

SECTION: Graduate Medical Education Policies

ISSUED: December 16, 2004

SUBJECT: Program Director Responsibilities

REVISED:

PURPOSE: To establish consistent expectations for the position of Program Director at Rhode Island Hospital sponsored GME training programs, and to notify new program directors of their responsibilities.

I. Introduction

According to the ACGME Institutional Requirements, "the purpose of graduate medical education (GME) is to provide an organized educational program with guidance and supervision of the resident, facilitating the resident's ethical, professional, and personal development while ensuing safe and appropriate care for patients." In Rhode Island Hospital (RIH) sponsored GME programs, the residency program director is responsible for the organization and implementation of these program-specific objectives. Specific responsibilities may be delegated by the program director, but he/she is responsible to the GME Committee and the Designated Institutional Official for the timely and accurate completion of all tasks.

In addition to the ACGME, a number of other regulatory bodies impose requirements on our GME programs. These agencies include (but are not limited to) the Rhode Island Board of Licensure and Discipline, the RI Department of Health, Joint Commission on Accreditation of Healthcare Organizations, and CMS. Compliance with these requirements is the responsibility of the program directors, working in concert with the institution.

Physicians-in-training include residents and fellows, who, for the purposes of this policy, will be referred to as "residents". GME programs may be characterized as:

ACGME accredited - for which there are specific ACGME program requirements

Non-ACGME-accredited - for which there are no specific ACGME program requirements

The program directors of non-ACGME programs are exempted from some responsibilities marked with an (*).

II. Program Director Responsibilities

A. Participation in the Institutional governance of GME programs

Compliance with RIH GME Policies

Knowledge of and compliance with ACGME Institutional and Program Requirements

Participation in GME Committee, subcommittees and task forces, and Internal Review panels as requested.

Prompt cooperation with requests by the GME Office and/or GME Committee for information, documentation, etc.

ACGME accreditation (Residency Review Committee) matters.

Prompt response to RRC requests for information and maintenance of files*

Preparation of the Program Information Form (PIF) prior to RRC site visits*

Preparation of documentation of Internal Review materials and reports as required by the GME Committee protocol

Development of action plans for correction of areas of noncompliance as identified by the Internal Review, RRC site visit, and/or other mechanisms

B. Educational Aspects of the Program

Development and periodic review/revision of an educational curriculum as defined in the ACGME Program Requirements for the specialty or, if a non-ACGME accredited program, periodic review/revision of the educational curriculum

Provision of instruction and experience with quality-assurance/performance improvement.
Use of dependable measures to assess residents' competence in the "General Competencies" of patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice
Use of dependable measures to assess residents' competence in other areas as defined in the ACGME Program Requirements for the specialty
Implementation of a process that links educational outcomes with program improvement
Insurance that each resident develop a personal program of learning to foster continued professional growth
Facilitation of residents' participation in the educational and scholarly activities of the program, and insurance that they assume responsibility for teaching and supervising other residents and students
Assistance to residents in obtaining appointment to appropriate institutional and departmental committees and councils whose actions affect their education and/or patient care
Procurement of confidential written evaluations of the faculty and of the educational experiences by the residents, at least annually
Insurance of residents' attendance at educational offerings required by the institution and the agencies listed in the second paragraph.

C. Administrative and Oversight Aspects of the Program

Oversight and liaison with appropriate personnel of other institutions participating in the residency training)

Creation, implementation, and periodic review of program-specific policies consistent with RIH GME policies for the following:

Policy on Selection, Evaluation, Advancement, Supervision and Due Process for House Officers
Resident duty hours and periodic survey of such
Moonlighting policy and written documentation for any resident participating in moonlighting
Insurance that non-eligible residents are not enrolled in the program
Insurance that all applicants are informed in writing of the terms and conditions of employment and benefits including a copy of the resident contract
Insurance that written notice of intent not to renew a resident's contract is provided no later than four (4) months prior to the end of the resident's current contract, unless there are extenuating circumstances
Supervision of residents so as to allow progressively increasing responsibility by the resident, according to their level of education, ability, and experience
Manage clinical scheduling of residents including, but not limited to
Creating clinical rotation and on-call schedules
Structuring on-call schedules to provide readily available supervision to residents on duty, and that appropriate backup support is available when patient care responsibilities are especially difficult or prolonged
Structuring duty hours and on-call time periods so as to focus on the needs of the patient, continuity of care, and the educational needs of the resident, and to comply with limitations as set by the institution and the appropriate RRC
Revising schedules at each cycle completion (e.g., monthly) and communicating the revised schedule to the and GME Office on the Medicare Tracking sheets to enable accurate IRIS reporting
Preparing Memoranda of Understanding (MOU) with clinical sites outside of the primary teaching facilities and reviewing and revising these MOUs to maintain current documents.

