Resident and Fellow Handbook

Graduate Medical Education
Academic Affairs

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Contents

INTRODUCTION

Cedars-Sinai is a nonprofit academic healthcare system serving the diverse Los Angeles community and beyond. Cedars-Sinai Medical Center, with its Medical Network (Cedars-Sinai Medical Group and Cedars-Sinai Health Associates) and affiliates, including Cedars-Sinai Marina Del Rey Hospital, Providence Cedars-Sinai Tarzana Medical Center, Torrance Memorial Medical Center, and Huntington Hospital are leaders in providing high-quality healthcare, specialized medicine, research, and education. Cedars-Sinai serves more than 1 million people each year in over 40 locations.

Cedars-Sinai began in 1902 as a 12-bed hospital in the Angelino Heights neighborhood of Los Angeles. Today, Cedars-Sinai Medical Center, with its main campus located in the heart of Los Angeles, has 915 licensed beds, approximately 3,000 physicians, more than 4,700 nurses, and thousands of other healthcare professionals and staff.

Cedars-Sinai impacts the future of healthcare through educational programs, including highly competitive residency and fellowship programs; a biomedical science and translational medicine PhD program; master's degree programs in health delivery science and magnetic resonance in medicine; advanced training for nurses; educational opportunities for allied health professionals; and a robust interprofessional continuing education program for physicians, nurses, and more.

In the 2023-2024 academic year, Cedars-Sinai had 319 residents training in 15 residency programs (13 medical, one podiatric, and one medical physics), 128 fellows in 35 Accreditation Council for Graduate Medical Education (ACGME) accredited fellowship programs, and 54 fellows in 30 non-accredited fellowship programs.

In addition, Cedars-Sinai hosts approximately 700 visiting medical students from around the United States in approximately 900 clerkship rotations annually. Students participate in clinical and research rotations, both required and elective.

Our Mission Statement
As a leading academic healthcare organization, our mission is to elevate the health status of the communities we serve.

- We deliver exceptional healthcare enhanced by research and education
- We prioritize high-quality care for all with equity and compassion
- We transform biomedical discoveries and innovation for better health
- We educate tomorrow's physicians, nurses, researchers, and healthcare professionals

Our mission is founded in the Judaic tradition, which inspires our devotion to the art and science of healing.

Our Vision

Trusted and respected worldwide, Cedars-Sinai will advance health and healthcare in Los Angeles and beyond.

Our Values

We hold ourselves accountable to these values:

- **Excellence:** We seek always to be the best and to bring out the best in each of our colleagues, and to nurture a culture that delivers excellent clinical quality, patient safety, service, and discovery.
- **Integrity:** We earn trust and respect by acting in every circumstance with knowledge, honesty, discretion, and fairness.
- **Diversity, Equity, and Inclusion:** We celebrate the richness of human diversity in an inclusive environment in which all stakeholders participate to build a better future.
- **Respect:** We recognize and treat each person and ourselves with dignity and honor.
- **Compassion:** We treat each other and those we serve with kindness and understanding.
- **Teamwork:** We honor and value the special skill that each colleague brings to our work together. We learn from each other and from our patients and their families.
- **Innovation:** Our purpose is to heal. We will always seek new means to advance this purpose, with imagination and enthusiasm for new ideas and methods.
- **Accessibility:** Our duty is to improve access to the healthcare we provide and to continuously extend this care to the communities we serve.
- **Affordability:** We are committed to providing quality healthcare to everyone in the community who needs it and to constantly improve our effectiveness and efficiency.
- **Stewardship:** We are thoughtful champions of the resources under our responsibility, to ensure their best and highest use to advance our Mission.

RESIDENT AND FELLOW RESPONSIBILITIES

To participate in a graduate medical education training program at Cedars-Sinai, residents and fellows must do the following:

A. Fulfill the educational requirements of the training program.
B. Participate fully in the educational and scholarly activities of the training program as advised by the program director.
C. Use best efforts to provide safe, effective, and compassionate patient care and present at all times a courteous and respectful attitude toward all patients, colleagues, employees, and visitors at the Medical Center as well as other assigned facilities and rotation sites.
D. Provide clinical services:
    1. Commensurate with their level of advancement and responsibilities;
    2. Under appropriate supervision;
    3. At sites specifically approved by the program; and
    4. Under circumstances and at locations covered by the professional liability insurance applicable to residents and fellows as described in this Handbook.
E. Apply cost-containment, resource management, quality improvement, clinical guideline, and other principles in the provision of patient care consistent with the policies of the Medical Center, department, and/or program.
F. Develop and follow a personal program of self-study and professional growth under guidance of the Program Director and teaching faculty.
G. Acquire an understanding of ethical, socioeconomic, and medical/legal issues that affect the practice of medicine and GME training.
H. Follow and comply with all policies, procedures, practices, rules, bylaws, and regulations of the Medical Center, Graduate Medical Education, Department(s), and Medical Staff, including but not limited to all policies in the Resident and Fellow Handbook and the following Medical Center policies:
    - Corporate Integrity Program (legal compliance)
    - Dress and Personal Appearance
    - Drug Free and Alcohol Free Workplace
    - Equal Employment and Opportunity (discrimination and sexual harassment)
    - Filming/Taking Pictures/Voice Recording of Patients and Health System of Employees
    - Fitness for Duty
    - General Expectations
    - Gifts and Business Courtesies
    - Social Media
I. Comply with all applicable federal, state, and local laws, regulations, ordinances, and orders as well as the standards required to maintain accreditation by the Joint Commission, the Accreditation Council for Graduate Medical Education (“ACGME”), the Resident Review Committee (“RRC”), and any other relevant accrediting,

certifying, or licensing organizations.

J. Comply with all California State Medical Board, Drug Enforcement Agency, US Citizenship and immigration Services, and all other rules, regulations, and laws relevant to employment, education, and providing patient care.

K. Notify the GME Office of any criminal arrest and/or criminal charge within two (2) business days of such arrest and/or charge.

L. Submit to periodic (post-appointment) health examinations and supplementary tests, which may include tests for substance abuse, as are deemed necessary or advisable by the Medical Center to ensure they are physically, mentally, and emotionally capable of performing essential duties and/or are otherwise necessary to the operation of the Medical Center.

M. Comply with Medical Center and state standards for immunizations in the same manner as for other Medical Center personnel. The results of all examinations shall be provided to the Medical Center's Employee Health Department as requested.

N. Acquire and maintain appropriate life support certification(s) including, without limitation, Basic Life Support Certification as well as Advanced Life Support Certification or Pediatric Advanced Life Support as required by the Program.

O. Cooperate fully with all Medical Center and department surveys, reviews, accreditation, quality assurance, and credentialing activities.

P. Comply with any policies and requirements imposed by other entities to which they may rotate, including any requirement to undergo background and drug screening.

APPOINTMENT OF RESIDENTS AND FELLOWS

Appointment

Cedars-Sinai residents and fellows are both learners and employees. They must be appointed through the Graduate Medical Education (GME) Office (and registered in New Innovations) as well as fulfill all Human Resources requirements for all employees (including pre-hire and regular health screenings by Employee Health Services) in order to be employed, participate in GME training programs, and participate in patient care.

Residents and fellows appointed at other institutions who will rotate at Cedars-Sinai must be appointed through the GME Office.

All appointment requests/paperwork must be submitted by the Cedars-Sinai program administrator to the GME Office per the deadlines. Requests/paperwork that are submitted incomplete or late may jeopardize an on-time start.

ACLS/BLS/PALS

All Cedars-Sinai residents and fellows must have current certification in ACLS, BLS, and/or PALS as required for their particular training specialty. Upon beginning training at Cedars-Sinai, the GME Office will coordinate training for those who are do not have current certification or are approaching expiration of certification, during GME New Resident and Fellow Orientation. Certification is tracked in New Innovations and program administrators will ensure continued compliance with certification throughout training.

California Medical License

Residents and fellows must comply with the licensing laws and requirements of the applicable California Board: Medical Board, Osteopathic Medical Board, or Board of Podiatric Medicine. Residents and fellows who are not in compliance with California license laws, will not be allowed to participate in patient care, have patient contact, or access patient information/medical records. Failure to comply with licensure law could result in dismissal from a Cedars-Sinai training program.

Cedars-Sinai reimburses residents and fellows for licensure fees paid to the California boards for training licenses, full licenses, and license renewals. Non-ACGME fellows who are new to Cedars-Sinai and must be licensed to start their programs are not eligible for reimbursement but are eligible for later renewals.

Residents and fellows with MD or DO degrees, must comply with the following California state requirements in order to practice medicine:

- Graduates of US or Canadian Medical Schools:
    - 0 – 12 months of ACGME or RCPSC-accredited training:

        - Within 180 days of starting ACGME-accredited training in the state of California, the resident or fellow must obtain a postgraduate training license (PTL) from the Medical Board of California/Osteopathic Medical Board.
    - 12 months or more of ACGME- or RCPSC-accredited training:
        - All physicians must complete at least 12 months of either ACGME- or RCPSC-accredited program training in order to be eligible for a full medical license. For physicians who remain in an ACGME program, a license is not required until 36 months of training is completed.
        - If a trainee is transitioning to Cedars-Sinai and just completed the 12 months of training in an ACGME- or RCPSC- accredited program outside the state of California and is immediately continuing their training in an ACGME-accredited program, the trainee has 180-days to obtain a full license.
        - When applying for full licensure, the resident or fellow must provide verification of receiving credit for 36 months of ACGME- or RCPSC-accredited training, of which 24 continuous months must be completed within the same program.
        - Applicants for non-ACGME accredited fellowship positions are required to obtain a full and unrestricted California medical license prior to starting a program at Cedars-Sinai.
- Graduates of medical schools outside of the United States or Canada:
    - International medical graduates are only eligible for postgraduate training in California if they attended a medical school recognized on the World Directory of Medical Schools and the Foundation for Advancement of International Medical Education and Research (FAIMER) In addition, they must have a valid Education Commission for Foreign Medical Graduates (ECFMG) certificate at the time of application.
    - 0 – 24 months of ACGME- or RCPSC-accredited training:
        - Within 180 days of starting ACGME-accredited training in the state of California, the resident or fellow must obtain a postgraduate training license (PTL) from the Medical Board of California.
    - 24 months or more of ACGME- or RCPSC-accredited training:
        - All physicians who graduated from a medical school outside of the United States or Canada are required to complete at least 24 months of either ACGME- or RCPSC-accredited program training in order to be eligible for a full medical license.
        - If a trainee is transitioning to Cedars-Sinai and just completed the 24 months of training in an ACGME- or RCPSC- accredited program outside the state of California and is immediately continuing their training in an ACGME-accredited program, the trainee has 90-days to obtain a full license.

- When applying for full licensure, the resident or fellow must provide verification of receiving credit for 36 months of ACGME- or RCPSC-accredited training, of which 24 continuous months must be completed within the same program.

CURES Registration

The Controlled Substance Utilization Review and Evaluation System (CURES) is a database of Schedule II, Schedule III, Schedule IV, and Schedule V controlled substance prescriptions dispensed in California.

Cedars-Sinai residents and fellows, in accordance with California state law, must be registered for CURES once they have received their California medical training license or full license and their DEA number, unless they will not be prescribing controlled substances during their training. More information and how to register can be found on the website of the California Attorney General.

DEA Registration

Residents and fellows in ACGME-accredited programs may be required to have a Drug Enforcement Agency (DEA) license and they will be advised by their program leadership. Fellows in non-ACGME programs must have a DEA license.

Cedars-Sinai offers reimbursement for the fees associated with obtaining a DEA license for those trainees who are in a program at the time they obtain it. If a DEA license is required in order to start a program, the fees are not reimbursed. Renewals are reimbursed.

National Provider Identifier (NPI)

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated the adoption of standard unique identifiers for healthcare providers and health plans. As a result, the Centers for Medicare & Medicaid Services (CMS) created the National Provider Identifier (NPI).

All Cedars-Sinai residents and fellows are required to have an NPI number, which is a 10-digit numeric identifier in order to start their training program. Registration and more information can be found on the website of the National Plan & Provider Enumeration System.

NPI numbers must be entered into New Innovations prior to a resident or fellow's Cedars-Sinai program start.

Non-ACGME Fellows

Fellows appointed in non-accredited (non-ACGME or non-standard) programs must be appointed through the GME Office and have privileges through the Cedars-Sinai Medical Staff. Depending on the type of privileges, a non-ACGME fellow may be able to bill for services. Exceptions to this policy may be obtained from the GME Office.

PECOS Registration

Provider, Enrollment, Chain, and Ownership (PECOS) is the online Medicare enrollment management system that allows providers to enroll in, renew, and withdraw from the Medicare program.

Cedars-Sinai residents and fellows in ACGME-accredited programs are not required to be PECOS registered. Program administrators should notify Cedars-Sinai Physicians Billing Services if a trainee needs to be PECOS registered.

Postgraduate Year

Postgraduate year (PGY) is based on the prior required training to be in a particular training program, as determined by the ACGME, specialty accrediting organization, and/or the program in collaboration with the GME Office. All residents or fellows in the same year, in the same program must have the same PGY to ensure equity.

If a resident or fellow is placed on inactive status from their training program to spend a year doing research in basic science, they will return to the training program at the PGY level achieved in clinical training. The year in basic science research will not be acknowledged in the PGY level assigned to the resident or fellow.

PGY determines salary and is reflected in both the Physician-in-Training Agreement (PITA) and New Innovations, the Cedars-Sinai GME management system.

Salary

The salary scale, for postgraduate years (PGY) 1 through 9, for Cedars-Sinai residents and fellows is determined by the GME Office, Academic Affairs, and Human Resources. Salaries are reviewed annually. The salary paid to a resident or fellow is determined by the PGY they are assigned. Residents and fellows are paid bi-monthly.

Visas

Residents and fellows who are not citizens of the United States must have a Permanent Resident Card, an appropriate educational visa, or DACA status prior to starting a graduate medical education program. Cedars-Sinai sponsors J1 and H1B visas. Failure to comply with visa and citizenship laws and requirements could result in dismissal from a Cedars-Sinai training program.

RESOURCES AND SERVICES FOR RESIDENTS AND FELLOWS

Benefits and Insurance

Cedars-Sinai offers its employees and their dependents a robust, competitive benefits package, including, but not limited to:

- Medical Benefits
- Dental Benefits
- Vision Benefits
- Family Building Benefits
- Life Insurance (basic and supplemental)
- AD&D Insurance
- Long-term Disability Insurance
- Legal Plan
- Healthcare Flexible Spending Account
- Child/Adult Care Flexible Spending Account
- Retirement plans

Residents and fellows must select their benefits within 30-days of starting their Cedars-Sinai employment/program. If a medical plan is not selected, residents and fellows will be automatically enrolled in Vivity HMO. Annual open enrollment to make changes to benefits elections occurs in May each year.

