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| Policy: | 24-01 |
| Subject: | Graduate Medical Education (GME) |
| Authority: | ACGME Institutional Requirements, ACGME focused revision February 7, 2021; effective July 1, 2021; ACGME Common Program Requirements, Section VI with Background and Intent, effective July 1, 2017 |
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| Amended: | N/A |
| Supersedes: | N/A |
| Attachments: | A: BHRS GME Organizational Chart B: Special Review Process C: ACGME Duty Hour Standards (Section VI.F.1-4. of Common Program Requirements) |

PURPOSE:

To provide an excellent and safe learning environment for all graduate medical learners consistent with the Accreditation Council of Graduate Medical Education (ACGME) Institutional Requirements with the goal to provide excellent patient care and training.

POLICY AND PROCEDURE:

- I. Oversight and Governing Body as outlined in the BHRS GME Organizational Chart (Attachment A)
 - a. The governing body for the institution is the BHRS Director and BHRS Medical Director who have the ultimate authority and oversight of the Sponsoring Institution (SI).
 - b. In collaboration, the DIO and Graduate Medical Education Committee (GMEC) have authority and responsibility for the oversight and administration of each sponsored program.
 - c. The DIO is responsible for maintaining the standards of Sponsoring Institutions consistent with the ACGME Institutional Requirements policies.
- II. Statement of Support
 - a. At least every five years, a written statement must document the Sponsoring Institution’s commitment to GME and ensuring the provision of the necessary administrative, educational, financial, human, and clinical resources.
 - b. The written statement must be signed by:
 - i. The DIO
 - ii. The BHRS Director



- iii. The BHRS Medical Director
- III. Accreditation of Patient Care at Participating Sites
 - a. Residency and fellowship directors will confirm annually that participating sites have current active accreditation for treating patients.
 - b. If a participating site is no longer accredited, the DIO will notify ACGME and make immediate changes to ensure ongoing compliance as per the ACGME Institutional requirements.
- IV. DIO's responsibilities
 - a. Chair the Graduate Medical Education Committee (GMEC) and ensure compliance with the ACGME Institutional Requirements rules on GMEC meetings.
 - b. Ensure that GMEC minutes are completed.
 - c. Complete all ACGME Self-Studies including all follow-up.
 - d. Complete the Annual Institutional Review (AIR), and review and approve Annual Updates from sponsored programs.
 - e. Be the lead contact for Clinical Learning Environment Review (CLER), and for coordinating responses to CLER reports.
- V. Special Review Process
 - a. The GMEC has approved a special review process for underperforming programs as outlined in Attachment B.
- VI. Resident / Fellow Forum
 - a. At least every 6 months, the residents and fellows will conduct a business meeting. The business meeting will include a "town hall" style event during which trainees discuss any issues or concerns related to their learning and work environments.
 - i. The town hall will initially be with trainees only for at least one hour.
 - ii. The Program Director and/or DIO or designee will attend the staffed portion of the business meeting to address issues brought forth by the trainees.
 - iii. Consistent with all County "whistle blower" policies, the Sponsoring Institution is prohibited from retaliation against any trainee for issues brought forth related to their learning and work environments.
 - b. Residents or fellows may at any time bring concerns (anonymously or not) regarding their learning and work environments to the BHRS Director/BHRS Medical Director as the governing body, the DIO, the Program Director, the Associate Program Director, or any faculty or supervisor.
 - i. Concerns brought forth will be directed to the DIO and added to the GMEC agenda for the next scheduled GMEC meeting. An unscheduled



GMEC meeting will be called to address issues of urgent concern or related to patient or trainee safety.

- VII. The GMEC will at least annually approve the salaries and benefits of all trainees.
 - a. The GMEC review will ensure that the Institution's salary and benefits meet all criteria from the ACGME Institutional Requirements including:
 - i. Health and Disability Insurance
 - ii. Vacation and Leaves of Absence
 - b. As the trainees' salaries are determined through negotiations with the Union of American Physicians and Dentists (UAPD), the GMEC may have limited ability to influence the salaries and benefits of the trainees.
- VIII. Access to Educational Tools
 - a. Trainees will have access to multiple online educational tools through the County Health Intranet site "Online Medical References".
 - b. If trainees have problems accessing these resources, they can submit a "Help Ticket" using the "Service Now" item on their County OKTA sign-in.
 - i. If trainees have a delay in being able to access these resources, they should contact their Program Director.
- IX. Extraneous work
 - a. Our residency and fellowship programs are designed to have high educational yield, and to minimize extraneous work.
 - b. Examples of extraneous work include but are not limited to patient transportation services or administrative work unrelated to clinical duties.
 - c. Trainees concerned about extraneous job duties at a particular site are encouraged to speak with their site supervisor and/or their Program Director first to see if the issue can be resolved.
 - d. Trainees can also contact the DIO directly to add issues of extraneous work to the GMEC agenda for consideration at the next GMEC meeting.
- X. Learning and Working Environment
 - a. Overall goal: BHRS will provide a learning and working environment in which residents and fellows can raise concerns and provide feedback without intimidation or retaliation.
 - i. Confidential reporting
 - 1. Residents and fellows can report any concerns about the learning or working environment to their program director. Such concerns are confidential.
 - 2. The program director will ensure that concerns will be addressed without intimidation or retaliation. The program director may anonymize the concerns if needed to ensure an ongoing good learning and working environment.