SECTION: Graduate Medical Education Policies

ISSUED: January 3, 2007

SUBJECT: Required DIO Signature

REVISED:

PURPOSE: To establish a Graduate Medical Education policy for designating an alternate to review and sign documents in the absence of the DIO.

POLICY: For documents and/or correspondence that require the signature of the DIO/Director of Graduate Medical Education, and that individual is not available to sign in a timely manner, the Administrator for Graduate Medical Education is designated to sign for the DIO.

PROCEDURE:

When documents need to be signed by the DIO/Director of Graduate Medical Education, and the DIO is not available for signature in a timely manner, the Administrator of Graduate Medical Education will be designated as the alternate signer.

If in any situation, both the DIO and GME Administrator are not available, the Senior Vice President for Medical Affairs will be designated to sign appropriate documents.

**Rhode Island Hospital/The Miriam Hospital – Graduate Medical Education
House Officer Training Verification
Revised 1/18/2007; Revised 11/13/2007**

House Officer: _____

1. VERIFICATION: Our records show that the above-named physician served in the following training program at Rhode Island Hospital:

		Completed Program	
		<u>Yes</u>	<u>No</u>
Preliminary Training in _____	from _____ to _____	<input type="checkbox"/>	<input type="checkbox"/>
Residency in _____	from _____ to _____	<input type="checkbox"/>	<input type="checkbox"/>
Fellowship in _____	from _____ to _____	<input type="checkbox"/>	<input type="checkbox"/>

2. EVALUATION: Based on demonstrated performance and composite of evaluations by supervisors on file.

	Competent	Not Competent
Medical knowledge		
Patient Care		
Practice-Based Learning		
Communication and Interpersonal Skills		
Professionalism		
Systems-Based Practice		

2. PROFESSIONAL CONDUCT: These are commonly asked questions on requests for verification. We have answered them to the best of our knowledge for the time he/she spent at Rhode Island Hospital. If our response is yes to any question, please refer to comments section on back for explanation.

	<u>YES</u>	<u>NO</u>
Has the physician been the subject of any professional misconduct action?	<input type="checkbox"/>	<input type="checkbox"/>
Has the physician ever been subject to any corrective or disciplinary action?	<input type="checkbox"/>	<input type="checkbox"/>
Has the physician ever been subject to suspension, termination, or voluntary/involuntary limitation regarding house staff membership or privileges?	<input type="checkbox"/>	<input type="checkbox"/>
Has the physician been a defendant in any professional liability suits in your program?	<input type="checkbox"/>	<input type="checkbox"/>
Has the physician been involved in substance abuse?	<input type="checkbox"/>	<input type="checkbox"/>
Are you aware of any facts regarding the physician that cause you to hesitate in any way in recommending membership to the medical staff of any institution?	<input type="checkbox"/>	<input type="checkbox"/>

3. COMMENTS, REMARKS, EXPLANATIONS

House Officer: _____

4. COMPETENCY:

On behalf of the sponsoring institution and the training program, the signatories below verify that the resident has demonstrated sufficient competence to enter practice without direct supervision in the context of the Specialty Training specified.

YES **NO** **N/A***

- * Explain N/A as;
 Preliminary Program
 Left program before completing training
 Other _____

SIGNATURE

DATE

NAME (PRINTED/TYPED)

PROGRAM DIRECTOR
TITLE/POSITION

SIGNATURE

DATE

Staci Fischer, M.D.
NAME

DIRECTOR, GRADUATE MEDICAL EDUCATION
TITLE/POSITION

Semi-annual Resident Evaluation Form Rhode Island Hospital/The Miriam Hospital

Resident's Name _____ Level of Training 1 2 3 4 5 6 7

Evaluator's Name _____ Evaluation Period _____ to _____

Please evaluate the resident's performance for each component of clinical competence. Circle the rating which best describes the resident's skills and abilities. Use as your standard the level of skill expected from the clearly satisfactory resident at this stage of training. Identify the strengths and weaknesses you have knowledge of by circling the relevant phrases and/or providing comment on the reverse side. A rating of 4 is defined as "marginal" and conveys the expectation that with remediation the resident will meet the standards for Board certifications. Be as specific as possible, including reports of critical instances. Global adjectives or remarks, such as "good resident" do not provide as meaningful feedback to the resident as specifically identified concerns.