More information about benefits may be found on the MyBenefitCHOICE website.

Call Rooms

Cedars-Sinai Medical Center provides call rooms for all residents and fellows as well as visiting medical students and visiting trainees. Most call rooms are in the GME call room suite in the North Tower, room A304 on the lower level. Some rooms are assigned to specific programs as determined by the GME Office. There are also additional call rooms available to all residents, fellows , and medical students on a first come, first serve basis. Each call room has a computer, phone, desk, and bed. The call room suite is available by badge access only (managed by the GME Office) and access is only given to trainees, visiting medical students, and limited personnel who manage the suite. The suite is cleaned daily, at a minimum.

Call rooms are meant for sleeping and doing quick work as necessary. Call rooms are not meant to serve as work or storage space.

In the call room suite, there are: a break room space with a refrigerator, microwave, and computers; restrooms; showers; and linen closet with additional linens.

Education Stipend and Tuition Reimbursement

Annually, each trainee will receive a $2,000 educational stipend. This stipend is taxable income. Residents and fellows should consult with their programs as to how this money should be spent, which may include conference attendance, laptop/computer, educational supplies, books, etc.

Departments and programs may also pay for additional educational supplies and opportunities.

Residents and fellows are also eligible for the Human Resources Tuition/Education Assistance Program, specifically for an annual $600 (calendar year) reimbursement for eligible expenses. Eligible expenses include attendance at a job-related seminar, workshop conference, individual course, or other training program. To learn more or apply for reimbursement, go to the Tuition/Education Assistance Program website.

Housing Stipend

Residents and fellows receive a housing stipend, in addition to salary, in the amount of $12,000 each year. This stipend is paid in the first pay period ending in the month. Trainees may obtain the exact dates of payment from their program administrators. The housing stipend is taxable income.

Housestaff Executive Committee

The Housestaff Executive Committee (HEC) exists to provide residents and fellows a forum in which to communicate and exchange information with each other relevant to their training programs and the learning and working environment.

The HEC meets, discusses, and presents to leadership about various issues that impact residents and fellows, including but not limited to:

- Quality of patient care at CSMC;
- Educational opportunities for residents and fellows;
- Community-building among the residents and fellows;
- Resident and fellow working conditions and the learning environment; and
- Any other concerns residents or fellows may have.

The HEC is comprised of residents and fellows from Cedars-Sinai residency and fellowship programs. Members of HEC are peer-selected by their program colleagues. There should be at least one member from every residency program and fellowship programs with more than eight fellows. All fellowship programs are encouraged to peer-select a representative. Additional members may be allowed at the discretion of the HEC co-chairs.

The HEC selects two to three co-chairs annually by vote of HEC membership for that academic year during the first meeting. The co-chairs must be from different departments. The HEC co-chairs are members of the Graduate Medical Education Committee (GMEC) and at least one co-chair should attend each monthly GMEC meeting.

The HEC co-chairs also represent HEC interests to GME Office leadership and should meet with the Assistant Dean and Executive Director regularly.

Lactation Accommodations

Cedars-Sinai offers resources to all lactating employees, including rooms to pump, coolers for milk, and helpful resources. More information may be found on the lactation accommodations webpage.

Library

The Cedars-Sinai Medical Library offers in-person and online resources to all employees. The Medical Library staff offers classes to develop skills (for example, Endnote, PubMed, conducting systematic reviews, web of science, etc.) and individual consultations.

The Medical Library offers a robust selection of online journals, eBooks, apps (for example, UpToDate Anywhere), and other resources to support the scholarship and learning of all employees. These resources may be accessed remotely if logged-in to the Cedars-Sinai network using Okta Verify.

The Medical Library, which is located in the South Tower, Plaza Level, Room 2815, has computer stations available for residents, fellows, visiting trainees, visiting medical students, and all employees to use. There are also day-use lockers available. Access to the Medical Library is by Cedars-Sinai badge access only.

Loans – Interest Free

The GME Office offers two interest free loans for Cedars-Sinai residents and fellows. Maximum loan amount is $1,500. Residents and fellows may only have one loan at a time. PGY1 residents are eligible for the Silverman Loan. All other residents and fellows are eligible for the Rosenblatt Loan. Loans are paid back through automatic deductions from the paycheck of the borrower.

For more information and the applications, residents and fellows should email the GME Office.

Lounge

The Resident and Fellow Lounge is in the South Tower, room 2806 (down the hall from the Medical Library). The Lounge is available by badge access only (managed by the GME Office) and access is only given to residents, fellows, visiting trainees, visiting medical students, and limited personnel who manage the Lounge.

The Lounge is meant as a place for rest, connection, and work. Rounding and conferences are not permitted in the Lounge. Computers and workstations are available on a first come, first serve basis. Residents, fellows, and medical students must clean up after themselves and not leave personal belongings or garbage in the Lounge where it may be in the way of others.

The Lounge has day-use lockers available for trainees and students to use to store personal belongings. Lockers should not be used any longer than a 24-hour period at a time.

Malpractice/Liability Insurance

Cedars-Sinai provides professional liability (malpractice) insurance for residents and fellows while performing duties within the course and scope of their training programs. Residents and fellows must cooperate fully in any investigations, discovery, and defense that arise and failure to cooperate may result in personal liability. If a resident or fellow receives any summons, complaint, subpoena, or court papers, Medical Center Risk Management must be contacted immediately.

Cedars-Sinai does not provide malpractice/liability coverage for residents and fellows on rotations at international institution/sites.

Cedars-Sinai does not provide malpractice/liability coverage for residents and fellows participating in external moonlighting or other outside professional activities.

Meals

Food is available at Cedars-Sinai Medical Center 24/7. There are various cafeterias and cafes throughout the campus as well as vending machines and microwave ovens.

As of July 1, 2024, all residents and fellows will receive $300 per month in meal money. This money is not meant to cover all trainee meals while working, but instead help cover costs of meals while working longer or especially busy shifts at Cedars-Sinai Medical Center. Money will not be given to trainees on the Sodexo meal cards who are on rotation at a site other than Cedars-Sinai Medical Center (discuss with program administrator).

Money will be loaded onto Sodexo meal cards quarterly.

Cards may be used at:

- Ray Charles Cafeteria (South Tower, Street Level)
- Starbucks (South Tower, Plaza Level)
- North Tower Cafe (just outside the North Tower, Plaza level, adjacent to the entrance of the Saperstein Critical Care Tower)
- Pavilion Café (Advanced Health Sciences Pavilion, Plaza Level)

Programs may provide additional meals and/or meal money to their residents and fellows.

Parking

Residents and fellows receive free parking at Cedars-Sinai Medical Center. Cedars-Sinai does not reimburse for parking at other sites. Programs may reimburse for parking at their discretion when residents and fellows rotate to other sites.

Security

The Cedars-Sinai Security Department provides 24/7 security services for Cedars-Sinai Medical Center and its other satellite locations. Their primary goal is to provide visitors, staff, and faculty a secure and safe environment.

The main Security Command Center is located in Room A-821, Lower Level, South Tower and can be reached by phone at 310-423-5511.

Security offers escort services for all employees, including residents and fellows, and are available at the above-mentioned phone number.

Transportation Home When Fatigued

The GME Office offers reimbursement for round trip transportation costs for residents and fellows who are too fatigued to drive home safely after an extended patient care shift. Reimbursable transportation services include app-based services such as Uber or Lyft, or conventional taxi. The reimbursement covers the cost from CSMC or any local affiliated training site to which the resident or fellow is assigned to the verifiable home address of the trainee AND a return trip for the resident or fellow to pick up their car at the training site at a later time.

For reimbursement, receipts should be emailed to the GME Office and must include:

- Starting location
- Ending location
- Time and date
- Trainee name
- Total fare amount

Verification of Training

Cedars-Sinai is committed to providing verification of all graduate medical education training in a timely manner. Verifications of training completed in the preceding 15 years is completed by the program/department. All requests must have a signed consent to release information from the former trainee. Programs/departments may require the requesting organization to pay a fee. The GME Office will complete verifications for training completed longer than 15 years ago and require payment of $100 per request. The GME Office does not verify competency or provide performance evaluation.

Rotations and observational experiences done by trainees from other institutions will not be verified.

Well-being Resources

Cedars-Sinai offers all employees, including residents and fellows, robust well-being resources. As of July 1, 2024, Work & Life Matters and Wellness Matters will merge into one employee assistance program, called You Matter, that will offer:

- 24/7 live support via email or phone (310-423-6447)
- Counseling (eight sessions per issue per year)
- Coaching (unlimited)
- Nutrition coaching
- Rewards for healthy habits
- Employee discounts
- Bright Horizons for childcare, elder care, pet care, and help for education and careers
- Opportunities for employee volunteerism

Services offered are voluntary and are strictly confidential.

Workers' Compensation

Worker's Compensation is managed by the Risk Management Department. If injured while working, a resident or fellow should notify a supervising faculty member, program director, administrative manager, or program administrator immediately. The resident or fellow should then complete an Employee Incident report in CS-Safe. For more information please go to the Risk Management website.

Graduate Medical Education Committee (GMEC) Approved Policies

Academic Due Process Policy

I. POLICY

It is Cedars-Sinai Medical Center's "Cedars-Sinai" policy to ensure that Physicians-in-Training are provided with fair policies and procedures for grievance and due process, that minimize conflicts of interest and that support an educational environment for Physicians-in-Training, in which they may raise and resolve issues without fear of intimidation, discrimination, or retaliation and in accordance with ACGME institutional requirements.

II. PURPOSE

The following procedures have been established and implemented for purposes of adjudication of Physicians-in-Training complaints and grievances related to actions that could significantly threaten a Physician-in-Training's intended career development, including termination, non-renewal of the Physician-in-Training-Agreement (PITA), or non-promotion to the next level of training.

III. DEFINITIONS/RESPONSIBILITIES

A. Corrective Action: The term "Corrective action" as defined herein shall mean without limitation, any action by Cedars-Sinai as preventive measures to promote compliance with established policies, rules and expectations.

1. The Physician-in-Training's appointment is expressly conditioned upon satisfactory performance of all Program elements by the Physician-in-Training. If, as determined by the Medical Center, the actions, conduct, or performance, professional or otherwise, of the Physician-in-Training are or may be inconsistent with the terms of this Agreement, the Medical Center's standards of patient care, patient welfare, or the objectives of the Medical Center, or if such actions, conduct, or performance reflects or may reflect adversely on the Program or Medical Center or disrupts operations at the Program or Medical Center, corrective action may be taken by the Medical Center in accordance with its corrective action procedures in this policy.
2. Summary Suspension. The Senior Vice President for Academic Affairs, or his or her delegate, shall have the authority to summarily suspend, without prior notice, all or any portion of the Physician-in-Training's appointment and/or privileges granted by the Medical Center, whenever he or she determines, in his or her sole discretion, that the continued appointment of the Physician-in-Training places the safety or health of Medical Center patients or personnel in jeopardy or to prevent imminent or further disruption of Medical Center operations. All summary suspensions shall be reviewed in accordance with the provisions of the Disciplinary and Fair Hearing Procedures.
3. Automatic Termination. Notwithstanding any provision to the contrary,

the Physician-in-Training's appointment shall be terminated automatically and immediately upon the suspension, revocation, termination, or final rejection of the Physician-in-Training's application for his/her California professional license. In the event of such a suspension, revocation, termination, or final rejection, the Physician-in- Training is obligated to report that fact to the Program Director immediately.

B. Furthermore, once preventive measures are taken, further action such as, suspension, non-renewal, non-promotion, or dismissal may also take place. This may include but not limited to:
   1. Failure to comply with any of the terms of the Physician-in-Training's Agreement with Cedars-Sinai or Cedars-Sinai's Policies, other than that noted in Section III.B.1., below;
   2. Lack of academic achievement;
   3. Conviction of the Physician-in-Training of a crime involving moral turpitude;
   4. Unsuitable conduct or behavior; or
   5. Any aspect of the Physician-in-Training's lack of competence or professional conduct which can be detrimental to patient safety or to the delivery of patient care.

C. Administrative Cause: The term "Administrative Cause" shall include, without limitation:
   1. Failure of the Physician-in-Training to maintain such mandatory prerequisites as required by Cedars-Sinai's teaching programs, including, without limitation: (i) any required California medical license; (ii) current and complete D.E.A. Registration with all schedules except Schedule 1; and/or (iii) any other requisite certification(s).
   2. Failure of the Physician-in-Training to comply with: (i) requirements regarding the timely completion of medical records; (i) applicable Cedars-Sinai policies; and/or (iii) the Physician-in-Training Agreement with Cedars-Sinai.
   3. In no event shall the Physician-in-Training be entitled to a Fair Hearing for any and all actions taken as a result of Administrative Cause.

D. Clinical Competency Committee (CCC): "CCC" as used herein shall mean: A required body comprising three or more members of the active teaching faculty that is advisory to the Program Director and reviews the progress of all Physicians-in-Training in the Program.

IV. PROCEDURES

A. Initiation of Corrective Action. If the Program Director has received information indicating that there may be grounds for corrective action within the meaning of Article IX of the Physician-in-Training Agreement, they shall review such information to determine if the information if true, would constitute Administrative Cause or Corrective Action. If the Program Director determines that such information, if true, would constitute Administrative Cause, they shall forward a report and recommendation to the Designated Institutional Official (DIO), GME and Human Resources for review and action pursuant to Section IV.D.2. of this Policy. If the

Program Director determines that such information, if true, may constitute Corrective Action, they shall proceed in accordance with the provisions of Section IV.B-D., below. Notwithstanding the preceding sentence, if the Program Director believes that the behavior may constitute grounds for immediate suspension, they shall immediately contact the DIO, GME and Human Resources for review and action, as appropriate.

B. Further Investigation. If the Program Director believes that the Physician-in-Training may have demonstrated behavior for dismissal from the Program or for other action as described at Section III, above, the Program Director shall notify the Physician-in-Training of that belief. If the Program Director determines that further investigation is unnecessary following an interview with the Physician-in-Training, they shall proceed as provided in Section IV.C., below. If further investigation is deemed warranted, the Program Director shall work with Human Resources to conduct an investigation to ascertain the relevant facts. Once investigation is complete, Program Director may proceed in any manner appropriate to the nature of the investigation, including the taking of evidence outside of the presence of the Physician-in-Training. The Physician-in-Training shall have the opportunity to offer evidence and any other information pertinent to the proceedings of the investigation.

C. Recommendations. Upon a determination that further investigation is unnecessary, or upon review of investigation findings, the Program Director shall determine whether they believe the Physician-in-Training has demonstrated behavior for dismissal from the Program or action, including, but not limited to Corrective Action/conditions of probation and individual monitoring requirements. If the belief is that there is no basis for dismissal or other action, the Program Director shall promptly notify the Physician-in-Training, in writing. If the Program Director recommends dismissal or other action, such recommendation shall be made, in writing, to the Executive Vice President for Academic Affairs.