3. Residents fill out anonymous surveys after each didactic session, asking if the event felt like a safe learning environment, and asking if the content was helpful/pertinent.
 4. If residents or fellows believe that intimidation or retaliation is occurring, they are to notify the program director immediately.
 - a. If the program director believes that immediately removing the learner(s) from a rotation is required due to intimidation or retaliation, the program director will make every attempt to find an alternative site rotation that does not delay the learners' training.
 5. If residents or fellows have concerns that they believe are not being addressed by their program director, or they believe that they are facing intimidation or retaliation, they can confidentially report this information to the Designated Institutional Official (DIO) and/or the BHRS Medical Director.
 6. Residents and fellows can also report any concerns anonymously using an ongoing survey.
 - a. To report a concern anonymous, trainees can find a link under the title "Anonymous Feedback" on Notion, or can use this link: <https://www.surveymonkey.com/r/6R9T3YX>
- b. Patient safety
- i. Residents and fellows will report errors, adverse events, unsafe condition, and near misses in accordance with the BHRS Policy 93-11, Critical Incident Reporting, Including Breaches of Security Incidents, for Mental Health and AOD Providers ([Critical Incident Reporting: 93-11 - San Mateo County Health \(smchealth.org\)](https://www.smchealth.org/bhrs-documents/critical-incident-reporting-93-11-san-mateo-county-health-smchealth.org)).
 1. When residents are involved in an incident requiring a root cause analysis, residents will actively participate in the root cause analysis process.
- c. Quality Improvement
- i. Residents and fellows are required to participate in a scholarly activity prior to graduation. These activities are encouraged to be quality improvement initiatives to help reduce health care disparities and improve patient outcomes.
 - ii. Residents and fellows have access to data by requesting such data through their research mentor and/or program director.
- d. Transitions of Care
- i. Psychiatry residents get training on the transition of care through their PGY-1 rotations in hospital settings.



- ii. Residents write sign-off notes when they leave service, make themselves available for further questions or consultation on a case, and sometimes overlap on their rotations for a half-day to ensure appropriate relay of information.
 - iii. In their outpatient adult clinic experience, supervisors review transitions of care processes with trainees.
 - e. Supervision and Accountability
 - i. BHRS strives for excellence in supervision of residents and fellows.
 - ii. All new supervisors must be approved by the Residency Training Committee or Fellowship Training Committee.
 - iii. The program directors of all training programs will ensure that supervision is provided consistent with rules, regulations, and laws from the Center for Medicare and Medicaid (CMS) and the Accreditation Council for Graduate Medical Education.
 - iv. If a resident, fellow, faculty member, or any other BHRS employee believes that inadequate supervision is being provided, they can confidentially report their concerns using the Confidential reporting provisions listed in X.a.i above.
 - f. Clinical experience and supervision
 - i. Work Hours and Work Hour Limits
 1. Our training programs have limited call or no call, with most rotations requiring a maximum average of 40 hours per week.
 2. Occasionally and usually in PGY1, some rotations can require up to 60 hours of work. These rotations will be structure in such a way as to comply with the ACGME work hours guidelines (See Attachment C, Section VI.F.1-4.).
 3. As noted in Section the ACGME work hour guidelines, any moonlighting done by the resident also counts as work hours.
 4. If residents or fellows are asked to work greater hours than allowed by ACGME hour limits, OR are coming close to such limits, they are to immediately report such violations using the Confidential reporting provisions listed in X.a.i above.
 5. The program director will investigate any work hour limit violations.
 - a. If substantiated, the program director will:
 - i. Make every effort to remedy the situation immediately to ensure that the rotation is in compliance with work hour limits, and
 - ii. Notify the DIO for review at future GMEC meetings.