1. Medical Knowledge

Limited knowledge of anatomy, basic sciences, and clinical sciences. Can not explain the mechanism of disease. Anecdotal, formulaic, close minded, derivative approach to care; minimal interest in reading

Unsatisfactory Satisfactory Superior

1 2 3 4 5 6 7 8 9

Insufficient contact to judge
 Needs attention-
 Specify _____

Immediate recognition of abnormalities and development of unifying diagnoses. Evidence-based approach to diagnosis and intervention tailored to each patient and setting. Highly resourceful development of knowledge. Broad understanding of clinical principles and diagnoses.

2. Patient Care

Fails to review history and prior studies. Unable to synthesize data from different sources. Poor clinical judgement. Fails to analyze clinical data. Ignores evidence and patient preference when making decisions. Poor procedural skills.

1 2 3 4 5 6 7 8 9

Insufficient contact to judge
 Needs attention-
 Specify _____

Always gathers accurate and appropriate information from interviews, examinations, and other data sources. Always analyzes available information to make diagnostic and therapeutic decisions based upon sound clinical judgement, best available evidence, and patient preferences. Stellar procedural skills.

3. Practice-Based Learning

Lacks insight into strengths and weaknesses. Resists or ignores feedback. Lacks intellectual curiosity. Fails to use resources and information technology to improve knowledge base and enhance patient care.

1 2 3 4 5 6 7 8 9

Insufficient contact to judge
 Needs attention-
 Specify _____

Constantly evaluates own performance. Incorporates feedback into improved practice. Identifies, rectifies, and learns from errors. Efficiently uses technology to access information and enhance patient care. Maintains exemplary procedure log.

4. Communication and interpersonal skills

Poor listening, writing, nonverbal skills. Reports incomplete or inaccurate. Unable to clearly explain issues. Fails to communicate significant or unexpected findings. Ineffectual or antagonistic encounters with colleagues, patients, staff.

1 2 3 4 5 6 7 8 9

Insufficient contact to judge
 Needs attention-
 Specify _____

Excellent rapport with referring physicians. Documentation clear and concise. Communicates effectively with staff. Excellent "bedside manner" with patients. Well respected by peers and colleagues.

5. Professionalism-Lacks respect, compassion, integrity, honesty. Insensitive to diversity. Shirks responsibility. Places self-interest above patients and society.

1 2 3 4 5 6 7 8 9

Insufficient contact to judge
 Needs attention-
 Specify _____

Always demonstrates respect, compassion, integrity, honesty. Fulfills responsibilities in an exemplary fashion. Willingly acknowledges errors. Always acts in the best interest of the patient.

6. System-Based Practice-Fails to follow protocols. Unable to utilize outside resources. Uses algorithms indiscriminately. Actively opposes efforts to improve systems of care. Does not advocate for patients needs.

1 2 3 4 5 6 7 8 9

Insufficient contact to judge
 Needs attention-
 Specify _____

Independently accesses/mobilizes appropriate resources. Understands and advocates for patient resources. Efficiently uses established protocols. Avoids harmful diagnostic, therapeutic strategies. Understands and implements system improvements.

Comments:

Self-

Evaluation: _____

Moonlighting: Yes No If yes, Internal External

Moonlighting Location: _____ Specialty: _____ Frequency: _____

Comments: _____

Medical records up to date: Yes No N/A
comments _____

Procedure log checked: Yes No N/A
comments _____

USMLE Passed: Step 1 Step 2 Step 3 N/A
comments _____

Research Requirement Complete: Yes No N/A
comments _____

Career Planning: _____

Plans/Goals/Recommendations: _____

Overall Clinical Ability **1** **2** **3** **4** **5** **6** **7** **8** **9**

Resident Signature
Signature

Advisor Signature

(and/or) _____
Program Director

Date

Program Letter of Agreement
between
Rhode Island Hospital's <<Name of Residency/Fellowship>> Program
and
<<Participating Site>>

This document serves as an Agreement between Rhode Island Hospital's Residency/Fellowship Program in <<Name>> (the "Sponsoring Institution") and <<Name of Participating Site>> (the "Participating Site") involved in resident/fellowship education. This Letter of Agreement is effective from __/__/____, and will remain in effect for five years, or until updated, changed or terminated by the Residency/Fellowship Program and Participating Site.

1. Persons Responsible for Education and Supervision

At Sponsoring Institution:

Name and Title of Program Director:

Address:

Telephone:

Email:

At Participating Site:

Name and Title of Local Site Director:

Address:

Telephone:

Email:

List other Participating Site faculty by name or general group: <<Name(s)>>

The above mentioned people are responsible for the education and supervision, and evaluation of the residents/fellows while rotating at Participating Site.