D. Review and Action by the Executive Vice President for Academic Affairs.

1. Corrective Action. If the Executive Vice President for Academic Affairs determines, based upon: (i) a review of the recommendation of the Program Director; and/or (ii) an independent evaluation of such other information as has been made available; that cause has been found for dismissal, the Executive Vice President for Academic Affairs shall notify the Physician-in-Training, in writing, of the action intended to be taken ("Notice of Intended Action") and of the Physician-in-Training's right to a Fair Hearing as described at Section IV.F., below. The Executive Vice President for Academic Affairs may suspend the Physician-in-Training pending the outcome of the Fair Hearing. All stipend payments and benefits shall continue during any such suspension until expiration or earlier termination of the Physician-in-Training's Agreement with Cedars-Sinai.
2. Administrative Cause. If the Executive Vice President for Academic Affairs determines that Administrative Cause has been found in any case, the Executive Vice President for Academic Affairs shall notify the Physician-in-Training, in writing, of the action. In such circumstance, the Executive Vice President for Academic Affairs may take whatever action is required, including suspension or termination from Program.

E. Right to Request a Fair Hearing. If the Physician-in-Training is entitled to a hearing as provided in Section IV.F., below, or Article VII, Paragraph 7.5 of the Agreement regarding non-reappointment or non-renewal of the Agreement, or non-promotion to the next level of training, and desires to invoke the Fair Hearing procedure, the Physician-in-Training must notify the Executive Vice President for Academic Affairs of such intent, in writing, within thirty (30) calendar days after receipt of the Notice of Intended Action. If the Physician-in-Training does not request a Fair Hearing within the thirty (30) calendar day period after receipt of such notice, the action described in the notice shall be deemed accepted by the Physician-in-Training on the thirty-first (31st) calendar day following the Physician-in-Training's receipt thereof.

F. Fair Hearing Rights.

1. Hearing Procedure.

(a) Whenever a Notice of Intended Action has been issued, and the Physician-in-Training has requested a Fair Hearing pursuant to the provisions of Section IV.E., above, the Executive Vice President for Academic Affairs shall convene a hearing of the Housestaff Fair Hearing Committee (the "Committee"). The Committee is an ad-hoc committee of the Graduate Medical Education Committee of Cedars-Sinai, charged with conducting a fair hearing to determine the validity of both specific and general charges and to make written recommendations to the Executive Vice President for Academic Affairs regarding the intended Corrective Action.

(b) Such Notice of Intended Action shall set forth the basis for the action and advise the Physician-in-Training of the full scope of inquiry to be pursued, and the nature of charges made against them.

(c) The Executive Vice President for Academic Affairs shall appoint three (3) members from the Graduate Medical Education Committee to serve on the Committee. At least one member of the Committee shall be knowledgeable concerning the Physician-in-Training's specialty where feasible. The Committee shall be comprised of unbiased individuals who shall gain no direct financial benefit from the outcome, and who have not acted as an accuser, investigator, factfinder, or initial decision-maker in the same matter. If it is not possible to appoint a Committee comprised entirely of members from the Graduate Medical Education Committee, members shall be appointed from Cedars-Sinai's Medical Staff.

(d) The Executive Vice President for Academic Affairs, in consultation with Cedars-Sinai's Executive Vice President for Legal Affairs and General Counsel, shall appoint a presiding officer for the hearing from a panel of presiding officers developed by the Executive Vice President for Legal Affairs and General Counsel. The Presiding Officer shall gain no direct financial benefit from the outcome of the hearing. The Presiding Officer shall act as an independent, nonvoting, Chair of the hearing. It is their function to ensure that

the Committee proceeds in accordance with this Policy. The Presiding Officer shall act to ensure that all parties at the hearing have a reasonable opportunity to be heard and to present oral and documentary evidence. The Presiding Officer shall not act as a prosecuting officer nor as an advocate for either party to the hearing. The Presiding Officer shall determine the procedure to be followed during the hearing consistent with this Policy. The Presiding Officer shall have full authority and discretion to make all rulings on questions which pertain to procedure and the admissibility of evidence. The Presiding Officer shall be a nonvoting participant in the Committee's deliberations and shall prepare a written decision for the Committee's review and approval.

(e) The Physician-in-Training shall receive written notice at least thirty (30) calendar days prior to the Committee hearing date. The written notice shall inform the Physician-in-Training of the date, time, and location of the scheduled Committee hearing.

(f) The Physician-in-Training shall have the right to a reasonable opportunity to voir dire the Committee members and the Presiding Officer, and the right to challenge the impartiality of any Committee member or the Presiding Officer. Challenges to the impartiality of any Committee member or the Presiding Officer shall be ruled on the Presiding Officer.

(g) Although formal rules of evidence are not followed by the Committee, the Physician-in-Training may be represented at the hearing by counsel or other third party if the Physician-in-Training so indicates, in writing, at least thirty (30) calendar days in advance of the hearing. If the Physician-in-Training elects not to be represented by counsel at the hearing, then the Program may not be represented by counsel at the hearing.

(h) Prior to the Committee hearing, the Physician-in-Training shall have access to portions of their personal record of evaluation and medical records, insofar as they are relevant to the charges in the Notice of Intended Action. In addition, the Physician-in-Training shall be provided with all the information made available to the Committee. In this regard, the Physician-in-Training shall have the right to inspect and copy, at the Physician-in-Training's expense, any documentary information relevant to the charges which the Program has in its possession or under its control, as soon as practicable after the receipt of the Physician-in-Training's request for a hearing. The Program shall have the right to inspect and copy, at the Program's expense, any documentary information relevant to the charges which the Physician-in-Training has in their possession or control as soon as practicable after receipt of the Program 's request.

(i) The failure by either the Physician-in-Training or the Program to provide access to this information at least thirty (30) days before the hearing shall constitute good cause for a continuance. The right to inspect and copy by either party does not extend to confidential information referring solely to an individually identifiable Physician-in-Training, other than the Physician-in-Training under review. The Presiding Officer shall consider and rule upon any request for access to information, and may impose any safeguards the protection of the peer review process and justice requires. If a patient's medical records are pertinent to the proceeding, the Physician-in-Training must agree, in writing, not to further disclose any such medical records provided without the prior written authorization of the patient.

(j) When ruling upon requests for access to information and determining the relevancy thereof, the Presiding Officer shall, among other factors, consider the following: (i) Whether the information sought may be introduced to support or defend the charges; (ii) the exculpatory or inculpatory nature of the information sought, if any; (iii) the burden imposed on the party in possession of the information sought, if access is granted; and (iv) any previous requests for access to information submitted or resisted by the parties to the same proceeding.

(k) Both parties to the hearing shall have the right to produce evidence, call witnesses and informally cross-examine other witnesses.

(l) At the request of either side, the parties shall exchange lists of witnesses expected to testify and copies of all documents expected to be introduced at the hearing. Failure to disclose the identity of a witness or produce copies of all documents expected to be produced at least ten (10) days before the commencement of the hearing shall constitute good cause for a continuance. Continuances shall also be granted by the Presiding Officer upon agreement of the parties or upon a showing of good cause.

(m) The Committee shall have a record made of the proceedings, copies of which may be obtained by the Physician-in-Training upon payment of any reasonable charges associated with the preparation thereof.

(n) The burden of presenting evidence and proof during the hearing shall be as follows: (i) The Program shall have the duty to present evidence which supports the charge or recommended action; and (ii) the Program shall bear the burden of proving by a preponderance of the evidence that the action or recommendation is reasonable and warranted.

(o) The Program and the Physician-in-Training shall each have the right to submit written statements at the close of the hearing.

(p) The Committee shall submit a Written Report of a majority of the Committee to the Executive Vice President for Academic Affairs within fifteen (15) calendar days after the hearing. The Committee's report shall contain: (i) The facts found by the Committee to be true; (ii) the conclusions drawn by the Committee from such facts; and (iii) the recommendations of the Committee. The Committee's recommendations shall be limited to recommendations as to whether all or any of the possible Corrective Actions (including, where applicable, dismissal from the Program) or non-renewal of the Agreement or non-promotion to the next level of training presented by the Program at the hearing should be adopted as final. The Written Report shall be sent to Physician-in-Training, the Department Chair and the Program Director with a copy to the Executive Vice President for Academic Affairs.

(q) Either the Program Director or the Physician-in-Training may appeal the recommendation of the Committee to Cedars-Sinai's President and Chief Executive Officer by submitting a written request to that effect to the President and Chief Executive Officer. Any such request must be received by the office of the President and Chief Executive Officer within fifteen (15) days of the requesting party's receipt of the Written Report. In such event the record of the hearing before the Committee shall be prepared and forwarded to the President and Chief Executive Officer. In the event that neither the Program nor the Physician-in-Training submits a timely request for an appeal, the recommendations of the Committee shall become final.

(r) Within fifteen (15) days of receipt of an appeal request, the President and Chief Executive Officer shall schedule and give notice to the parties of the time, date and place of a meeting with the President and Chief Executive Officer to consider the appeal. The notice of the meeting shall establish a schedule for submission of written statements from the parties in support of their positions with respect to the appeal. At such meeting each party shall be given a reasonable opportunity to orally state its position. For these purposes, the parties may be accompanied by an attorney or other representative. The President and Chief Executive Officer may request that Cedars-Sinai's Executive Vice President for Legal Affairs and General Counsel, or their delegate, be present to advise them in the matter.

(s) The appeal shall be based on the record of the hearing before the Committee, the Written Report of the Committee, and the written and oral arguments of the parties. The President and Chief Executive Officer will not consider any additional information unless they are satisfied that such information is relevant to the charges against the Physician-in-Training and that such information was improperly excluded or unavailable at the time of the hearing before the Committee. The President and Chief Executive Officer shall have a record made of the meeting. Within ten (10) days of the conclusion of the meeting to the hear the appeal, the President and Chief Executive Officer shall notify the Physician-in-Training, Executive Vice President for Academic Affairs, the Department Chair and the Program Director, in writing, of their decision which shall be the final decision in the matter at Cedars-Sinai.

G. Corrective Action in the Form of Suspension:
   1. During suspension, malpractice coverage may be withdrawn.
   2. Suspended individuals may not treat patients.

H. The procedure for suspension due to uncompleted medical records is detailed in Health Information Department policy entitled “Physician Suspension Policy: Record Completion.

V. POLICY APPROVAL(S)

Graduate Medical Education Committee: October 4, 2022

Original Effective Date: 03/01/09

Clinical and Educational Work Hours

I. POLICY

A. It is the policy of Cedars-Sinai that Graduate Medical Education (GME) programs configure program structures and schedules to provide residents/fellows with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities consistent with Accreditation Council for Graduate Medical Education (ACGME) Institutional and Common/Subspecialty Program Requirements regarding Clinical Experience and Education work hours.

1. Schedules must focus on patient safety, continuity of care, effective transitions of care, and the educational needs of the resident. Clinical experience and education hours must reflect the fact that responsibilities for continuing patient care are not automatically discharged at specific times.
2. Program schedules must adhere to all work hour limits consistent with the ACGME Common/Subspecialty program requirements.
3. Resident/fellow work hours and on-call schedules must not be excessive, must allow for meaningful educational activity, and must facilitate patient care in a manner that recognizes responsibility for the safety and welfare of patients.
4. 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. Didactic and clinical education must have priority in the allotment of residents' time and energy.
5. Residents/fellows must be provided with appropriate backup support in cases where their patient care responsibilities are prolonged, particularly difficult, or may otherwise cause sufficient fatigue to jeopardize patient care. Programs must encourage residents/fellows to use alertness management strategies, including strategic napping, in the context of patient care activities.
6. Reimbursement for transportation services and taxi vouchers is available for any resident/fellow who is too fatigued to safely drive home after an extended patient care shift.

B. Each training program must have a formal, written policy regarding clinical experience and education work hours and on-call schedules that is consistent with this policy statement and includes (a) a process to ensure continuity of patient care in the event that a resident may be unable to perform his/her patient care duties and (b) the approach used by the program to monitor clinical education and work hours. Program policies must be distributed to all program residents/fellows and faculty.

C. Monitoring and Oversight:

1. Programs must assure that all residents/fellows regularly log all of their clinical experience and education work hours in New Innovations, including moonlighting, and that these logs are accurate.
2. Programs must monitor and review all work hour logs on a regular basis and assure that any violations are adequately justified in accordance with ACGME

requirements. For any violations that are not justified, or for which justification is not permitted, programs must determine the cause of the violation and take appropriate action to assure that schedules, rotations, and residents/fellows comply with requirements.

3. The Graduate Medical Education Committee (GMEC) will regularly monitor logging rates by programs and will periodically review program clinical experience and education work hour logs to identify any negative trends. Additionally, the GMEC will monitor program compliance through survey results and will report findings in the Annual Institutional Review.

II. PURPOSE

To ensure that resident schedules are fair, consistent, appropriate and not excessive, in accordance with requirements of the ACGME.

III. DEFINITIONS / RESPONSIBILITIES

A. At-home call: Same as Pager Call. A call taken from outside the assigned site. Time spent on patient care activities by residents/fellows while on at-home call must be included in work hour logs.

B. Clinical experience and education hours: are defined as all clinical and academic activities related to the training program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house and performing patient care activities during call activities, and scheduled activities, such as conferences. Clinical experience and education hours do not include reading, studying, and academic preparation time, such as time spent away from the patient care unit preparing for presentations, journal club, or voluntary research activities.

C. In-house call: Work hours beyond the normal work day when residents are required to be immediately available in the assigned institution.

D. Moonlighting: Voluntary, compensated, medically related work that is not related to training requirements of the program in which the resident is enrolled.

E. Night float: Rotation or educational experience designed to either eliminate overnight in-house call or to assist other residents during the night. Residents assigned to night float are assigned on-site duty during evening/night shifts and are responsible for admitting or cross-covering patients until morning and do not have daytime assignments. The rotation must have an educational focus.

IV. PROCEDURES

A. In rare instances, programs may apply to a Review Committee (RC) for a rotation-specific maximum 10 percent increase in the 80-hour per week clinical and educational work hour limit (maximum of 88 hours). Each Review Committee may decide that it will not consider any requests for exception. Information on whether a Review Committee grants exceptions to the 80-hour limit can be found on that Review Committee's web page on the ACGME website, as well as in the specialty Program Requirements. In accordance with the ACGME clinical and educational work hour

exception policy, the program director must provide written justification to the DIO, including a sound educational rationale, the impact of the increase on total hours and other work hour limits, and the plans for monitoring the impact of the change. If endorsed by the DIO, the request will be put on the agenda of the next GMEC for presentation by the program director. If approval is recommended by the GMEC, the request will be forwarded to the appropriate ACGME RC for final approval. If approved, the exception will be reviewed annually by the RC.