- ii. Fatigue Mitigation
 1. Burnout and Well-being self-assessments are available on the Notion website's Resources / Wellness heading.
 2. Residents, fellows, and faculty members are encouraged to take these assessments.
 3. County employees have access to a Wellness Dividend program with a potential cash reimbursement for completing the program. Information available through Notion's Resources / Wellness heading.
- g. Professionalism
 - i. Program directors monitor all residents and fellows to ensure fulfillment of educational responsibilities, professional responsibilities, accurate completion of required documentation, and scholarly pursuits by:
 1. Encouraging open lines of communication for site directors and supervisors to confidentially report concerns about any of the above activities, and
 2. Meeting every 6-12 months with each regional clinic site director and/or supervisor including, but not limited to Core Competency Committee meetings, and
 3. Meeting individually with each trainee at least every 6 months to discuss global including progress of scholarly activities.
 - ii. Unprofessional behavior
 1. Each program will ensure didactics regarding professionalism at least annually.
 2. Each trainee will be evaluated by rotation supervisors for professionalism.
 3. Deficiencies in professionalism will be discussed at the semi-annual Clinical Competency Committees.
 - a. If a deficiency is identified then the program director will create a performance improvement plan consistent with BHRP Policy [Psychiatry Residency Program Procedures for Resolving Performance and Conduct Problems: 93-06 - San Mateo County Health \(smchealth.org\)](#)
 4. BHRP strives to provide a learning and work environment that is equitable, respectful, and free from unprofessional behavior including mistreatment, abuse, coercion of any staff including residents, fellows, other learners, and faculty members.



5. If any staff members know of unprofessional behavior, they are encouraged to report their concerns using the Confidential reporting provisions listed in X.a.i above.
- h. Well-being
- i. Burnout and Well-being self-assessments are available on the Notion website's Resources / Wellness heading.
 1. Residents, fellows, and faculty members are encouraged to take these assessments.
 - ii. County employees have access to a Wellness Dividend program with a potential cash reimbursement for completing the program. Information available through Notion's Resources / Wellness heading.
 - iii. Additional resources on the Notion website's Resources / Wellness heading include:
 1. Mental health treatment resources available including the county's free Employment Assistance Program (EAP), a list of sliding scale psychotherapists for psychiatry residents, and articles about substance use in physicians.
 2. Self-care resources including free yoga and work-out programs and access to the gym facilities at the San Mateo Medical Center.
 3. A strong emphasis from leadership that wellness is important to the larger organization, and that we try to provide a learning environment that values wellness, and not one that suggests, explicitly or implicitly, that wellness is the sole responsibility of the resident.
 - iv. Residents and fellows are encouraged to report when they are concerned that another trainee or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence.
 1. Resident may use the Confidential reporting process listed in X.a.i above.
 - v. The employee assistance program (EAP) is available 24 hours a day and 7 days a week. It is free, voluntary, and confidential for all trainees.
 1. Claremont EAP 1-800-834-3773.
 - vi. Facilities, food, and transportation.
 1. Residents are allowed to take at least a 30-minute break and usually a 60 minute break daily for lunch. They may have lunch provided for them at some rotation sites.
 2. Residents are not required to work overnight shifts.



- a. If residents choose to voluntarily moonlight through SMMC then a safe, secure, clean call room is provided.
 3. If residents are too fatigued to return home safely on their own, then they can use taxis or a ride share program to return home.
 - a. Trainees can usually leave their vehicles unattended overnight.
 4. Lactation sites are required to be available at all rotation sites.
 - a. If a trainee requires a lactation site and none is available, they are encouraged to notify the program director immediately to resolve the issue.
 5. Safety and security protocols are specific to each site. If trainees ever feel unsafe in their work or learning environment, they are encouraged to report their concerns using the Confidential reporting provisions listed in X.a.i above.
 - a. If there are immediate safety concerns, trainees should contact security in the site or call 9-1-1 if appropriate.
- vii. Trainees with disabilities
 1. Training programs will adhere to the Federal, State, and County guidelines regarding workplace accommodations. Full details are available on the San Mateo County Human Resources Website, currently:
 - a. <https://www.smcgov.org/hr/ada-policies-and-procedures>
- viii. Diverse Workforce
 1. Our training programs strive to recruit and retain a diverse workforce within all levels of the organization.
 2. BHRS has a strong commitment to diversity and equity with its efforts lead by the Office of Diversity and Equity:
 - a. <https://www.smchealth.org/office-diversity-equity-ode>
- XI. Monitoring of this and other GME policies
 - a. The GMEC will regularly review this policy to ensure internal compliance with the policy.
 - b. If current practices are out of compliance with this policy or ACGME Institutional Requirements then:
 - i. The DIO or designee will create a Sub-Committee within the GMEC to make recommendations to the full GMEC for restoring compliance.
 - c. Each program director will have written policies regarding for trainee recruitment, selection, eligibility, and appointment.
 - i. The DIO will check these policies regularly. The DIO will work with the program director if any deficiencies are identified.