2. Responsibilities

The faculty at Participating Site must provide appropriate supervision of residents/fellows in patient care activities and maintain a learning environment conducive to educating the residents/fellows in the ACGME competency areas. The faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment and document this evaluation at completion of the assignment.

3. Content and Duration of the Educational Experiences

The content of the educational experiences has been developed according to ACGME Residency/Fellowship Program Requirements, and include the following goals and objectives, as delineated in Attachment 1.

In cooperation with the above named Program Director, the Local Site Director and the faculty noted above at the Participating Site are responsible for the day-to-day activities of the Residents/Fellows to ensure that the outlined goals and objectives are met during the course of the educational experiences at Participating Site. The duration(s) of the assignment(s) to Participating Site is (are) described in Attachment 2.

4. Policies and Procedures that Govern Resident Education

Residents/Fellows will be under the general direction of the Sponsoring Institution’s Graduate Medical Education Committee, and will abide by all applicable Sponsoring Institution and Participating Institution policies, rules, regulations, and procedures, including duty hours.

5. Financial Commitments

- a. The Participating Site does not allow any resident under supervision to bill for his/her services.
- b. The House Officers are full-time employees of the Sponsoring Institution, and the Sponsoring Institution is responsible for the salaries, fringe benefits, medical malpractice insurance, as well as administrative and education expenses to support the House Officers and the Program. The Participating Institution shall make payments to the Sponsoring Institution, if applicable, to cover the cost of the expenses referenced in the preceding paragraph for assigned FTE positions in accordance with Attachment 3.

6. Term and Termination

This Agreement shall be effective on the day and year first written above and shall continue for a period of five (5) years. The Agreement will be automatically updated annually upon mutual agreement of the parties. This will be evidenced by the Sponsoring Institution providing updated Attachments 1-3 to the appropriate signatories at the Participating Site. This Agreement may be amended at any time by written agreement signed by all parties hereto.

Rhode Island Hospital

By: _____
Designated Institutional Official
Director, Graduate Medical Education
Staci Fischer, MD

Program Director
<<Name of Program>>
<<Name of PD>>

(Participating Site)

By: _____
Chief Executive Officer or Designee

Site Director

Attachment 1

Educational Goals and Objectives

PLEASE SEE ATTACHED DESCRIPTION.

Attachment 2

Schedule of House Officer Assignments

PLEASE SEE ATTACHED ROTATION SCHEDULE

Attachment 3

Reimbursement of Participating Site

<<Name of Participating Site>> -<<Name of Program>>

Academic year _____

FTE	<u>PGY</u> <u>LEVEL</u>	<u>STIPEND</u>	FRINGE BENEFIT <u>23%</u>	ADMIN. SHARED <u>COST</u>	<u>TOTAL</u>
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Payment by Participating Institution, Payable [monthly] \$

(NB: Figures above are estimates; actual reimbursement will be determined monthly, based on actual salary information and fellow schedules at the time of service)

**Program Letter of Agreement for Consultations
between
Rhode Island Hospital's <<Name of Residency/Fellowship>> Program
and
<<Participating Site>>**

This document serves as an Agreement between Rhode Island Hospital's Residency/Fellowship Program in <<Name>> (the "Sponsoring Institution") and <<Name of Participating Site>> (the Participating Site) involved in resident/fellowship education. This Letter of Agreement is effective from __/__/__, and will remain in effect for five years, or until updated, changed or terminated by the Residency/Fellowship Program and Participating Site.

1. Persons Responsible for Education and Supervision

At Sponsoring Institution: <<Program Director>>

At Participating Site: Teaching Faculty in the above named Program

List other faculty by name or general group: Teaching Faculty in the above named Program

The above mentioned people are responsible for the education and supervision of the residents/fellows while providing clinical consults at the Participating Site.

2. Responsibilities

The Teaching Faculty in the Program in <<name>> must provide appropriate supervision of residents/fellows in patient care activities and maintain a learning environment conducive to educating the residents/fellows in the ACGME competency areas. The faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment and document this evaluation at completion of the assignment.

3. Content and Duration of the Educational Experiences

The content of the educational experiences has been developed according to ACGME Residency/Fellowship Program Requirements, and include the following goals and objectives, as delineated in Attachment 1.

In cooperation with the above named Program Director, the faculty noted above are responsible for the day-to-day activities of the Residents/Fellows to ensure that the outlined goals and objectives are met during the course of the educational experiences at the Participating Site. The duration(s) of the assignment(s) to the Participating Site is (are) described in Attachment 2.

