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PURPOSE OF THIS MANUAL

This manual contains current GME and GPR policies, ACGME Institutional and Program Requirements, CODA Requirements, MAHEC employee policies and benefits, and other general information for you as a MAHEC employee. You should familiarize yourself with the manual and use it as a reference.

The Resident Physician & Dentist Contract/Letter of Agreements, state laws, ACGME Institutional and Program Requirements, CODA Requirements, and policies and procedures of MAHEC and GME/GPR formally specify terms of employment.

ACKNOWLEDGMENT

Pertinent information is contained in the resident manual to help make your orientation and your residency training goes smoothly. If you have comments and/or suggestions for making this manual more useful please email the GME office at GME@mahec.net.
# Family Medicine Asheville Residents

## First Year
- Alicia Gadomski, DO
- Nicole Tucker, DO
- Emily Baker, DO
- Brian Atkinson, MD
- Brian Desmond, MD
- Margaret Woodward, MD
- Aleksandr Kovalskiy, MD
- Nicholas Wilkinson, MD
- Charlotte Heppner, MD
- Sylvia Kauffman, MD
- Sarah McGraw, MD
- Luke Beggs, MD

## Second Year
- Keith Arnold, MD
- David Baker, MD
- Krista Brinkerhoff, MD
- Kelsey Campolong, MD
- Corey Cox, MD
- Hannah Roberts, MD
- Hallum Dickens, MD
- Katie Gray, MD
- Jessica McSurdy, MD
- Tyler Wellman, MD
- Rivers Woodward, MD
- Zach Wright, DO

## Third Year
- Brian Antono, MD, MPH
- Elizabeth Cherveny, MD
- Lucas Couch, DO
- Brittany Hipkens, MD, MPH
- Katherine Holland, DO
- Jonathon Troy Jackson, MD
- Brittney MacDonald, MD
- Brittany Matney, MD
- Kimberly Neiheisel, MD
- Joshua Pacious, MD
- Hannah Stillings, MD

## Hospice & Palliative Medicine Fellowship
- Haley Neal, MD
- Casey Sharpe, MD

## Sports Medicine Fellowship
- Joshua Wu, DO
- Kyle Judkins, DO

## Pharmacy PGY1
- Gwen Seamon, PharmD
- Mackenzie Farrar, PharmD

## Pharmacy Ambulatory Care, PGY2
- Rebecca Austin, PharmD
- Erika Hauenstein, PharmD

## Pharmacy Geriatrics, PGY2
- Hien Nguyen, PharmD
# General Practice Dental Residents

**Dentist**
- Ashley Beck
- Brent Johnson
- Lauren Cole
- Margaret Saludis
- Ian Alvey
- Bridget Swope

# Family Medicine Hendersonville Residents

<table>
<thead>
<tr>
<th>First Year</th>
<th>Second Year</th>
<th>Third Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parker Leland, MD</td>
<td>Tricia Brein, MD</td>
<td>Daniel &quot;Landon&quot; Allen, MD</td>
</tr>
<tr>
<td>Kendrick White, MD</td>
<td>Ana Paula Amaral, MD</td>
<td>Michael Brazil, MD</td>
</tr>
<tr>
<td>Camila Temple Vidal, MD</td>
<td>Josue Santos, MD</td>
<td>Amber Heckart, MD</td>
</tr>
<tr>
<td>Joshua Christian, MD</td>
<td></td>
<td>Caitlin Sullivan, MD</td>
</tr>
<tr>
<td>Kerriann Minott, MD</td>
<td></td>
<td>Namika Phillips, MD</td>
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# Obstetrics and Gynecology Residents

<table>
<thead>
<tr>
<th>First Year</th>
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<th>Fourth Year</th>
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<tbody>
<tr>
<td>Theresa Wong, MD</td>
<td>Amelia Cline, MD</td>
<td>Pamela Byers, MD</td>
<td>Alisa Eanes, MD</td>
</tr>
<tr>
<td>Danica McAden, MD</td>
<td>Larisa Guran, MD</td>
<td>Erin Lauer, MD</td>
<td>Rachel Long, MD</td>
</tr>
<tr>
<td>Lisa Masini, MD</td>
<td>Caleb Pierce, MD</td>
<td>Kathleen Lorencz, MD</td>
<td>Brent Sager, MD</td>
</tr>
<tr>
<td>Deborah Chen, MD</td>
<td>Thomas Shakar, MD</td>
<td>Alyssa Walker, MD</td>
<td>Lauren Knowlson, MD</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Lauren Hill, MD</td>
</tr>
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</table>