- d. Trainees who are invited to interview will be given access to the program's web site. The web site must include:
 - i. Stipends, benefits, vacation, leaves of absence, professional liability coverage, disability insurance, and health insurance accessible to trainees and their eligible dependents.
- XII. Agreement of Appointment / Contract
 - a. Trainees will be provided a contract annually.
 - b. The contracts will include all items detailed in the ACGME Institutional Guidelines section IV.C.2
- XIII. Promotion, Appointment Renewal, and Dismissal
 - a. Issues of promotion, appointment renewal, and dismissal are covered in the following policy: [Psychiatry Residency Program Procedures for Resolving Performance and Conduct Problems: 93-06 - San Mateo County Health \(smchealth.org\)](https://www.smchealth.org/bhrs-documents/psychiatry-residency-program-procedures-for-resolving-performance-and-conduct-problems-93-06-san-mateo-county-health-smchealth.org)
- XIV. Grievances
 - a. If a trainee has a grievance, they are encouraged to report their grievances using the Confidential reporting provisions listed in X.a.i above.
 - b. If the trainee believes that discrimination has occurred, they can also contact the Equal Employment Opportunity,
 - i. <https://www.smcgov.org/hr/eeo-complaint-procedures>
 - c. If the trainee believes that there is unethical behavior, internal control failures, or other serious concerns, they are encouraged to contact the county using the "Whistleblower" program at 855-387-2497 or <https://www.smcgov.org/hr/whistleblower-program>
- XV. Professional Liability
 - a. All trainees are covered in all trainee-related work through malpractice coverage provided through San Mateo County.
 - b. A copy of the malpractice insurance coverage is available by request to the DIO.
 - c. If trainees have outside employment including moonlighting, San Mateo County BHRS does not cover malpractice in these cases. Trainees are encouraged to discuss malpractice insurance coverage with those employers.
- XVI. Health and Disability Insurance
 - a. Residents and fellows are notified about their benefits including health insurance, disability insurance, and dental insurance prior to their employment and at their onboarding benefits session with San Mateo County Benefits.
 - i. For any questions and contact information, trainees can visit: <https://www.smcgov.org/hr/employee-benefits>
- XVII. Vacations and Leaves of Absences.



- a. Some benefits for County psychiatrists including the residents and fellows are determined by contracts between the Union of American Physicians and Dentists (UAPD) and the County.
 - i. Vacation and leaves of absences are part of the UAPD contract.
 - ii. Residents or fellows should consult with the UAPD contract for specific questions about vacations and leaves of absences.
 - iii. Additional rules specific to vacations and leaves of absences for training programs are listed on the Notion website under the “Policies and Procedures” section.
- XVIII. Services for trainees
- a. Resources related to behavioral health and physician impairment are available on the Notion webpage under the “Wellness” section.
 - b. All County employees including all trainees must complete mandatory trainings in harassment and discrimination as part of the onboarding process.
 - c. Information about disability accommodations is available through the County Human Resources web page: <https://www.smcgov.org/hr/leave-employees-own-health-condition>.
- XIX. Clinical and Educational Work Hours
- a. Moonlighting
 - i. For specifics on moonlighting hours and restrictions, please see policy: [Psychiatry Residency Training Program – Moonlighting Regulations 94-04 - San Mateo County Health \(smchealth.org\)](#)
- XX. Vendors
- a. San Mateo County has a policy to regarding allowed and prohibited vendor activities: [Pharmaceutical/Vendor Representatives Access and Accountability: 04-06 - San Mateo County Health \(smchealth.org\)](#)
- XXI. Non-Competition
- a. Neither BHRS nor any of its ACGME-accredited programs will require any resident or fellow to sign a non-competition guarantee or restrictive covenant.
- XXII. Substantial Disruptions in Patient Care or Education
- a. In the event of a disaster or other substantial disruption in patient care or education, BHRS will continue salary, benefits, professional liability coverage, and resident/fellow assignments whenever possible.
 - b. If one or more site is unavailable for more than 1 month:
 - i. The Program Director will attempt to find a different site location that satisfies rotation requirements as soon as possible.
 - ii. Resident may be assigned different clinical duties and/or a different clinical site.
- XXIII. Closures and Reductions



- a. In the event of a reduction in size or closure of any ACGME-accredited program, BHRS will notify as soon as possible:
 - i. The DIO, GMEC, Program Director, and affected residents or fellows.
 - ii. In the case of a reduction in size of a program or discontinuation of a program, the affected residents or fellows must be:
 - 1. Allowed to complete their education at BHRS whenever possible,
OR
 - 2. Assisted by BHRS in enrolling in another ACGME-accredited program in which they can continue their education.

Approved: Signature on File
Tasha Souter, MD
BHRS Medical Director

Approved: Signature on File
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BHRS Director