4. Policies and Procedures that Govern Resident Education

Residents/Fellows will be under the general direction of the Sponsoring Institution's Graduate Medical Education Committee, and will abide by all applicable Sponsoring Institution and Participating Institution policies, rules, regulations, and procedures, including duty hours.

5. Financial Commitments

- c. The Participating Site does not allow any resident under supervision to bill for his/her services.
- d. The House Officers are full-time employees of the Sponsoring Institution, and the Sponsoring Institution is responsible for the salaries, fringe benefits, medical malpractice insurance, as well as administrative and education expenses to support the House Officers and the Program.

6. Term and Termination

This Agreement shall be effective on the day and year first written above and shall continue for a period of five (5) years. The Agreement will be automatically updated, as appropriate, upon mutual agreement of the parties. This will be evidenced by the Sponsoring Institution providing updated Attachments 1-3 to the appropriate signatories at the Participating Site. This Agreement may be amended at any time by written agreement signed by all parties hereto.

Rhode Island Hospital

By: _____
Designated Institutional Official
Director, Graduate Medical Education
Staci Fischer, MD

Program Director
<<Name of Program>>
<<Name of PD>>

(Participating Site)

By: _____
Chief Executive Officer or Designee

Attachment 1

Educational Goals and Objectives

Residents/Fellows will provide clinical/surgical consults at the Participating Site as requested.

Teaching faculty from the above named program shall provide supervision of the residents' consultative services.

Attachment 2

Schedule of House Officer Assignments

The Program Director shall assign certain residents/fellows to provide consult services at the Participating site for educational purposes and expertise in the respective specialty throughout the training period.

MASTER AFFILIATION AGREEMENT

between

RHODE ISLAND HOSPITAL

and

“Name of Participating Institution”

This Master Affiliation Agreement (hereinafter the “Agreement”), made and effective this 1ST day of July, YEAR by and between Rhode Island Hospital (the “Sponsoring Institution”) and <Name of Hospital>, a major participating site for the Sponsoring Institution (the “Participating Institution”).

WITNESSETH

WHEREAS, the Sponsoring Institution is a general teaching hospital which operates ACGME accredited programs to train residents and fellows; and

WHEREAS, the Participating Institution is a Review Committee-approved general teaching hospital which meets the ACGME’s definition of a “major participating site” for the Sponsoring Institution’s Graduate Medical Education Program(s); and

WHEREAS, each Institution desires to provide quality clinical experiences for House Officers; and

NOW THEREFORE, the parties agree as follows:

I. PURPOSE

The Sponsoring Institution and the Participating Institution share a commitment to provide excellent health care as non-profit teaching hospitals. This mission is pursued through the parties’ participation in and funding of Graduate Medical Education Programs which provide academic and clinical training.

A. EDUCATION

The primary purpose of Graduate Medical Education is to educate physicians in accordance with Graduate Medical Education accreditation requirements, and consistent with requirements for eligibility for American medical specialty board certification. The residency and fellowship training programs at the Sponsoring Institution and the Participating Institution seek to be academically rigorous, to be appropriately staffed, financed, and organized, and to be supportive of each House Officer physician’s personal and professional development.

B. CLINICAL SERVICE

An integral part of all residency and fellowship programs is the provision of clinical services to meet practical training and experience requirements. Therefore, it is expected that all residents and fellows participating in a training program will provide quality patient care services, under qualified faculty supervision, and with opportunities to achieve progressive, incremental responsibilities.

The clinical faculty and administration at the Sponsoring Institution and at the Participating Institution are supportive of the Program(s), as documented by the following: (i) the Institution has a standing committee for graduate medical education; (ii) the administration and trustees of the Institution supply adequate funds for department development educational materials in the library, and audio visual aids for House Officers and faculty; and (iii) there has been full cooperation through the trustees, administration, full-time faculty, part-time faculty, and the Graduate Medical Education Committee of the Sponsoring Institution in fulfilling goals and objectives of education. It is the opinion of the trustees, the administration of the Institution, and of all the faculty that an excellent house staff will continue to be a major factor contributing to the quality of patient care by residents in the state of Rhode Island.

C. ADMINISTRATION

The Graduate Medical Education Committee, chaired by the Designated Institutional Official, is responsible for the academic oversight of the training programs. The GMCEC must establish and implement policies and procedures regarding the quality of education and the work environment for the residents in all programs at all sites utilized for training.

II. RESPONSIBILITIES OF SPONSORING INSTITUTION

The Sponsoring Institution shall assume final responsibility for all aspects of the Programs. The Sponsoring Institution must comply with the Accreditation Council of Graduate Medical Education (ACGME) Institutional and Common Program Requirements and must ensure that all residency and fellowship programs comply with the ACGME Common and Specialty Specific Requirements. The Sponsoring Institution must have in place an administrative system to oversee the Programs.

A. APPOINTMENT AND ASSIGNMENT OF HOUSE OFFICERS

The Sponsoring Institution shall recruit, select, and appoint physicians to the Programs and shall assign certain of these House Officers to the Participating Institutions for training and service purposes. Under no circumstances shall this Agreement be considered a contract of partnership or joint venture among any of the Institutions hereunder. House Officers shall be assigned to the Participating Institution pursuant to program specific rotation schedules, described in Program Letters of Agreement. If any House Officer is unable to meet his or her clinical schedule, the Program Director will use his or her best efforts to schedule another House Officer to take his or her place. In any case where a replacement is not available, the Program Director shall notify the affected Participating Institution(s) immediately.

B. LICENSING AND INSURANCE

The Sponsoring Institution shall ensure that House Officers are properly licensed to practice medicine in the State of Rhode Island and are covered by professional liability insurance in appropriate amounts throughout the term of this Agreement; and for notifying the Participating Institution of the current licensure and insurance status of each House Officer.

C. SUPERVISION

The Sponsoring Institution shall establish the duties and performance standards for the House Officers, in consultation with the Participating Institution. Except for patient care and related purposes, the Sponsoring Institution, through the Program Director(s), shall retain ultimate responsibility for the House Officers, who shall abide by all applicable Sponsoring Institution and Participating Institution policies, rules, regulations, and procedures.

D. NON-DISCRIMINATION/HARASSMENT

The Sponsoring Institution will be responsible for maintaining an environment and atmosphere in which sexual or other forms of harassment and discrimination are not tolerated. The Sponsoring Institution will be responsible for notifying its employees and attending physicians of its policy on sexual harassment, the support services available to individuals who are the victims of harassment (at that site) and the possible sanctions against individuals who commit such actions.

The Sponsoring Institution agrees to report complaints involving Residents to the Office of Graduate Medical Education. All formal investigations must be conducted so as to assure adequate due process for both the complainant and the accused, including the right to appeal and adverse actions affecting employment status.

III. RESPONSIBILITIES OF THE PARTICIPATING INSTITUTION

The Participating Institution is a Review Committee-approved participating site, and meets the ACGME definition of a “major participating site.” The Participating Institution must support the educational goals of the affiliated training program(s), by providing qualified teaching, supervision, administration and other necessary components of a training program. Further, the Participating Institution must adhere to, and cooperate with the Sponsoring Institution in meeting all ACGME Common and Specialty Specific Requirements. The Participating Institution will designate officials who will assume administrative, educational and supervisory responsibility.

A. ACCREDITATION

The Participating Institution shall be accredited by The Joint Commission; or accredited by another entity with reasonably equivalent standards as determined by the Institutional Review Committee of the ACGME; or recognized by another entity with reasonably equivalent standards.

B. EDUCATION

The Participating Institution shall acknowledge that its primary responsibility to the House Officers is to provide appropriate opportunities for supervised clinical training and

instruction, and for meeting established program educational goals. The Participating Institution shall further acknowledge that some of the individual House Officers assigned to such Participating Institution will, from time to time, be at other Institutions for required or elective educational rotations.

C. SUPERVISION

The Participating Institution shall, for patient care and related purposes, provide immediate supervision of the House Officers. House Officers shall be subject to all applicable policies of a Participating Institution, rules, by-laws, regulations and procedures when providing services in the Participating Institution.

D. DUTY HOURS

The Participating Institution must comply with the Sponsoring Institution's Program Duty Hour Policy in compliance with the ACGME Common Program Requirements.

E. EVALUATIONS

Faculty supervisors on the service to which the House Officers are assigned shall complete required evaluations of the assigned House Officers on the form provided by the Sponsoring Institution, and within a time period reasonably requested by the Sponsoring Institution.

F. INSURANCE

The Participating Institution, where applicable, shall cooperate with the Sponsoring Institution in the investigation and defense of incidents involving potential or actual liability involving services by House Officers pursuant to this Agreement, including, but not limited to, access to relevant documents and records.

The Participating Institution shall, at all times during the term of this Agreement, ensure that each teaching physician on the Hospital's Medical Staff maintains a professional liability insurance in the amount of \$1,000,000/\$3,000,000 annual aggregate or equivalent protection.