B. Residents/fellows are provided an online educational program in fatigue management and mitigation through the GME Core Curriculum. Programs must assure that core faculty are provided with such an educational program and may use recorded resources available in the Medical Library for this purpose.
C. Reimbursement for transportation services (basic level service for app-based services, such as Uber or Lyft, or conventional taxi) from CSMC or any local affiliated training site to which a resident/fellow is assigned to the verifiable home address of the resident/fellow can be made if the resident/fellow determines he/she is too fatigued to safely drive home after an extended patient care shift. This includes a return trip for the resident/fellow to pick up his/her car at the training site at a later time. Receipts showing the name of resident/fellow, starting location, ending location, time, date, and total fare amount should be sent to the GME Office within 20 days of the travel date at gme.web@cshs.org with "Reimbursement Request" in the subject line in order to be eligible for reimbursement. Program Directors will be notified if transportation for fatigue is used more than twice a month. This is so that a determination can be made as to the cause of persistent fatigue and if a schedule adjustment needs to be made.
D. Taxi vouchers can be obtained 24/7 by residents/fellows in the Nursing Office, Plaza Level, North Tower, Rm. 2021.
E. For residents and fellows not supported through the GME budget, charges for reimbursements and taxi vouchers covered in C and D above will be applied to the departmental cost centers under which the resident/fellow is paid.

V. POLICY APPROVAL(S)

Graduate Medical Education Committee: November 12, 2019

Original Effective Date: July 1, 2011

Complaints and Concerns Policy

I. POLICY

It is the policy of Cedars-Sinai Medical Center "Cedars-Sinai" to ensure that Physicians-in-Training are provided with fair policies and procedures for complaints and concerns, that minimize conflicts of interest and that support an educational environment in which they may raise and resolve issues without fear of intimidation or retaliation.

II. PURPOSE

To provide Physicians-in-Training a process in which concerns may be raised in a discreet manner.

III. PROCEDURES

A. The Physician-in-Training is encouraged to seek resolution of complaints and other concerns relating to his/her appointment, responsibilities or other aspects of the educational experience. In support of this, it is Cedars-Sinai's policy to:
   1. Provide and support a Housestaff Association and Housestaff Executive Committee (see GME Policy "Housestaff Association and Housestaff Executive Committee").
   2. Provide and support a process for the adjudication of Physicians-in-Training complaints and grievances related to the work environment or issues related to the program or faculty (see Section D, below).
   3. Establish and implement fair policies and procedures for grievance and due process of academic or other disciplinary actions taken against Physicians-in-Training that could result in dismissal, non-renewal of a Physician-in-Training's agreement, non-promotion to the next level of training, or other actions that could significantly threaten a Physician-in-Training's intended career development (See GME Policy "Grievance and Due Process").

B. This policy is applicable to all Cedars-Sinai Physicians-in-Training whether they be on-campus or on rotation through a participating institution when the cause of e concern or complaint occurs. It is also applicable to all Physicians-in-Training based at other institutions while on rotation through Cedars-Sinai.

C. For matters of general concern, the Housestaff Executive Committee (HEC) provides a forum for discussion and acts as the liaison with the GME Committee and the GME Office, which may also be contacted directly. See GME Policy "Housestaff Association and Housestaff Executive Committee" for additional information.

D. For matters of personal concern, the Physician-in-Training is urged to first discuss complaints and concerns with the Program Director. Issues can best be resolved at this stage and every effort should be made to achieve a mutually agreeable solution.

E. If the complaint or concern is not adequately addressed to the satisfaction of the Physician-in-Training after thorough discussion with the Program Director, the

Physician-in-Training may present the complaint or concern to the Department Chair for the purposes of achieving a mutually agreeable solution.

F. In situations in which the complaint or concern is related to the Program Director and the Physician-in-Training believes that a fair resolution cannot be attained by presenting the complaint or concern to the Program Director, the Physician-in-Training may present the complaint or concern directly to the Department Chair.
G. If the complaint is still not resolved to the satisfaction of the Physician-in-Training, or in situations where the complaint or concern relates to both the Program Director and the Department Chair, and the Physician-in-Training believes that a fair resolution cannot be attained by presenting the complaint or concern to those individuals, the Physician-in-Training may present the complaint or concern, in writing, directly to the Associate Dean, Medical Education/Designated Institutional Official (DIO).
H. Should it be determined that the resolution of the complaint or concern would benefit from input and support from Human Resources, the Program Director, DIO or GME office will reach out to the corresponding HR Business Partner for assistance. Physicians-in-Training can also reach out to the corresponding HR Business Partner for support and guidance. Physicians-In-Training are free to bypass the procedures in this policy at any time if they wish to report possible violations of the Cedars-Sinai Equal Employment Opportunity Policy. Physicians-In-Training should refer to the Complaint Procedure in that policy for more information.
I. Cedars-Sinai has a compelling interest to protecting the witnesses from harassment, intimidation and retaliation. Cedars-Sinai may decide, in some circumstances, that in order to achieve these objectives, it must ask the Physician-In-Training to maintain all or a portion of the fact-finding process and the Physicians-in-Training's role in it, in strict confidence. If Cedars-Sinai reasonably imposes such a requirement and the Physician-in-Training does not maintain such confidentiality, the Physician-in-Training may be subject to corrective action, up to and including non-renewal of Physician-in-Training contract or termination, which may be subject to rights to a Fair Hearing. See Grievance and Due Process Policy: Graduate Medical Education for additional information.
J. Any questions about confidentiality should be raised with a Physician-in-Training's HR Business Partner prior to any disclosure. However, nothing herein is intended to restrict an employee's rights to discuss wages and working conditions or otherwise engage in protected activity.
K. A Physician-in-Training enrolled in an ACGME-accredited program may report training-related issues or allegations of non-compliance with ACGME requirements directly to the ACGME through its Office of the Ombudsperson or its Office of Complaints at www.acgme.org/Residents-and-Fellows/Report-an-issue.

III. POLICY APPROVAL(S)

Graduate Medical Education Committee: September 13, 2022

Original Effective Date: 03/01/09

Controlled Substance Orders and Prescriptions Policy

I. POLICY

A. Residents/fellows who do not have individual DEA numbers shall not write outpatient prescriptions for controlled substances. Therefore, residents/fellows without individual DEA numbers whose patients need prescriptions for controlled substances upon discharge should have these prescriptions written by physicians who have a valid individual DEA number.

B. Residents/fellows without individual DEA numbers may write orders for controlled substances for inpatients. These orders will always include their unique physician identifier.

II. PURPOSE

To provide guidelines for orders and prescriptions for controlled substances.

III. APPROVAL:

Graduate Medical Education Committee: December 1, 2015

Original Effective Date: 08/01/02

Disaster Preparation and Response Policy

I. POLICY

Cedars-Sinai Medical Center is committed to providing assistance for continuation of resident/fellow educational experiences in the event of an extraordinary circumstance that alters its ability to support resident education.

II. PURPOSE

To outline an approach for providing administrative support for GME programs and residents/fellows to assist in reconstituting and restructuring educational experiences as quickly as possible after a circumstance that causes a substantial disruption to patient care or education, in accordance with Accreditation Council for Graduate Medical Education (ACGME) Extraordinary Circumstances policy and Institutional Requirements. This policy augments the CSMC Health System Fire/Disaster manual, the Emergency Operation Plan, and departmental emergency response plans, which address procedures that residents/fellows in GME programs aligned with specific departments should follow during emergencies. Residents/fellows are expected to follow the rules in effect for the training site to which they are assigned at the time, in accordance with the scope of their training program and individual licensure status.

III. DEFINITIONS / RESPONSIBILITIES (IF APPLICABLE)

A. Extraordinary circumstance: An event or set of events that significantly alters the ability of a sponsor and its programs to support resident education. Examples of extraordinary circumstances include abrupt hospital closures, natural disasters, or a catastrophic loss of funding.
B. The declaration of extraordinary circumstance, as defined by this policy, is made by the ACGME in accordance with ACGME policy.
C. The term “resident” refers to both residents and fellows in GME programs.

IV. PROCEDURES

A. If the ACGME determines that CSMC’s ability to support resident/fellow education has been significantly altered, CSMC will:
    1. Revise its educational program(s) to comply with the applicable ACGME requirements,
    2. Arrange temporary transfers of the residents to other programs/institutions until such a time as the CSMC-sponsored residency program(s) can provide an adequate education experience for each of its residents.
    3. Assure that residents/fellows continue to receive salary and benefits during temporary transfers.
    4. Assist the residents in permanent transfers to other programs/institutions.

B. If more than one program is available for a temporary or permanent transfer of a particular resident, the transfer preferences of the resident will be considered by CSMC and the affected program.
C. The transfer decisions will be handled expeditiously to maximize the likelihood that each resident will complete the training year in a timely manner.
D. Within 10 days of the invocation of the Extraordinary Circumstances policy, the designated institutional official (DIO), or designee(s), if the DIO is determined to be unavailable, will contact ACGME to receive the timelines the ACGME has established for its programs These timelines will establish deadlines for the CSMC to:
    1. Submit program reconfigurations to the ACGME; and,
    2. Inform each program's residents of the decision to reconstitute the program and/or transfer the residents either temporarily or permanently
E. The due dates for submission of said plans shall be no later than 30 days after the invocation of the Extraordinary Circumstances policy unless other due dates are approved by the ACGME.
F. At the outset of a temporary resident/fellow transfer, programs will inform each transferred resident/fellow of the estimated duration of his/her temporary transfer. When a program determines that a temporary transfer will continue through the end of the academic year, it will promptly notify each transferred resident/fellow.
G. The DIO and CSMC GME Office will provide a central point for assistance and communications on behalf of CSMC with respect to resident placements and relocations. Information and decision communications will be maintained with Program Directors and residents, as appropriate, in response to the extraordinary circumstance.
H. The ACGME will provide phone numbers and e-mail addresses for communication with the ACGME from affected institutions and programs. In addition, lines of communication with the ACGME during the disaster recovery period will include:
    1. The DIO should call or email the Institutional Review Committee Executive director with information and/or requests for information.
    2. Program Directors should call or email the appropriate Review Committee Executive Director with information and/or requests for information.
    3. Residents should call or email the appropriate ACGME Review Committee Executive Director or the ACGME Office of Resident Services (residentservices@ACGME.org or 312-755-5000) with information and/or requests for information.

V. POLICY APPROVAL(S)

Graduate Medical Education Committee: August 31, 2021

Original Effective Date: 02/01/08

Eligibility, Recruitment, and Selection Policy

I. POLICY

The Graduate Medical Education (GME) recruitment, selection, and appointment policy reflects Cedars-Sinai's founding values of diversity and inclusion through the commitment to training physicians from all backgrounds and cultures and fostering a diverse community among residents and fellows from all training programs. Cedars-Sinai and its GME training programs will engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents, fellows, faculty members, senior administrative staff members, and other relevant members of its academic community.

A. Eligibility Standards

It is the policy of Cedars-Sinai Medical Center that all residency and fellowship training program applicants meet minimum uniform eligibility standards, detailed below.

1. Minimum requirement for all residencies and fellowships except that indicated in I.A.2. below:
    a. Graduation from a medical school within the United States or Canada that is accredited by the Liaison Committee on Medical Education (LCME) prior to initiation of training at Cedars-Sinai Medical Center.

    or

    b. Graduation from an American Osteopathic Association- accredited medical school prior to initiation of training at Cedars-Sinai Medical Center.

    or

    c. Graduation from a medical school outside of the United States and Canada that is listed on the World Directory of Medical Schools found at https://wdoms.org AND one of the following additional qualifications:
        i. Current valid certification from the Educational Commission for Foreign Medical Graduates (ECFMG).

        or

        ii. Full and unrestricted licensure to practice medicine in the US licensing jurisdiction in which they are in training.

    d. Additional eligibility requirements or exceptions documented in the ACGME program requirements for the specialty.
2. Minimum requirement for Podiatric Medical Residency: Graduation from a podiatric medical school within the United States or Canada that is accredited by the Council of Podiatric Medical Education (CPME), prior to initiation of training at Cedars-Sinai Medical Center.
3. Applicants who do not meet the above criteria cannot be considered for any graduate medical educational programs at Cedars-Sinai Medical Center.

B. Recruitment
    1. Applicants invited for interviews must be informed of the terms, conditions, and benefits of appointment in effect at the time of the interview or that will be in effect at the time of the expected appointment.
    2. Applicants invited for interviews must complete and sign an acknowledgement that they have been provided this information and the completed acknowledgement must be retained by the program in accordance with the GME policy on Record Retention.

C. Selection
    1. All physicians-in-training must be selected from among eligible applicants on the basis of a holistic review of an individual's completed application. Residency program-related criteria such as their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation, integrity and obstacles overcome should be part of the applicant assessment process. Programs must not discriminate with regard to sex, race, age, religion, color, national origin, disability, or any other applicable legally protected status.
    2. Program Directors must develop and implement formal written criteria and processes for the selection of applicants to their specific programs. Such criteria and processes must be in accordance with this policy, applicable department policies, applicable RRC requirements and applicable state and federal laws.
    3. The program director may not appoint more residents than approved by the program's ACGME Resident Review Committee, unless otherwise stated in the specialty-specific requirements.
    4. Selection of physicians-in-training is to be conducted through participation in the National Resident Matching Program (NRMP) or other national organized matching program, to the extent possible.
    5. Departments shall notify the GME Office of their GME-funded selections according to the timeline given below. GME funding allotments may not be guaranteed for selections that are submitted after the dates below.
        a. For continuing residents and fellows: March 1.
        b. For new residents: Match Day + 1 week.
        c. For new fellows: April 1.

D. Documentation:
    1. All applicants will have the following on file to be offered an interview:
        a. Transcript or copy of medical school diploma
        b. Copy of California medical license, as appropriate, if available.
        c. For all residents except those addressed by d., e. or f., below, copy of USMLE Parts 1, and if available, Part 2
        d. For D.O. residents, copy of NBOME scores, or USMLE results if available.
        e. For podiatric medicine residents, copy of Podiatric National Board scores, if available
        f. For fellows, copy of USMLE results Parts 1, 2 and 3 and *EITHER* the program's standard application *OR* the "California Participating Physician Application" section of the CSMC Medical Staff application.

2. At the Program Director's discretion, an applicant may be interviewed but will not be ranked or otherwise offered a position until the following are also on file:
    a. For Applicants to Residency Programs:
        i. Medical Student Performance Evaluation (MSPE) (not required for podiatric medicine applicants) AND
        ii. Three letters of recommendation
    b. For Applicants to Fellowship Programs:
        i. Two letters of recommendation
3. For applicants who are transferring from another program (see Section III. Definitions/Responsibilities), the program director must obtain written or electronic verification of previous educational experiences from the resident's current program director.