# General Surgery

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<thead>
<tr>
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<tbody>
<tr>
<td>Kevin Mensah-Biney, MD</td>
<td>Rachel Morris, MD</td>
<td>Harold Campbell, MD</td>
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<tr>
<td>Benjamin Goldsmith, MD</td>
<td>Andrew O'Neill, MD</td>
<td>Brian Charnock, MD</td>
</tr>
<tr>
<td>Nathan Teague, MD</td>
<td>Dominic Suma, MD</td>
<td>Marc Duverseau, MD</td>
</tr>
<tr>
<td>Matthew Wagner, MD</td>
<td>Sarah Waterman-Manning, MD</td>
<td>Danielle Fontaine, MD</td>
</tr>
<tr>
<td></td>
<td>Timothy Merino, MD</td>
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</tbody>
</table>

# Psychiatry

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<thead>
<tr>
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<tbody>
<tr>
<td>Matthew Edwards, MD</td>
<td>Thomas Campbell, MD</td>
</tr>
<tr>
<td>Hunter Edwards, MD</td>
<td>Sheritta Carmichael, MD</td>
</tr>
<tr>
<td>Eric Tran, MD</td>
<td>Steven Khoubian, MD</td>
</tr>
<tr>
<td>Abraham Bombeck, MD</td>
<td>Ronald Magee, MD</td>
</tr>
</tbody>
</table>
# FACULTY

**Family Medicine Residency - Asheville**

**Faculty**  
Steve Hulkower, MD  
Dan Frayne, MD  
Blake Fagan, MD  
Lisa Lavalle, MD  
John Rowe, MD  
Joshua Gettinger, MD  
Melissa Hicks, MD  
Julia Oat-Judge, MD  
Heidi Knoll, MD  
Mike Coladonato, MD  
Benjamin Gilmer, MD  
Amy Santin, MD  
Lisa Reed, MD  
Ginger Poulton, MD  
Eric Smith, MD  
Susan Alexander, MD  
Nicole Evans, MD  
William McLean, MD  
Aaron Vaughan, MD  
Jessica Knapp, MD  
Bill Hitch, PharmD  
Courtenay Wilson, PharmD  
Tasha Woodall, PharmD  
Irene Park Ulrich, PharmD  
Rebecca Grandy, PharmD  
Maggie Weshner, EdD  
Mary Lynn Barrett, LCSW  
Valerie Krall, LPC LPA  
Josh Schactman, LCSW
Sports Medicine Fellowship Program

**Faculty**

- Aaron Vaughan, MD
- Jessica Knapp, DO
- Ole Raustol, MD
- Jennifer Hooker, MD
- Beth Mccarty, MD
- Robert Boykin, MD
- Jay Jansen, MD
- Michael Shea, MD
- James Hoski, MD
- David Hodges, MD
- David Jarrett, MD
- Scott Socah, MD
- Bret Sleight, MD
- Richard Lytle, MD
- Judd Garbarino, MD
- Peter Mangone, MD
- Jennifer Morales, MD
- Brent Fisher, MD
- David Brough, MD
- Bradley Davis, MD
- Marshall Ney, DPT, MD
- Dellene Troy, DO

**Adjunct Faculty**

- Tim Clifton, BA
- Eric LaHue, PT
- Bill Hitch, PharmD
- Brian Lawler, PT, ATL, MS
- Mary Helen Letterle, ATL, MBA
- Miriam Nelson, PT
- Wesley Miller, PT
- Thomas Minton, PT
- Josh Owen, ATL
- Thomas Rhem, DPM
- Aubi Rote, PhD
- Robert Swoap, PhD

Asheville Hospice and Palliative Medicine Fellowship

**Faculty**

- John P. Langlois, MD
- Jennie Barnhardt, MD
- Darilyn Dealy, MD
- Claire Hicks, MD
- Aditi Sethi-Brown, MD
- Jeff Stillson, MD
- David Farley, MD
- