

In accordance with the resolution of the Board of Trustees of the Hospital Medical Center, ("Hospital"), it is the policy and practice of the Hospital to ensure equal employment opportunity without discrimination or harassment on the basis of race, color, national origin, religion, sex, age, disability, alienage or citizenship status, marital status, creed, genetic predisposition or carrier status, sexual orientation, or any other characteristic protected by law. The Institution is in compliance with the Americans with Disabilities Act (ADA) of 1992.

II. APPLICABILITY

The Hospital will also ensure that all personnel actions such as compensation, benefits, layoffs, return from layoff, tuition assistance, social and recreational programs will be administered without regard to race, color, national origin, religion, sex, age, disability, alienage or citizenship status, marital status, creed, genetic predisposition or carrier status, sexual orientation, or any other characteristic protected by law.

III. PROCEDURES

It is the responsibility of all management personnel to ensure that employment related decisions are based upon objective employment criteria.

- A.** The Equal Employment Opportunity Policy statement is to be posted in the Department of Human Resources and communicated to all Department Heads.
- B.** If an employee feels that an employment decision is made in violation of the above stated policy, he/she shall discuss the issue with his/her Department Head.
- C.** If the employee is not satisfied with the response, then he/she shall submit the complaint in writing to the Vice President of Human Resources (or his/her designee) who will respond in writing within ten days.
- D.** Employees who have experienced conduct they believe is contrary to this policy have an obligation to take advantage of this complaint procedure.

An employee's failure to fulfill this obligation could affect his or her rights in pursuing legal action. Also, please note, federal, state, and local

discrimination laws establish specific time frames for initiating a legal proceeding pursuant to those laws.

IV. RESPONSIBILITY

The Human Resources Department shall ensure that the above policy is complied with in all employment decisions. All staff members are required to give their full support and cooperation to this Equal Employment Policy.

**Jamaica Hospital Medical Center
Graduate Medical Education**

**VENDOR POLICY
Policy on Vendor Interaction with Residents, Fellows and Faculty**

General Information

These guidelines have been developed to assist in the monitoring and management of the relationships and interaction between the vendor industry and its representatives and post-graduate trainees (residents and fellows) and faculty at Jamaica Hospital Medical Center. They are provided to enable the avoidance of impropriety or conflict of interest and to enable residents, fellows and faculty to identify and respond appropriately to marketing strategies that may be intended to influence physician practice within the institution.

Each residency program must include in its curriculum, education on vendor sales and promotions. The content of such material must address vendor industry marketing techniques and evaluation of promotional literature, recognition of clinically relevant and irrelevant drug information, assessments of the validity of presented information and identification of omitted information and ethical issues and/or conflicts of interest raised by interaction (actual or hypothetically) with the industry.

Conduct of Vendor Representatives

All vendor representatives must provide their services in accordance with the Jamaica Hospital Medical Center policies rules and regulations and rules of conduct as they may apply to visitors and vendors.

Upon entering the facility, vendor representatives shall report to the Security Office, sign in and receive a visitor's pass. At all times while on the premises of the hospital, vendor representatives must wear visible identification badges/visitor passes. Vendor representatives may visit a department only by a scheduled appointment approved by the appropriate department/administrator.

Vendor representatives are prohibited from loitering in patient care areas and other locations such as the Medical Library for the purpose of soliciting faculty, residents, patients or others. Patient care areas include but are not limited to, inpatient care units, surgical suites, special procedure areas and other areas where care-givers, including faculty, residents and fellows interact with hospital patients and/or family members. Vendor representatives are not permitted to set up displays and/or conduct demonstrations of their products in any JHMC location without prior written administrative permission, nor are vendor representatives permitted to engage in or promote raffles, contests, sweepstakes or other similar activities in the hospital.

Vendor representatives may recommend and/or sponsor a physician guest speaker for an educational conference as long as the Department Director or designee approves the speaker and topic and there has been full disclosure of any potential or existing conflicts of interest. During

such conference, at least one faculty member must be present to monitor, moderate and respond to content to the extent necessary. In this educational setting, representatives may be present but must not address attendees or participate in the conference. At all times, all vendor-driven and sponsored presentations must be fair and objective, unbiased, balanced and not appearing to show favor to the vendor's own products.

Vendor representatives are not permitted to offer scholarships, grants or funds directly to any individual resident, fellow or faculty member. Any funds offered and/or awarded by vendor companies for residency or fellowship educational activities must be approved by the program director and the sponsoring institution and are to be given directly to the program director who must then inform the Graduate Medical Education Committee. The DIO will review the basis of and circumstances underlying the award and will render approval or prohibit acceptance of the award. If funds offered are approved for award, departmental faculty in conjunction with the program director shall maintain full discretion over the use of the funds.

Vendor representatives may provide lunches or other meals only with the permission of the program director and departmental chairman.

Vendor representatives who fail to conduct themselves and their business in accordance with institutional requirements and the institution's policies and procedures may be immediately reported to Hospital Security and to the Pharmacy, if appropriate, and further may risk expulsion from the grounds of the institution.

Gifts, Honoraria and Disclosure

The receipt of personal gifts from vendor companies is prohibited. Cash gifts to all physicians whether faculty, residents or fellows, are strictly prohibited as required pursuant to the institution's Code of Ethics and Business Conduct. Non-cash gifts of a value exceeding \$75.00 are also prohibited. Under no circumstances shall a physician be permitted to accept from vendors' gifts, gratuity, hospitality, loans or other favors with a fair market value exceeding \$75.00. This does not preclude the acceptance of items of nominal value up to the fair market value of \$75.00 that are clearly tokens of friendship or business hospitality.

As applied to faculty, residents and fellows, the receipt of honoraria for activities conducted on the premises of Jamaica Hospital Medical Center is not permitted unless those activities and honoraria have been discussed and approved by the Graduate Medical Education Committee.

Residents may attend social events associated with educational activities that are vendor-driven only if the fair market value of the event does not conflict with the institutional Code of Conduct and Business Ethics. Such educational activities must have academic value and should be designed to facilitate scholarly discourse between and among faculty and residents.

In order to determine and to avoid any conflicts of interest, all financial relationships and/or arrangements between faculty and vendor entities and vendor sponsored programs, must be disclosed to the Graduate Medical Education Committee and the DIO in addition to making such disclosure to the Administration of the hospital.

Samples and Promotional Materials

Under this policy, faculty, residents and fellows are prohibited from soliciting, accepting and/or distributing samples of vendor products except as may be permitted by Jamaica Hospital Pharmacy Department Policies and Procedures. Similarly prohibited is the display of promotional materials advertising specific branded products in hospital patient care or hospital patient/visitor waiting areas.

Other Restrictions Pertaining to Resident/Fellow Conduct

Residents are not permitted to organize, support or promote industry-driven or related activities whether on or off the hospital campus.

Residents are not permitted to receive gratuities or payment for industry-driven presentations or lectures including those described as peer groups, advisory boards, dinner lectures or any similar industry-driven activities.

Residents are prohibited from initiating or directly contacting any vendor representative.

Applicability

This policy applies to all faculty, residents, fellows, administrators, departmental staff of all post graduate trainee programs and all vendor representatives with whom these parties may interact in their respective capacities.

DEPARTMENT/UNIT: ADMINISTRATION

SUBJECT Workplace Violence		
Effective Date: 12/02	Reviewed/Revised: 6/09	Next Review: 6/12

I. POLICY:

The Medical Center strives to maintain an educational and working environment free from violence and intimidation. Workplace violence and threats will not be tolerated. All weapons are prohibited on all Medical Center property. Violent acts and/or threatening behavior may result in disciplinary action, termination and legal action.

II. PURPOSE:

For the purpose of this policy, workplace violence includes but is not limited to written, verbal and/or nonverbal threats of bodily harm or intimidation: physical assault and/or menacing. These acts can be directed:

- To an employee by an employee;
- To an employee by a vendor, patient, visitor, family member or other person;
- To a vendor, patient, visitor or other person by an employee.

Examples of workplace violence include: written, verbal or physical threat to harm, physically touching with intent to cause distress or injury, unwelcome approaching or threatening another with a weapon, causing or attempting to cause injury or intimidation to another person.

III. APPLICABILITY:

This policy applies to all employees throughout the organization.

IV. PROCEDURE:

- (a) **EMERGENT SITUATIONS REQUIRING POLICE** – If the violence is of such a nature that serious bodily harm is imminent or likely, a call should be placed directly to the NYC Police Department (911). These incidents include situations involving weapons or extreme force that by its nature would inflict serious bodily harm. After notifying the Police, immediately contact the Medical Center Security at extension 6096 in order to respond and document the incident.

EMERGENT SITUATIONS NOT REQUIRING POLICE - This addresses Emergent cases that require Security response and making a direct call to Security is dangerous or impractical because the threat is still present, use the emergency code: *Dr.*

Strong. Dial 6096 and inform the Page Operator that you need Dr. Strong at your location. This code will indicate that you require immediate assistance without placing you at further risk by announcing the nature of the crisis.

- (b) Occurrence reports must be completed and submitted to Risk Management within 24 hours.
- (c) In addition, Employee Incident Reports must be submitted to the Employee Incident Department and Occupational Health Services within 24 hours should an employee become injured.
- (d) In instances where there is not imminent serious bodily harm or the incident has passed or occurred over the telephone or the employee perceives he/she could be harmed, contact the Medical Center's Security extension 6911 to file a report. Employees should notify their supervisor of any occurrence in their work area. Supervisors must contact Labor Relations.
- (e) All incidents of workplace violence covered under this policy will be reported to the Medical Center's Security and an Occurrence Report completed and submitted to Risk Management. All investigations will be reviewed for completeness, and any other necessary criteria in order to monitor trends and design a more effective program of safety for our employees, patients and visitors.
- (f) Complaints of violence, assault, threats and intimidation will be treated seriously and will be promptly investigated with reasonable steps to protect the safety and confidentiality of all persons involved. Individuals who, in good faith, report these incidents or present evidence in an investigation are protected from any retaliatory actions or any negative administrative or academic action.

V. RESPONSIBILITY: Directors of Security, Safety and Risk Management