E. Final acceptance into the program is contingent upon:
1. Satisfactory graduation from a school of medicine or podiatric medicine (as appropriate), verified in writing by CSMC via primary source (see Section Ill. Definitions/Responsibilities).
2. For applicants with prior and/or current post-graduate training, satisfactory completion of prior training, verified in writing by CSMC via primary source (see Section III. Definitions / Responsibilities). A letter from the Program Director indicating satisfactory completion of prior training must also be on file by the start of postgraduate training.
3. For applicants transferring from another program, the program director must obtain verification of previous educational experiences and a summative competency-based performance evaluation of the transferring resident via primary source (see Section III. Definitions/Responsibilities) prior to acceptance of a transferring resident, and Milestones evaluations upon matriculation.
4. Current licensure from the Medical Board of California, as applicable per GME Policy "California Medical Licensure."
5. Successful completion of a criminal background check.
6. Acknowledgement and Agreement with CSMC Policy on Annual Influenza Vaccination Program for Healthcare Providers found at http://cshsppmweb.csmc.edu/dotNet/documents/?docid=49170
7. Fulfillment of all other documentation requirements, including appropriate visa or work authorization for non-US citizens.

F. Verification of Prior Education and Training:
1. Fulfillment of prior education and training requirements must be verified in writing via primary source (see Section III. Definitions/Responsibilities) for all trainees.
2. Verification of education (for all) and prior training (for those with prior and/or current post-graduate training) must be obtained before any trainee begins training in clinical areas at CSMC. See Section IV for acceptable procedures for obtaining verification.
3. Departments shall pay fees, if any, requested by schools or prior training institutions for verification services.

G. Appointment Process
    1. Program Administrators will enter Personnel Records for each incoming resident and fellow in New Innovations and applicable checklists will be assigned automatically or by the GME Office.
    2. All required documents must be uploaded to New Innovations per the instructions found in the checklists.
    3. Copies of the current checklists are available from the GMEC Sharepoint site.

H. Enrollment of non-eligible residents and fellows may be cause for withdrawal of ACGME or other accreditation of the involved program. Position offers to applicants who do not meet all eligibility standards as given in this policy must be approved in advance by the Associate Dean, Medical Education.

I. Compliance with this policy is to be monitored by the GMEC through feedback provided by the GME Office.

II. PURPOSE

A. To ensure that the selection and appointment of residents and fellows is fair and equitable, in accordance with Medical Center standards and ACGME institutional requirements.

B. To ensure that all trainees have appropriate education and training for their current training programs, in accordance with Medical Center and ACGME standards.

III. DEFINITIONS / RESPONSIBILITIES

A. Unless otherwise specified, “residency” refers to both resident and fellowship training programs, and “resident” refers to both residents and fellows.

B. “Applicant” includes those applying for first-year residency or fellowship positions, as well as those entering mid-program (i.e., second-year or above) and those transferring from one program to another.

C. A “Transfer Resident” is a resident or fellow moving from one program to another prior to completion of the program or a resident entering a program requiring a preliminary year. It does not apply to a resident who has successfully completed a residency and then is accepted into a subsequent residency or fellowship training program.

D. The program director is responsible for verification of the applicants' credentials.

E. "Primary Source" includes any one of the following:
    1. Written documentation obtained directly (via mail, fax, or email) from an appropriate individual or office at the institution of origin.
    2. For graduates of foreign medical schools, verification obtained from the ECFMG in place of verification obtained directly from the foreign medical school.
    3. Entries in the American Medical Association "Physician Profile Service" database marked "verified.”
    4. The following are NOT acceptable as “primary sources” for verification of education or prior training:
        a. Any document carried in or forwarded by the resident or fellow, including photocopies of transcripts, diplomas, or letters from program directors.
        b. Verbal verification (e.g., via telephone).

c. A letter of recommendation from former program director (unless it clearly states the period of participation in the program and is received directly from the institution where training occurred).
d. Licensure by the Medical Board of California or other state.
e. Application through ERAS or any other national application program.
f. Participation in NRMP or any other national matching program.

IV. PROCEDURES

A. For education verification:
   1. For US and Canadian graduates, the Program Administrator emails or mails to the Dean's Office at the trainee's medical school a form requesting verification of graduation. The Dean's Office completes form and sends or emails it back to the Program Administrator.
   2. For graduates of foreign medical schools, the Program Administrator may contact the ECFMG, rather than the foreign medical school. There is no charge to programs for this service. To obtain information on how to obtain this verification, go to the ECFMG website, at http://www.ecfmg.org/cvs/resfell.html or contact the Graduate Medical Education Office.
   3. The Program Administrator uploads the verification to the trainee checklist in New Innovations.

B. For training verification:
   1. The Program Administrator emails or mails to the Program Director or Graduate Medical Education Office at the trainee's prior training institution(s) a form requesting verification of training completed. The prior institution(s) complete(s) form and email or mails it back to the Program Administrator.
   2. The Program Administrator uploads the verification to the trainee checklist in New Innovations.

V. POLICY APPROVAL(S)

Graduate Medical Education Committee: February 4, 2020

Original Effective Date: 11/1/06

Evaluation of Residents, Fellows, Faculty, and Programs Policy

I. POLICY

A. Each program must establish systems and processes to assess and evaluate resident/fellow, faculty, and program performance. Programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) must do so in accordance with the ACGME Common Program Requirements and any additional requirements of the specialty.

B. Each program must establish a separate policy that details its specific systems and processes for resident/fellow, faculty, and program evaluation.

C. Both formative and summative evaluations should be made accessible for review by the resident/fellow. Summative (final) evaluations of each completing resident/fellow should be uploaded to the appropriate folder of the resident/fellow record in New Innovations. At the program director's discretion, any documents shown to the resident/fellow may be redacted prior to his/her viewing to protect the confidentiality of the evaluator.

D. Annual program evaluations of ACGME-accredited programs must utilize the latest version of the institutional template available from the GME Office and on the GME Sharepoint site. Complete reports, including detailed action plans, must be submitted yearly by September 15th.

II. PURPOSE

To ensure that residents/fellows receive regular objective assessment and feedback on their performance and progress in their specialty training. To ensure that faculty performance is evaluated at least annually, and to assure that each program conducts an ongoing effort to monitor and improve the quality and effectiveness of the training program in accordance with ACGME requirements.

III. DEFINITIONS / RESPONSIBILITIES (IF APPLICABLE)

ACGME requirements for evaluation can be accessed at http://www.acgme.org.

IV. POLICY APPROVAL(S)

Graduate Medical Education Committee: January 5, 2016

Original Effective Date: 12/01/06

Examination Under Anesthesia Policy

I. POLICY

A. Only trainees (students and house staff) directly involved in the care of a patient and who are part of the patient's care team can perform an examination under anesthesia (EUA) on a specific patient. Other trainees who are not part of the patient's care team cannot perform an EUA on the specific patient.
B. Only an EUA specific for the procedures for which the patient has signed a consent can be performed.
C. All trainees must be supervised during the EUA by a supervising physician and the supervising physician must be present during the EUA performed by trainees.
D. The supervising physician must be part of the patient's care team.

II. PURPOSE

To ensure that ethical and legal standards are maintained during medical education.

III. POLICY APPROVAL(S)

Graduate Medical Education Committee: August 31, 2021

Original Effective Date: June 29, 2015

Leave Policy

I. SCOPE AND PURPOSE

This policy covers Physicians-in-Training at Cedar-Sinai Medical Center("Cedars-Sinai"). Cedar-Sinai provides Vacation and Holiday Time ("VHT"), Sick Time, Bereavement and Reproductive Loss Leave, Jury/Witness Duty Leave, and leaves of absence to eligible Physicians-in-Training under this policy.

The purpose of this policy is to establish rules for and provide guidance regarding leave for Cedars-Sinai's Physicians-in-Training.

This policy does not create an entitlement to leave or time off beyond that provided in this policy, by Cedars-Sinai's leave of absence policies or as required by law. Cedars-Sinai Medical Center's policies regarding leaves of absence for medical and other reasons comply with applicable laws, including but not limited to the federal Family & Medical Leave Act (FMLA), the California Family Rights Act (CFRA), and the California Pregnancy Disability Leave Act.

There are no exceptions to this policy.

II. VACATION AND HOLIDAY TIME (VHT)

A. Definitions of Key Terms and Concepts

Term/Concept	Definition
Physician-in-Training	A physician enrolled in a graduate medical education program who has completed medical training in (1) a medical school in the United States or Canada accredited by the Liaison Committee on Medical Education, (2) a college of osteopathic medicine in the United States accredited by the American Osteopathic Association, (3) a medical school outside of the United States or Canada recognized or approved by the Medical Board of California and holding a currently-valid certificate from the Educational Commission for Foreign Medical Graduates; OR (4)a graduate of a college of podiatric medicine accredited by the Council on Podiatric Medical Education.
Academic Year	The annual period of educational instruction for Physicians-in-Training, usually from July through June.
Pay Record Adjustment (PRA) Form	Form completed by Physician-in-Training to record VHT so that the Kronos time record can be updated by the Kronos Editor.

Payroll Inquiry Form (PI)	Form completed by Physician-in-Training to request a pay adjustment following a paycheck error related to VHT or other reason.
Academic Program ("Program")	A combination of clinical and didactic activities that allow learners to achieve the goals and objectives of their selected specialty.

B. Policy Applicability and Requirements
   1. VHT Allotments and Availability
      a. VHT hours are front-loaded to each Physician-in-Training's VHT account at the beginning of each academic year. VHT is available for use immediately after the allotment is provided. The balance can be viewed on paystubs and in UKG records.
      b. Rather than separately accruing vacation and holiday hours, Physicians-in-Training have one VHT account which provides pay for vacation, holidays and absences for personal reasons not covered by other policies.
      c. Physicians-in-Training receive an initial allotment of 224 hours of VHT (28 days). A prorated amount will be calculated for Physicians-in-Training who start their training later in the academic year. Physicians-in-Training are required to take at least **160 hours** (20 days) of VHT each academic year. If the minimum requirement of 160 hours is not requested and time off taken by the Physician-in-Training, the Program may schedule the time off on their behalf and require them to take the time off. If a Physician-in-Training has unused VHT remaining at the end of the academic year, the balance may be carried over from one academic year to the next, up to a maximum of 336 total hours (42 days).
      d. Due to the cap, unused VHT balances of greater than 112 hours (14 days) at the end of the academic year may result in less than 224 hours being allotted for the following year. For example, if 200 VHT hours are carried over from one year to the next, the allotment for the subsequent year will be 136 hours (200 carried over hours +136 new allotted hours = 336).
   2. Scheduling
      a. Each individual Program is responsible for managing Physicians-in-Training schedules and VHT requests. All Physicians-in-Training are required to follow their Program's time-off protocols. VHT requests will be considered and scheduled by the program and coordinated in a timely manner by the Chief Residents, the Program Director, and/or their designees to ensure appropriate patient care is covered and educational experiences are not negatively impacted.

b. VHT requests may be denied by the Program or Physicians-in-Training may be asked to reschedule VHT based on the Program's needs and other relevant business and patient care considerations. Changes to posted/confirmed VHT schedules should be requested by Physicians-in-Training from Chief Residents, the Program Director, and/or their designees.
c. VHT may be requested and scheduled in full-week or full-day increments, depending upon the requirements of the Program.
d. Physicians-in-Training are not expected to engage in work-related duties during VHT. In addition, VHT shall not be used to provide pay for any days Physicians-in-Training would not otherwise be scheduled to work in accordance with the regular schedule of a Program and ACGME duty hours requirements and restrictions, unless it is to cover a short period of time in which a Physician-in-Training may transition from one program to another, during which they are not scheduled to work and choose to use their VHT.

3. Documentation of VHT Requests
    a. Programs will require Physicians-in-Training to complete PRA forms in order to document VHT requests and update/enter them in the UKG time record. PRA forms must be reviewed and signed by the Physician-in-Training and designated approver. It is important that PRA forms are signed and returned to the UKG Editor for the Program in a timely manner in order for VHT to be recorded appropriately.
4. Payment upon Separation
    a. Unused VHT hours will be paid out to Physicians-In-Training as taxable income upon termination from Cedars-Sinai.
    b. If at the end of training a Physician-In-Training is not separated and instead transferred to another position at Cedars-Sinai, unused VHT hours will not be paid out and will remain available for use in the new position in accordance with applicable policy. However, VHT hours may not exceed the maximum balance allowed by the new applicable VHT policy. Accordingly, if a Physician-in-Training's VHT balance at the time of transfer exceeds the new maximum allowable balance, hours that exceed the maximum balance will be paid out at time of transfer.

III. SICK TIME

The Cedar-Sinai Human Resources Sick Time Policy applies to all employees, including residents and fellows.

Residents and fellows are allocated five (5) sick days per calendar year. Sick time does not accrue from year to year. The policy may be found in its entirety on the Human Resources website.

IV. LEAVE OF ABSENCE

A. Definitions of Key Terms and Concepts

Physician-in-Training	A physician enrolled in a graduate medical education program who has completed medical training in (1) a medical school in the United States or Canada accredited by the Liaison Committee on Medical Education, (2) a college of osteopathic medicine in the United States accredited by the American Osteopathic Association, (3) a medical school outside of the United States or Canada recognized or approved by the Medical Board of California and holding a currently-valid certificate from the Educational Commission for Foreign Medical Graduates; OR (4)a graduate of a college of podiatric medicine accredited by the Council on Podiatric Medical Education.
Graduate Medical Education Program ("Program")	The period of didactic and clinical education in a medical specialty or subspecialty which follows the completion of undergraduate medical education and prepares physicians for the independent practice of medicine in that specialty or subspecialty. Also referred to as residency or fellowship education.
Resident	A physician-in-training in a graduate medical education program leading to eligibility for primary certification in a medical specialty.
Fellow	A physician-in-training in a graduate medical education program leading to eligibility for secondary or advanced certification in a medical specialty.
Board Eligibility	A description of requirements that need to be met/completed by a Physician-in-Training for admission to a medical specialty board examination.
VHT	Vacation and Holiday Time provided to all trainees at the beginning of each academic year.

B. Policy Applicability and Requirements

1. General

a. While the goal of a Physician-in-Training is to successfully and timely meet the requirements for Board eligibility in their chosen specialty, there are circumstances under which a leave of absence from the Program is necessary. In such cases, a leave of absence may be provided under one or more of the following Cedars-Sinai policies where the trainee meets the eligibility requirements:

- FAMILY CARE AND MEDICAL LEAVE OF ABSENCE POLICY: HUMAN RESOURCES/ORGANIZATION DEVELOPMENT
- PREGNANCY DISABILITY LEAVE OF ABSENCE POLICY: HUMAN RESOURCES/ORGANIZATION DEVELOPMENT
- EMPLOYEE MEDICAL LEAVE OF ABSENCE POLICY: HUMAN RESOURCES/ORGANIZATION DEVELOPMENT

- PERSONAL LEAVE OF ABSENCE POLICY: HUMAN RESOURCES/ORGANIZATION DEVELOPMENT
- ORGAN AND BONE MARROW DONOR LEAVE OF ABSENCE POLICY: HUMAN RESOURCES/ORGANIZATION DEVELOPMENT
- MILITARY SPOUSE OR DOMESTIC PARTNER LEAVE POLICY: HUMAN RESOURCES/ORGANIZATION DEVELOPMENT
- TIME OFF FOR CIVIC RESPONSIBILITIES AND DOMESTIC MATTERS POLICY: HUMAN RESOURCES/ORGANIZATION DEVELOPMENT

b. In addition, Physician-in-Training are eligible for ACGME Leave. Accordingly, once during a Program, a total of up to six weeks of medical, parental, and caregiver leave(s) of absence for qualifying reasons that are consistent with applicable state and federal laws and Cedars-Sinai policies is available to Physicians-in-Training. ACGME Leave may be taken intermittently or consecutively.
   - Physician-in-Training are guaranteed the equivalent of 100% of their base pay during the approved ACGME leave(s), provided they have applied for at least one of the following: California's State Disability Insurance Program ("SDI"), Reliance Standard Short-Term Disability ("STD"), Workers' Compensation ("WC") or California's Paid Family Leave Insurance Program ("PFL"), as applicable.
c. Physician-in-Training are also provided a minimum of one week of paid time off to use outside of the paid six weeks of ACGME leave, using available VHT.
d. If enrolled, health and disability insurance benefits for residents and fellows and their eligible dependents are continued during any approved medical, parental, or caregiver leave(s of absence, including ACGME leave.
e. The specialty Board that governs the training for each Physician-in-Training determines whether a resident or fellow who takes a leave of absence, whether intermittent or continuous, during the program is required to make up the time at the end of the Program. Program Directors are responsible for providing residents and fellows and the Graduate Medical Education Office with accurate information regarding the impact of an extended leave of absence upon the criteria for satisfactory completion of the Program and upon the Physician-in-Training's eligibility to participate in examinations by the relevant certifying Board(s).
f. A Physician-in-Training is responsible for notifying their Program Director of the need to take a leave of absence as soon as possible, and to keep the Program Director informed of any changes or modifications to the leave request. Further, it is the responsibility of the Program Director to ensure that the Graduate Medical Education Office is notified of any

leave of absence, including changes or modifications thereto, taken by a Physician-in-Training.

2. Use of VHT while on Non-ACGME Leave
    a. In accordance with policy and federal and state law, a Physician-in-Training may use their VHT hours to supplement any state disability pay, or other similar types of payments for which they are eligible, when on a Family Care and Medical Leave of Absence ("FCML"), Pregnancy Disability Leave of Absence ("PDL"), or Employee Medical Leave of Absence ("EML").

    A Physician-in-Training out for an extended period due to their own illness or injury may qualify for benefits under SDI, STD or WC. Similarly, a Physician-in-Training out for an extended period for qualifying family care reasons may be eligible for benefits under PFL.

    In these cases, Physicians-in-Training may choose to apply available VHT hours to make up the difference between the SDI, STD, WC or PFL benefits and the Physician-in-Training's base pay. This is known as full integration of pay. In no case will partial integration of pay be permitted. Nor will VHT be used to cover a Physician-in-Training's full salary unless the Physician-in-Training has applied for and is denied pay under any of these benefit programs, as applicable.
    - A Physician-in-Training may elect not to use VHT hours for integration during FCML, PDL or EML ("opt out") by notifying the GME office at the beginning of the leave.
    - A Physician-in-Training may not initially opt out of and later choose to opt back into paid status during a continuous leave. If SDI, STD, WC or PFL benefits have been denied (documentation required), available VHT hours can be used to cover full pay, as allowable.

V. EDUCATION LEAVE

A. Cedars-Sinai Medical Center recognizes the educational value of, and supports resident/fellow participation in or attendance at, professional conferences and other similar outside educational activities. (For policy regarding outside professional activities, see GME Policy entitled "Moonlighting and Other Outside Professional Activities".)
B. Residents/fellows may attend free of charge any conference sponsored by the Medical Center that is offered free of charge to members of the CSMC Medical Staff.
C. Financial support of attendance (including registration, travel and other miscellaneous expenses) at such outside activities is at the discretion of the program's department.
D. Time off to attend conferences and other outside educational activities:
    1. Is provided via Paid Time Off (PTO) leave benefits.
    2. May be provided without use of PTO benefits at the discretion of program's department.

3. Shall not necessitate additional time to complete the program.

E. Mandatory attendance at any conference, including Medical Center-based conferences, shall not cause the resident/fellow to be out of compliance with any duty hour requirements (See GME Policy entitled "Housestaff Working Hours and On-Call Schedule").

F. Each resident/fellow training program should have in place and share with their residents/fellows a department-specific policy or other communication regarding conference attendance and other outside professional activities.

VI. BEREAVEMENT AND REPRODUCTIVE LOSS LEAVE

The Cedars-Sinai Human Resources Bereavement and Reproductive Loss Leave Policy applies to all employees, including residents and fellows. The policy may be found on the Human Resources website.

VII. JURY/WITNESS DUTY

The Cedars-Sinai Human Resources Jury/Witness Duty Policy applies to all employees, including residents and fellows. The policy may be found on the Human Resources website.

VIII. POLICY APPROVALS

Effective 10/24/2022
Minor edits 5/20/2024

Medical Records Policy

I. POLICY

Cedars-Sinai Medical Center maintains a detailed medical record on every patient seen at the Medical Center. Medical records are the property of Cedars-Sinai Medical Center and may not be copied or removed from the Electronic Medical Record except under subpoena, *duces tecum,* or a court order.

A. Access to medical records is provided to residents/fellows 24 hours a day.
B. Residents/fellows are authorized to complete discharge summaries, consultations, and operative reports.
    1. History and physical examinations may be entered into the medical record directly by the resident/fellow but must be completed within 24 hours of admission.
    2. All diagnostic and therapeutic telephone and verbal orders must be authenticated electronically and dated by the responsible practitioner as soon as possible, and in any case, within 24 hours.
C. Completion of records
    1. All medical records must be completed within 14 days to be in compliance with California law.
    2. Each resident/fellow is responsible for contacting the Health Information Department weekly to assure that assigned records are completed within 14 days of discharge.
    3. The completion status of a resident's/fellow's records is reported each weekday to all program directors, and regularly to the Medical Record Committee and the appropriate department chairman.
    4. Residents/fellows are monitored for adhering to documentation requirements according to HID policy entitled "Physician-in-Training Termination for Incomplete Records Policy: Record Completion."

II. PURPOSE

To ensure that residents/fellows have access to and address issues related to resident and fellow responsibility for patient care records.

III. RELATED POLICIES

A. Documentation Requirements Policy: Record Completion
B. Physician-in-Training Termination for Incomplete Records Policy: Record Completion

IV. POLICY APPROVAL(S)

Graduate Medical Education Committee: February 1, 2022

Original Effective Date: 02/01/07

Moonlighting Policy

I. PURPOSE

A. This policy applies specifically to physicians-in-training who are enrolled in CSMC ACGME-accredited graduate medical education programs.
B. This policy provides guidelines on, and establish limits to, resident/fellow participation in outside professional activities, in accordance with ACGME institutional and program requirements.
C. In order to assure that Physicians-in-Training are rested and alert while engaging in program activities, Moonlighting, as defined below, is discouraged. (For policy regarding outside educational activities, see GME Policy "Conferences and Other Outside Educational Activities.")

II. DEFINITIONS

A. "External moonlighting" as such term is used herein, shall mean any voluntary, compensated, unsupervised, medically-related work outside Cedars-Sinai Medical Center.
B. "Extra Pay for Additional Work" as such term is used herein shall mean extra clinical duties that occur within the scope of the Physician-in-Training's program and are supervised, but that are performed outside the Physician-in-Training's regularly scheduled duties or required responsibilities, and that are assumed by the Physician-in-Training on a voluntary basis for additional compensation at Cedars-Sinai Medical Center. The definitions of supervision levels can be found in the Housestaff Supervision policy.
C. "Internal Moonlighting" as such term is used herein, shall be deemed to mean any voluntary, compensated, medically-related work (not related to training requirements) performed as a licensed independent practitioner within Cedars-Sinai Medical Center in an outpatient or Emergency Department area.
D. "Moonlighting" as such term is used herein encompasses both External Moonlighting and Internal Moonlighting.

III. POLICY

A. Moonlighting
    1. No Physician-in-Training shall be required to engage in Moonlighting.
    2. Permission for Moonlighting:
        a. Participation in any Moonlighting must receive prior written approval from the Program Director. (See Appendix A for the required form.)
        b. A copy of the written acknowledgment must be retained in the Physician-in-Training departmental file.
        c. The Physician-in-Training's performance will be monitored by the Program Director for the effect of Moonlighting upon his/her performance.

d. The Program Director may prohibit Moonlighting or withdraw permission for Moonlighting upon notice of adverse effect of Moonlighting activities on the Physician-in-Training's performance.

3. Restrictions on Moonlighting Activity:
   a. Program Directors have the authority to deny requests for Moonlighting for any reason in their discretion including, without limitation, because Moonlighting may adversely impact the Physician-in-Training's performance at the Medical Center.
   b. Time spent Moonlighting by the Physicians-in-Training must be counted towards the 80-hour weekly duty hour limit. Physicians-in-Training may not engage in Moonlighting which would increase his or her total involvement in patient care activities (including training-related patient care activities) to a level that violates duty hour limits, as given in GME Policy "Housestaff Duty Hours and On-Call Schedules," or otherwise conflicts with the requirements of the program's accrediting agency.
   c. Physicians-in-Training may not engage in Internal Moonlighting in any inpatient setting at Cedars-Sinai Medical Center. Internal moonlighting is only permitted in outpatient licensed areas of Cedars-Sinai Medical Center and in the Emergency Department, as long as such Internal Moonlighting is outside the medical specialty of the Physician-in-Training's current training program.
   d. J-1 visa holders are prohibited from Moonlighting. H-1B visa holders are also prohibited from Moonlighting unless specifically allowed in their visa.
4. Liability coverage and qualifications:
   a. A Physician-in-Training who engages in Moonlighting, should ensure he or she has professional liability coverage for the period(s) in which he or she is engaged in the activity. Liability coverage provided by the Medical Center for training-related activities shall not be in effect during Moonlighting.
   b. A Physician-in-Training who engages in Moonlighting must be licensed for unsupervised medical practice in the state where the Moonlighting occurs.
   c. It is the responsibility of the Physician-in-Training and the institution hiring the "moonlighter" to determine whether appropriate licensure, liability coverage and training/skills are in place to carry out assigned Moonlighting duties
5. Billing for Moonlighting
   a. Internal Moonlighting
      i. Internal Moonlighting services may be performed and billed *if all* the following conditions are met:
         a) The services are furnished in the outpatient or emergency department of Cedars-Sinai;
         b) Appropriate Medical Staff Privileges are applied for and granted in advance.

c) The services are not related to the Physician-in-Training's approved GME program and the time involved is not counted by the hospital for purposes of its GME payments; and
d) The services are furnished pursuant to a contract that requires that:
   - The Physician-in-Training is fully licensed to practice under the law of the State of California;
   - The services are identifiable services to individual patients that qualify as billable physician services;
   - The services can be separately identified from services that are required for the Physician-in-Training GME program.

ii. The billing office shall be provided with a copy of each such contract in order to furnish it to the Medicare Part B carrier before billing for the Internal Moonlighting Physician-in-Training services.

b. External Moonlighting services that are furnished outside of Cedars-Sinai Medical Center (e.g., in physician offices, nursing homes, other hospitals) are not considered to be part of the Program and may be separately reimbursable to the Physician-In-Training as physician services, subject to all applicable coverage and reimbursement rules and regulations. Time spent in external moonlighting activity must not be claimed as an allowable rotation within IRIS (New Innovations).

B. Extra Pay for Additional Work

1. Extra Pay for Additional Work is not considered Moonlighting as it is considered to be a component of the resident or fellow's training, however, the time spent on such activity must be counted towards the 80-hour weekly duty hour limit.
2. A Physician-in-Training shall not be required to participate in Extra Pay for Additional Work.
3. Participation in Extra Pay for Additional Work must receive prior written approval from both the Physician-in-Training and the Program Director. (See Appendix B for the required form.)
4. A copy of the written acknowledgement must be retained in the Physician-in-Training departmental file.
5. Billing by teaching physicians for supervising Physicians-in-Training for Extra Pay for Additional Work is permissible and shall comply with applicable laws, regulations and Cedars-Sinai Medical Center policies.

IV. POLICY APPROVAL(S)

Graduate Medical Education Committee: September 13, 2022

Original Effective Date: 09/01/08

Non-competition Policy

I. POLICY

It is the policy of Cedars-Sinai Medical Center (CSMC) to place no geographic restrictions on a resident's/fellow's place of practice after completing training. Neither CSMC nor any of its graduate medical education training programs shall require a resident/fellow to sign a non-competition guarantee or restrictive covenant.

II. PURPOSE

To comply with California Business and Professions Code Sections 16600, 16601 and 16602, and ACGME institutional requirements.

III. POLICY APPROVAL(S)

Graduate Medical Education Committee: December 1, 2015

Original Effective Date: 11/01/06

Non-teaching Patients (Involvement of Residents and Fellows) Policy

I. POLICY

A. It is the policy of the Cedars-Sinai Graduate Medical Education Committee that residents/fellows should only be called in emergency / urgent situations to evaluate patients who are not part of the teaching service.

B. When called, the resident/fellow will tell the person calling when he/she will be available to see the patient. If the resident/fellow is too busy to see the patient in a reasonable time frame, then the name of another resident/fellow will be given as a contact person.

C. Residents/fellows should not perform the following patient care activities for patients not on the teaching service:
   1. History and physical examinations on newly admitted patients;
   2. Medical admit orders on newly admitted patients;
   3. Routine phlebotomies or arterial blood gases;
   4. Place NG tubes;
   5. Renew routine orders for patients care; or
   6. Discharge a patient.

D. Residents/fellows may be asked to see a patient not on the teaching service for the following reasons:
   1. A Code Blue is called; or
   2. An acute emergency situation arises
   3. If they are part of the Rapid Response Team (RRT)

E. If there is disagreement about the appropriateness of a resident/fellow seeing a patient not on the teaching service, then the chain of command document will be used and the disagreement adjudicated by those higher in the chain of command.

F. Any evaluation of a non-teaching patient should be discussed with the patient's primary attending physician.

G. Residents/fellows must document the patient evaluation and their discussion with the primary medical physician in the medical record of the patient.

H. Many of the patients seen in these emergency situations will be transferred to teaching services to get their remaining medical care. In such cases, the resident/fellow who evaluated the patient should facilitate this transfer to a teaching service.