IV. FINANCIAL COMMITMENTS

A. SPONSORING INSTITUTION

The House Officers are full-time employees of the Sponsoring Institution, and all salaries and contracts with the House Officers will be administered through the Sponsoring Institution. Sponsoring Institution is responsible for the salaries, fringe benefits, medical malpractice insurance, as well as administrative and education expenses to support the House Officers and the Programs.

B. PARTICIPATING INSTITUTIONS

The Participating Institution shall make payments to the Sponsoring Institution to cover the cost of the expenses referenced in the preceding paragraph for assigned FTE positions in accordance with Program Specific Letters of Agreement.

C. MEDICARE REPORTING

The Sponsoring Institution and the Participating Institution shall exchange data and documentation required by the Federal Medicare program for timely and complete reporting of the annual count of House Officer FTE positions, under the Intern and Resident Information System (IRIS). The Sponsoring Institution shall respond to reasonable Participating Institution requests for information regarding the Medicare Direct Medical Education (DME) Reimbursement and Indirect Medical Education (IME) Adjustment methodologies. The Participating Institution shall provide the Sponsoring Institution with its annual DME and IME counts and other reasonable information.

V. TERM AND TERMINATION

This Agreement shall commence on the day and year first written above and shall continue for a period of five (5) years. The Agreement may be renewed for additional five-year terms upon mutual agreement of the parties.

VI. MISCELLANEOUS

A. INDEPENDENT CONTRACTOR STATUS

The parties hereto are independent contractors, and no Institution is authorized to act as agent or employee of any other. Nothing in this Agreement shall alter the freedom enjoyed by the Institutions hereunder, nor shall it in any way alter the control of the management, assets, and affairs of the respective Institutions. The Institutions, by virtue of this Agreement, do not assume any liability for any debts or obligations of either a financial or a legal nature incurred by any other party to this Agreement.

B. AMENDMENTS

This Agreement may be amended at any time by written agreement signed by all parties hereto.

C. ENTIRE AGREEMENT

This Agreement constitutes the entire agreement between the parties and contains all of the agreements between them with respect to the subject matter hereof and supersedes all other agreements, either verbal or in writing, between the parties hereto with respect to the subject matter hereof.

D. ASSIGNMENT

The rights and obligations created under this Agreement involve the particular purposes, objectives and characteristics of the contracting parties and, therefore, no party shall assign or transfer its rights or obligations hereunder.

E. SEVERABILITY

If any term or provision of this Agreement or the application thereof to any person or circumstances shall, to any extent, be invalid or unenforceable, the remainder of this Agreement, or the application of such term or provision to persons or circumstances other than those to which it is held invalid or unenforceable, shall not be affected thereby, and each

term and provision of this Agreement shall be valid and be enforced to the fullest extent permitted by law.

F. WAIVER

The failure of a party to insist upon strict performance of any of the terms of this Agreement in any one or more instances shall not be construed to be a waiver or relinquishment of any such rights or provisions, but the same shall remain in full force and effect.

G. APPLICABLE LAWS

This Agreement shall be governed by and construed in accordance with the laws of the State of Rhode Island.

IN WITNESS WHEREOF, Rhode Island Hospital and <Name of Participating Hospital> have hereunto caused this Agreement to be executed by laws provided, the day and year first written above.

Rhode Island Hospital

By: _____
Director, Graduate Medical Education and
DIO
Staci Fischer, M.D.

<Name of Participating Hospital>

By: _____
President & CEO or Designee
<Name>

Date

xxxxx
Address

Dear xxx:

I am writing to document the satisfactory completion of your remediation period in our training program. The XXX-month period began <date> and ended <date>.

We are pleased with this successful outcome.

Sincerely,

Program Director

Cc: Staci Fischer, MD

The Medicare Tracking Sheet Process

- Medicare Tracking Sheet templates are provided to Program Coordinators at the beginning of each academic year
- Program Coordinators complete a Medicare Tracking Sheet for each month.
- Program Directors and Coordinators sign Medicare Tracking Sheet
- Each Medicare Tracking Sheet for the month is to be returned to the GME office by the 15th of the following month.
- Coordinators may email timesheets to Kay Wagner for review before final signatures, if needed.