II. PURPOSE

To provide guidelines for the involvement of residents/fellows with non-teaching patients.

III. DEFINITIONS

A. Non-teaching Patients - Those patients whose attending physicians are not part of the teaching staff of an applicable residency and do not have residents/fellows involved in their day-to-day care activities.

IV. POLICY APPROVAL

Graduate Medical Education Committee, December 4, 2018

Original Effective Date: 01/07/03

Program Reduction and Closure Policy

I. POLICY

A. Training programs for which the Accreditation Council for Graduate Medical Education (ACGME), or other national accreditation is available, must obtain and maintain accreditation in order to continue to exist at Cedars-Sinai Medical Center.

B. It is the policy of Cedars-Sinai Medical Center to support training programs in their efforts to maintain full accreditation by the ACGME or other national accrediting agency, via actions including maintenance of institutional-level accreditation and payment of fees required by the ACGME or other applicable accrediting agency. Certain circumstances, however, may lead to a program's closure or reduction in size, including:

1. Failure of the training program to comply with ACGME Institutional or Program requirements, to correct or otherwise appropriately address citations or other concerns of the ACGME (or applicable national accrediting agency), or to respond to a request from the ACGME for information, leading to loss of accreditation.
2. Decreased financial or educational resources to support the training program.

C. It is the policy of Cedars-Sinai Medical Center to notify in writing as soon as possible all residents/fellows, applicants, and accepted applicants impacted by an adverse accreditation action conferred by a review committee. If applicable, this notification must be provided to applicants prior to them coming to interview for a program.

D. In the event that an adverse action by the ACGME or other circumstances result in the closure or reduction in size of a program:

1. The Medical Center will inform the GMEC, the DIO, and the residents/fellows as soon as possible when it intends to reduce to size of or close one or more programs, or when the Sponsoring Institutions intends to close.
2. The ACGME or other appropriate accrediting agency will be notified in writing as soon as possible, unless closure or reduction is a result of an action of the accrediting agency.
3. The Medical Center will attempt to phase out the program or reduce the program size over a period of time to minimize the impact on the residents/fellows currently in the program and, in the case of program closure, to allow them time to complete their training.
4. If it is not possible to allow those currently in the program to finish training, the Medical Center and the Program Director will provide to the affected residents/fellows:
    a. Assistance in obtaining another accredited residency/fellowship program position.
    b. Fiscal resources permitting, payment of stipend and benefits up until the conclusion of the term of the current Physician-in-Training Agreement (PITA).

c. Proper care, custody and disposition of residency/fellowship education records, and appropriate notification to licensure and specialty boards.

5. In the event that the Medical Center or Program closure constitutes a "plant closing" or "mass layoff," the Medical Center shall comply with the Worker Adjustment and Retraining Notification Act, if required by law.
6. Non-renewal of a PITA due to such institutional causes shall be final and not subject to further appeal or review and shall not be subject to the Medical Center's fair hearing process.

II. PURPOSE

To outline circumstances under which a training program may be closed or down-sized; to ensure that residents/fellows are informed of the current status of their programs and to ensure the fair and equitable treatment of residents/fellows affected by program closures or size reductions, in accordance with ACGME policies and requirements.

III. POLICY APPROVAL(S)

Graduate Medical Education Committee: 6/2/2015

Original Effective Date: 02/01/07

Promotion, Appointment Renewal, and Dismissal

I. POLICY

A. When a physician-in-training appointment commitment is made by Cedars-Sinai Medical Center, it is the intention of the Medical Center to provide an educational experience for the full duration of the training program to which the physician-in-training has been appointed. Notwithstanding this intention, annual reappointment and renewal of the physician-in-training contract is:
   1. At the sole discretion of the Medical Center.
   2. Contingent upon various considerations including, but not limited to, the following:
      a. Satisfactory completion of all training components, including demonstration of the successful attainment of knowledge, skills, attitudes and educational experiences in each of the general competencies, which have been established as objectives for the applicable level of training;
      b. Satisfactory performance evaluations and attainment of milestone levels expected at the applicable level of training;
      c. Full compliance with the terms of the Physician-in-Training Agreement;
      d. The availability of a position;
      e. Continuation of the Medical Center's and Program's national accreditation;
      f. The Medical Center's financial ability;
      g. Furtherance of the Medical Center's determination to continue the Program.

B. In addition to criteria listed in I.A. above, each program must develop and implement program-specific written criteria and processes for promotion to levels of increased responsibility and recommendation for annual reappointment. Such criteria and processes must be in accordance with this policy, those of their departments, applicable RRC requirements and applicable state and federals laws.

C. Non-renewal of contract, non-promotion, or dismissal:
   1. Notice. The Medical Center will provide the physician-in-training with written notice of intent not to renew the Physician-in-Training Agreement, not to promote the physician-in-training to the next level of training, or to dismiss the physician-in-training.
   2. Due Process and Grievance. A physician-in-training notified of intent of non-renewal, non-promotion, or dismissal shall be allowed to implement the Medical Center's procedures for adjudication of disciplinary actions, as given in GME Academic Due Process and Grievance Policy.
   3. When non-reappointment is based on reasons other than the Physician-in-Training's performance or his or her compliance with the terms of the Resident and Fellow Handbook, such non-reappointments when made by the Medical Center shall be final and not subject to further appeal or review and shall not be subject to the fair hearing process as described in the Academic Due Process and Grievance Policy.

4. Remediation – Non-Reappointment/Non-Promotion Based on Physician-in-Training Factors. When non-reappointment or non-promotion is based on the Physician-in-Training's unsatisfactory performance or noncompliance with the terms of the Resident and Fellow Handbook, the Medical Center's remediation Policies shall be invoked prior to any such determination being "final." In addition, in the event that a Physician-in-Training receives a written notice of intent not to renew his or her agreement(s) or of intent to renew his or her agreement(s) but not to promote him or her to the next level of training, and such written notice is based on the Physician-in-Training's unsatisfactory performance or noncompliance with the terms of the Resident and Fellow Handbook or other disciplinary actions that could significantly threaten the Physician-in-Training's intended career development, said Physician-in-Training has the right to invoke and implement the Medical Center's fair hearing process under the Due Process and Grievance Policy.
    a. Remediation is an initial course of action to correct deficiencies pertaining to the Physician-in-Training's actions, conduct, or performance, which if left uncorrected may lead to non-reappointment or disciplinary action, but which are not yet serious enough to form an independent basis for corrective action, termination, or summary suspension.
    b. In the event the Physician-in-Training's performance, at any time, is judged by the Program Director to be unsatisfactory or non-compliant with the terms of this Agreement, the Program Director shall notify the Physician-in-Training, in writing, of the nature of the unsatisfactory or non-compliant conduct or performance and engage in remediation steps determined by the Medical Center to be appropriate, in its sole and absolute discretion.
    c. The Physician-in-Training's failure to comply with the Medical Center's remediation Policy or the continuation of actions, conduct, and/or performance by the Physician-in-Training that are deemed unsatisfactory or non- compliant by the Medical Center, shall be grounds for non-reappointment and/or disciplinary and corrective action.
5. Reappointment Decisions are not Subject to Complaint or Fair Hearing. The Physician-in-Training shall have the right to a fair hearing only to the extent provided pursuant to the provisions of Attachment "O" to this Agreement.

II. PURPOSE

To establish standards of reappointment and ensure the fair treatment of physicians-in-training who are recommended for non-reappointment, non-promotion, or dismissal in accordance with ACGME institutional requirements.

III. POLICY APPROVAL(S)

Graduate Medical Education Committee: 6/2/2015
Original Effective Date: 11/01/06

Significant Adverse Events Involving Residents and Fellows Policy

I. POLICY

A. Resident and Fellow Action
   1. All residents and fellows involved in a significant adverse event (SAE) will respond in accordance with CSMC policy "Significant Adverse Event Policy: Medical Affairs" and will cooperate with any subsequent investigative activity.
   2. Upon request, the resident or fellow will participate in investigative process(es) regarding the event.

B. Program Director Action
   1. Upon notification that a resident or fellow has been involved in an SAE, the Program Director of the involved resident of fellow will undertake an educational program either solely for the resident or fellow involved or for all of the program's residents or fellows, according to the discretion of the Program Director.
   2. Program Directors must review SAE issues that have occurred in the past year with incoming residents and fellows and rotators to ensure that all residents and fellows are appropriately educated to minimize the risk of SAE recurrence.

C. Graduate Medical Education Committee (GMEC) Action
   1. The Chief Patient Officer or designee member of the GMEC shall apprise the GMEC of recent SAEs, the subsequent educational activities undertaken, and any outcome information available, and shall make recommendations to the committee as needed.
   2. Any recommendations by the GMEC regarding SAEs will be given to the Chief Patient Safety Officer for dissemination as appropriate.

II. PURPOSE

To ensure that residents and fellows benefit from the educational opportunity associated with being involved with an SAE, and to minimize the risk of recurrence within other training programs by increasing the awareness of other program directors of resident and fellow involvement in SAEs.

III. DEFINITIONS / RESPONSIBILITIES

A. Definitions– see CSMC policy "Significant Adverse Event Policy: Medical Affairs" for definitions of terms related to SAEs**.**

B. Responsibilities:
   1. When an SAE involves a resident/fellow the Associate Dean, Medical Education will be notified by the Department of Quality Improvement.
   2. The Associate Dean, Medical Education will then notify the appropriate Program Director.

3. The Program Director or the Associate Dean, Medical Education shall report to the GMEC at its next meeting on the SAE, the subsequent educational program implemented, and any outcome information available at that time.

IV. POLICY APPROVAL(S)

Graduate Medical Education Committee: February 1, 2022

Original Effective Date: 11/01/02

Supervision Policy

I. POLICY

A. Supervision is to be readily available to residents/fellows on duty. Appropriate supervision is to be provided at all times, for all Physicians-In-Training, that ensures:
   1. Safe and effective patient care;
   2. Each resident and fellow's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and
   3. Establishes a foundation for continued professional growth.

B. In the clinical learning environment, each patient must have an identifiable, appropriately credentialed and privileged attending physician who is ultimately responsible for that patient's care.
   1. This information must be available to residents/fellows, faculty members, other members of the health care team, and patients.
   2. Residents/fellows and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care.

C. The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each physician-in-training must be assigned by the program director and faculty members.
   1. Faculty members functioning as supervising physicians should delegate portions of care to residents, based on the needs of the patient and the skills of the residents. Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each resident/fellow and to delegate to the resident/fellow the appropriate level of patient care authority and responsibility.
   2. Senior residents or fellows should serve in a supervisory role to junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.
   3. Residents/fellows are to be supervised in such a way that they assume progressively increasing responsibility, including that for teaching and supervising junior residents and medical students, according to their level of training, ability and experience.

D. Supervision may be exercised through a variety of methods, as appropriate to the situation. For many aspects of patient care, the supervising physician may be a more advanced resident or fellow. Other portions of care provided by the resident can be adequately supervised by the appropriate availability of the supervising faculty member, fellow or senior resident physician, either on site or by means of telecommunication technology. Some activities may require the physical presence of the supervising faculty member. In some circumstances, supervision may include post-hoc review of resident-delivered care with feedback.
   1. To promote appropriate resident/fellow supervision while providing for graded authority and responsibility, programs must use the following classification of supervision.

a. Direct supervision:
    i. The supervising physician is physically present (the teaching physician is located in the same room or partitioned/curtained area, if applicable, as the patient and/or performs a face-to-face service) with the resident/fellow during the key portions of the patient interaction; or
    ii. The supervising physician and/or patient is not physically present with the resident/fellow and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.
    iii. PGY-1 residents must initially be supervised directly as described in I.D.1.a.i above.
b. Indirect supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but immediately available to the resident/fellow to provide appropriate direct supervision.
c. Oversight -- the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

2. The program must demonstrate that the appropriate level of supervision in place for all residents/fellows is based on their level of training and ability, as well as patient complexity and acuity.
3. The program must define when the physical presence of a supervising physician is required.
4. The program director must evaluate each resident's/fellow's abilities based on specific criteria, guided by the Milestones for the specialty.
5. Programs must set guidelines for circumstances and events in which residents must communicate with the supervising faculty member(s).
6. Each resident/fellow must know the limits of their scope of authority, and the circumstances under which the resident/fellow is permitted to act with conditional independence, i.e. graded, progressive responsibility for patient care with defined oversight.

E. It is the responsibility of each Program Director to assure that there is a written program-level policy on supervision of program residents/fellows consistent with institutional policy and the respective ACGME Common and Specialty-/subspecialty-specific Program Requirements.
F. It is the responsibility of the Program Director to ensure that each member of the teaching staff is familiar with the program's written description of the roles, responsibilities and patient care activities expected of residents/fellows at each training level of the program (e.g., goals & objectives, curriculum), as well as criteria used to determine competency and promotion, to guide the teaching staff in determining the appropriate level of responsibility for individual program physicians-in-training.
G. Level of responsibility for teaching and supervising junior residents and medical students:

1. Determination of a resident's/fellow's readiness for teaching and supervising junior residents and medical students is to be made by the Program Director or his/her designee.
2. It is the responsibility of each Program Director to ensure that a written policy exists for the program or department that provides guidance for determining a resident's readiness to assume responsibility for teaching and supervising junior residents and medical students.
3. The Program Director shall ensure that all members of the program's teaching staff review and are familiar with the written policy and are informed of the program residents' current level of responsibility with regard to teaching.

H. Level of Responsibility for Patient Care Documentation:
   1. It is expected that residents/fellows will place orders for patients under their care, with appropriate supervision by the attending physician. This in no way interferes with the right of the members of the medical staff to place orders for their patients who are seen by residents/fellows, however, it is expected that such occurrences will be infrequent, and that the attending physician will communicate his or her action to the resident in a timely manner.
   2. Residents/fellows may make Medical Record entries without direct supervision. Counter-signature, as appropriate, is the responsibility of the patient's attending physician.
   3. Residents/fellows may enter into the medical record admitting and consultation notes (including History and Physical) for patients as per departmental policies. Residents/fellows must contact the responsible member of the medical staff (attending physician). The attending physician will then see the patient, evaluate the patient, and document the evaluation with a note, to be placed within 24 hours of the patient's admission or sooner if clinically indicated as per medical staff rules and regulations.
   4. Resident's/fellow's progress notes will be regularly reviewed by the attending physician, after the attending physician has evaluated the patient and documented his/her patient evaluation in the medical record.
   5. Violations of the supervision policy will be communicated, as soon as they become evident, to the Program Director and to the Department Chair and/or Clinical Chief to assure that the patient is seen appropriately by an attending physician.

I. Rotators into CSMC may be subject to more stringent supervision rules if their program's policies so state.

J. Outpatient activities:
   1. New patients seen in outpatient clinics should be seen by, or discussed with, the responsible member of the medical staff at the initial visit. This is to be documented in the patient medical record, either by the member of the medical staff, or by the resident/fellow with a summary of the discussion. Return patients should be seen by, or discussed with, the responsible member of the medical staff at such a frequency to ensure that the course of treatment is

effective and appropriate. This will be documented in the medical record by the resident/fellow or by the member of the medical staff.

K. Physician-in-training Patient Care Activity Approvals:
   1. All training programs shall maintain a current listing of the program's residents/fellows in New Innovations, indicating which patient care activities each individual is approved to perform without direct supervision.
   2. It is the responsibility of the Program Director to determine by what criteria a resident/fellow qualifies for approval to perform a given patient care activity.
   3. The listing of each resident's/fellow's approvals shall be made available to all Medical Center patient care staff and administrators.
   4. If the listing does not show a resident/fellow as approved for a given activity, that resident/fellow may perform the activity if either:
      a. The resident/fellow can present an "approvals" notice signed by his/her program director (or designee) indicating he/she is qualified to perform the activity without direct supervision; OR
      b. The resident/fellow is supervised by another resident/fellow, or physician who is approved to perform the activity without direct supervision.
   5. The Program Director shall ensure that all program residents/fellows are informed of the need for approval to perform certain activities without direct supervision. If a resident/fellow knowingly performs a given activity without appropriate approval (or as given in F.4. above), he/she shall be counseled by his/her program director and may be subject to disciplinary action (see GME Policy "Grievance and Due Process").

L. Supervision of residents in the Emergency Department.
   1. If there is a disagreement about the disposition or management of a patient being seen in the Emergency Department between a resident/fellow and the ED Attending physician, then the discussion must be carried along the chain-of-command.
   2. The Emergency Department attending physician may, depending on the clinical situation, request that the attending physician on-call (who is providing oversight to the resident/fellow within the department) be physically present to evaluate the patient.

M. Oversight and Communication:
   1. Oversight of adherence to this policy is the responsibility of the Graduate Medical Education Committee (GMEC).
   2. Performance Improvement PI) and Quality Assurance (QA) Committees are expected to identify problems resulting from inadequate supervision and to report these problems to the appropriate program director and the Associate Dean, Medical Education. The Associate Dean, Medical Education shall report to the GMEC on issues brought to him/her by the PI and QA Committees. Additionally, residents/fellows may report to the GMEC on issues brought to him/her by the PI and QA Committees. Additionally, residents and fellows may report inadequate supervision in a protected manner free from reprisal using the

CS-Safe Incident Reporting System.

3. The Chair of the GMEC shall periodically communicate with the Medical Executive Committee (MEC), via communication with the Senior Vice President for Academic Affairs, about the educational needs and performance of the residents/fellows.
4. The Chair of the GMEC shall ensure that feedback from the MEC, as well as other communication that impacts resident/fellow activities, is communicated to the Program Directors.
5. Each training program will have a program-specific policy further detailing responsibilities for the supervision of residents/fellows. Specifically, the departmental policies will include the criteria for approval to perform procedures without direct supervision, a list of procedures which require approval to so perform, a program-specific chain of command document, guidelines for circumstances and events in which residents/fellows must communicate with appropriate supervising faculty members (such as the transfer of a patient to an intensive care unit, or end-of-life decisions), and a brief descriptions of the roles, responsibilities, and patient care activities expected of residents/fellows at each year of training for the program.
6. Each training program will develop and distribute on-call schedules for teaching staff that ensure that qualified supervising faculty will be continuously and immediately available to any resident/fellow who is on duty or on call, and that a means for rapid communication with that faculty member will be made available to the resident/fellow.

II. PURPOSE

A. To ensure that residents/fellows are provided with a level of supervision that encourages their professional growth without diminishing patient care quality, in accordance with requirements of the Accreditation Council for Graduate Medical Education (ACGME).

B. To ensure that responsibility for the supervision of residents/fellows is clearly delineated, and that a resident's/fellow's level of responsibility can be readily determined by patient care providers and administrators within the Medical Center, in accordance with the requirements of The Joint Commission.

C. To ensure that each resident/fellow knows the limits of his/her scope of authority and the circumstances under which he/she is permitted to act with conditional independence.

D. To ensure that effective communication occurs between the GMEC and the MEC regarding quality of patient care, educational needs and other issues as they relate to residents/fellows.

III. RESPONSIBILITIES

A. Although it is expected that as residents/fellows proceed through a training program, the patient care responsibilities assigned to them will reflect their professional growth, the Medical Center must bear the ultimate responsibility for assuring the

delivery of quality patient care in all teaching programs. The attending physician has ultimate responsibility for the care of the patient.

B. Program directors are responsible for the establishment of departmental or programmatic policies to ensure that all residents/fellows are adequately supervised in their treatment of patients. These policies should provide:
   1. Written descriptions of supervisory lines of responsibility for the care of patients (i.e., "chain of command");
   2. Procedures to ensure a patient's continuity of care and effective transitions of care;
   3. Structure of on-call scheduling such that supervision is readily available to residents/fellows on duty.
   4. Prompt, reliable systems for communicating with supervisory physicians either in emergency situations or in situations where a resident/fellow has questions or concerns about the appropriate treatment of a patient;
   5. Obligation of residents/fellows to communicate with attending staff on a regular basis regarding the progress of their patients; and
   6. Appropriate levels of staffing so that at no time is there excessive reliance on residents/fellows to fulfill service obligations.
   7. Brief statements regarding the roles, responsibilities and patient care activities of residents/fellows by PGY, and relevant competency/advancement criteria (see GME Policy "Promotion & Non-renewal Of Physician-In-Training Agreement").

IV. PROCEDURES

A. The GMEC shall oversee adherence to the Supervision Policy via periodic review of program-level policies.

B. Physician-in-training Approvals:
   1. Program directors determine, based on departmental criteria, who qualifies for approval for given patient care activities.
   2. Programs enter the approvals determined by the program director in the Logger module of New Innovations at the "Independent" privilege level or configure the module to confer this level after a set number of approved performances of the procedure.
   3. In unusual situations when approvals are granted in between updates to New Innovations, program directors shall issue to newly approved residents/fellows a signed notice indicating which approval(s) have been granted.
   4. For rotators who are at CSMC for one month or less, program directors shall issue a signed notice of approvals or include the individual's approvals in New Innovations. For rotators who are at CSMC for more than one month, program directors shall include the individual's approvals in New Innovations.

V. POLICY APPROVAL(S)

Graduate Medical Education Committee: August 31, 2021
Original Effective Date: 07/01/2011

Transitions of Care Policy

I. POLICY

Programs, in partnership with the sponsoring institution, must ensure and monitor effective, structured patient hand-over processes to facilitate both continuity of care and patient safety. Individual programs must have either a program specific policy addressing transitions of care or include the description of the transitions protocol in their program-level education and work hours policy.

II. PURPOSE

To establish Transitions of Care as an official Policy of Cedars-Sinai Medical Center to ensure and monitor effective, structured hand-over process so that both patient safety and continuity of care are an integral part of the Cedars-Sinai's graduate medical education programs. This is in accordance with the Accreditation Council for Graduate Medical Education's (ACGME's) charge to the institution to offer programs whose clinical assignments minimize the number of transitions in patient care and ensure that residents are competent and effective in communicating hand-offs with other team members responsible for the patient's care.

III. DEFINITIONS

A. Transitions of care: The transfer of information, authority and responsibility during transitions in care across the continuum for the purpose of ensuring the continuity and safety of the patient's care.
B. Hand-off Communications: A real time, active process of passing patient-specific information from one caregiver to another, generally conducted face-to-face, or from one team of caregivers to another for the purpose of ensuing the continuity and safety of the patient's care. Hand-offs should occur at a fixed time and place each day and use a standard verbal or written template.
C. Senders: The caregivers transmitting patient information and transitioning the care of a patient to the next clinician.
D. Receivers: The caregivers that accept patient information and care of that patient.

IV. POLICY COMPLIANCE AND IMPLEMENTATION

A. Each Program will be responsible for developing a standardized approach to hand-offs utilizing a system such as I-PASS. (I: Illness severity, P: Patient summary, A: Action list, S: Situation awareness and contingency planning, S: Synthesis by receiver).
B. Programs must provide instruction to and review Departmental processes with trainees and core faculty regarding handoffs of care and must ensure that residents are competent in communicating with team members in the hand-off process.
C. Programs must design clinical assignments to optimize transitions of patient care, including their safety, frequency, and structure, and must maintain and

communicate schedules of attending physicians and residents currently responsible for their care.

D. Senders will have at hand any supporting documentation or tools used to convey information and immediate access to the patient's record.
E. Senders and receivers should identify a quiet area to give reports that is conductive to transferring information with few interruptions.
F. Senders should tell receivers details of the patient's history and provide key information about the patient. Senders and receivers should use critical thinking skills in discussing a patient's case and develop if/then scenarios regarding possible courses of care. Senders will afford receivers the opportunity to ask more probing questions and read or repeat back information as needed.
G. If the contact is not made directly (face-to-face or by telephone), the sender must provide documentation of name and contact information (extension, pager, or email address) to provide opportunity for follow up calls or inquiries.
H. All communication and transfers of information will be provided in a manner consistent with protecting patient confidentiality.
I. The patient will be informed of any transfers of care or responsibility, when possible.
J. Trainees should be evaluated on their ability to perform an effective and safe transition of care

V. POLICY APPROVAL(S)

Graduate Medical Education Committee: November 9, 2021

Original Effective Date: November 5, 2013

Well-Being Policy

I. POLICY

A. It is the policy of the Medical Center to encourage and support the well-being of residents/fellows and faculty members.

B. It is the policy of the Medical Center to facilitate access to appropriate and confidential counseling, medical, and psychological support services for residents/fellows.

C. It is the policy of the Medical Center to assure a drug-and alcohol-free environment that is safe for residents/fellows, employees, students, patients, and visitors.

II. PURPOSE

A. To ensure that the well-being of all residents/fellows is appropriately monitored and addressed.

B. To ensure that residents/fellows are provided with access to confidential counseling and behavioral health services.

C. To ensure that educational programs and information on well-being and self-care are provided to all residents/fellows and faculty members.

III. DEFINITIONS / RESPONSIBILITIES

A. The Graduate Medical Education Committee (GMEC) oversees resident/fellow and faculty member well-being through its Wellness Subcommittee.

B. Monitoring of resident/fellow well-being

1. Programs must monitor and address resident/fellow well-being, including making efforts to enhance the meaning that each resident finds in the experience of being a physician, attention to scheduling, work intensity, and work compression, evaluating workplace safety data, and addressing the safety of residents/fellows and faculty members.
2. Situations that demand excessive service or that consistently produce undesirable stress on residents/fellows must be evaluated and modified.
3. Programs must provide residents/fellows the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours.
4. The institution and programs will provide program faculty and residents/fellows with educational and self-screening materials concerning the identification of burnout, depression, and substance abuse, including means to assist those who experience these conditions. This responsibility includes educating residents/fellows and faculty members in how to recognize these symptoms in themselves, and how to seek appropriate care. Additionally, this includes encouraging residents/fellows and faculty members to alert their program director, DIO, or other designated personnel or programs when they are concerned that another resident/fellow or faculty member may be displaying

signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence.

C. Counseling Services

1. The Medical Center's employee assistance program, Work & Life Matters (see www.cedars-sinai.org/programs/work-life-matters.html), provides a full range of confidential counseling and referral services to residents/fellows enrolled in training programs sponsored by CSMC. These include services provided by Bright Horizons (see https://clients.brighthorizons.com/cedarssinai) and services provided for all CSMC affiliated physicians through Life Matters by Empathia (call toll free 855-695-2816).
2. The services have been tailored to meet the needs of residents/fellows, and include services relating to dealing with impairment due to drugs or alcohol, or with any emotional difficulty irrespective of the nature or degree of seriousness of the problem as well as additional services, including for family members.
3. Information on Work & Life Matters and related services, including contact information and descriptions of services, is provided at orientation and is available to residents/fellows through the CSMC intranet page.
4. Utilization of counseling and related services is generally voluntary and at the discretion of the resident/fellow. However, an individual's participation may be required under certain circumstances.
5. The services of Work & Life Matters are confidential; however, the resident/fellow may request to sign a release that would allow Work & Life Matters to provide information to the program director or designee about attendance and compliance with recommendations.
6. Program directors shall ensure that program faculty and residents/fellows are aware of counseling and psychological support services available to them, and are sensitive to the need for timely referral to these services.

D. Well-being Resources on Box

1. The GME Office curates well-being resource information and makes it available to all residents and fellows and others by request through a file sharing application that is accessible on all devices.
2. Categories of resources that are available on Box include:
    i. Feeling down or anxious (includes crisis numbers and contact information for urgent counseling, self-screening resources, and links to wellness resources)
    ii. Financial Wellbeing (includes budgeting, finance and legal resources, information about interest free loans available through the GME Office, and information about reimbursement for fatigue mitigation transportation)
    iii. Health and Fitness (includes on-campus fitness class calendar and GME Wellness brochures, and information on sleep deprivation and fatigue mitigation)
    iv. Resident and Fellow Benefits (includes the current CSMC benefits reference guide for trainees)

v. Discounts (includes food, gym, phone, and retail discounts)
vi. Housestaff Executive Committee (includes departmental HEC representatives and minutes of recent meetings)
vii. Housing and Childcare (includes information on Work and Life Matters, Bright Horizons, and Empathia Work and Life Services available to trainees)
viii. Recreation in Los Angeles (includes information on CSMC's Recreation Connection services)

E. Peer Support Groups
1. Work & Life Matters & Life Matters provides facilitation for program-level resident and fellow peer support groups. Programs may contact Work & Life Matters for information on how to start a group.
2. The GMEC encourages individual programs in developing customized peer support groups that meet regularly throughout the year.

F. Employee Wellness Program
1. The Cedars-Sinai Employee Wellness Program focuses on the seven dimensions of well-being, including emotional, spiritual, environmental, intellectual, occupational, social, and physical wellbeing.
2. In addition to extensive resources available through its website, the Employee Wellness Program offers monthly wellness "Lunch and Learn" programs on wellness topics of broad interest to which all residents and fellows are invited.

G. Wellness Programs
1. The medical center provides an annual day-long physician well-being program that is free to participants and for which continuing education credit is available.
2. GME offers periodic themed wellness programs that provide opportunities for trainees in all programs to participate.

IV. PROCEDURES

A. The GMEC, through the GME Office, will curate and provide access to resources and educational materials related to physician well-being.

B. See Human Resources Policies "Performance Management: Fitness for Duty" and "Expectations: Drug-Free and Alcohol-Free Workplace" for procedures for handling non-adherence to the policies, including resident and fellow impairment. Continuation of patient care activities during evaluation or treatment of resident and fellow impairment is at the discretion of the program director.

V. POLICY APPROVAL(S)

Graduate Medical Education Committee: November 12, 2019

Original Effective Date: 09/01/06