Instructions for completing the Tracking Sheet:

1) At the top of the sheet type in Month & Year

2) Under the days of the month (1-31), (depending on the # of days in the month) type in where each resident/fellow worked on each day. The number of days will calculate for each resident under the selected facilities to the right of the days. The Total column must equal the total number of days in the month. It is critical to use only the abbreviations below or the columns won't add properly. The options are as follows:

RIH-Rhode Island Hospital
MEM-Memorial Hospital
WI-Women & Infants Hospital
BTL-Butler Hospital
FDN-Foundation Practice
OTH-Other* (See below)

TMH-The Miriam Hospital
VA-Veterans Administration
RW-Roger Williams Medical Center
BR-Bradley Hospital
COM- community based practice or site

COM includes private offices, Medical Examiner's Office, RIDOH, or any other non-hospital site that isn't operated by one of the Foundation's associated with RIH.

Research months should be designated by site where the resident/fellow did the research using the codes above, then mark the rotation code as research and indicate in the comments section what type of research was conducted, clinical or bench, if known.

3) For each HO, please select a rotation code that describes the type of service on which they were working. The options are listed below. If the HO changes types of service during the course of the month, in the comment section, please indicate the days involved for the second service. (eg: ICU 29-31)

M&S – use for outpt clinical experiences also

ICU

CCU

PICU

Psych

Res –indicate type of research, eg bench or clinical, if known.

Elect – see below**

* Other should be used for multiple scenarios, therefore explanations must be provided in the comment section. If the comment section does not provide adequate space for a clear and specific description, please type "see below" in the comment area and type the information with the resident/fellow name and the explanation below the code description area. Please document as follows:

Vacation: in the comments section, indicate OTH=vacation and the days it involves (eg: OTH=vaca 7-14)

Conference: in the comments section, indicate OTH=Conf and the days it involves (eg: OTH=conf 2-5)

½ days at 2 sites: in the comment section, indicate OTH= ½ day at <appropriate location> & ½ day at <appropriate location> and the days it involves, (eg: OTH=½ day at RIH & ½ day at VA on 2, 4, 9).

NB: All programs must start to document ½ day continuity clinic and second site clinic assignments beginning in academic year 07-08. If the rotation assignment and the clinic assignment are at the same site, eg a resident is working on an inpt ward rotation and his/her continuity site is in an RIH operated clinic site, then the day would be designated as RIH. If the continuity site is in a community or foundation practice, then designate the day as appropriate, eg OTH=1/2 day at RIH & ½ day at FDN on 2, 9, 16.

LOA: in the comment section, indicate OTH= <type> LOA and the days it involves; (eg OTH= paid Medical LOA 1-31 or OTH=unpaid Maternity LOA 15-30) *NB: Always notify the GME office of the start and end of LOA's before they occur.*

Electives: See below **

** All electives require additional documentation. In the comments section provide a description of the elective. If the elective takes place at RIH, TMH or Bradley, indicate the location on the appropriate days and in the comment section include a description of the elective: <Type/Topic area>Elect w/ Dr. <Name of supervisor> @ <location of elective> and the days it involves. (eg Derm w/ Dr. Bostom @ RIH 1-20)

If the elective takes place at another hospital or non-hospital site for which we have a code, indicate the location on the appropriate days of the month and in the comment section include a description of the elective, eg Rheum w/ Zimmermann @ RW, or Renal w/ Cotteiro @ Comm office. If the elective takes place out of state or out of country, type OTH on the appropriate days of the month and in the comment section include a description of the elective, eg OTH =away elect ID w/ Jones in England 1-30 or OTH=away elect Surg Path @ Mass Gen. 3-28)

If the elective takes place at RIH, TMH or Bradley, the additional documentation described above is sufficient.

If the elective takes place outside Lifespan, submit a copy of the Letter of Agreement, indicating the location and the supervising physician for the elective. This includes electives at other hospitals in RI, in the community, out of state and out of country electives. If several resident/fellows complete the same elective each year, an elective agreement covering all residents who complete the elective during the academic year is adequate documentation. The GME office has an elective letter of agreement template that can be used. Some programs have their own template and that is also acceptable.

Additional Information:

For programs that have rotations to the VA hospital, the time must be documented on the tracking sheet as supplied by the GME office on a monthly basis. For each month you will receive, via e-mail, a listing of residents/fellows who rotated at the VA and the days that they were at the VA as provided by the VA's own timesheets. If there is a discrepancy between the documentation supplied by the VA and the program's records, please let Kay know when the confirmation email is received.

For programs that have rotations to hospitals outside Lifespan (Butler, Roger Williams, Memorial and WIH), the number of days on the tracking sheet must match the rotation confirmation at the end of each month. If a resident takes a vacation during a rotation at an outside hospital, please provide the GME office with that information at the time of the rotation confirmation, and document the same information on the time sheet.

Any questions, do not hesitate to call 4-8450.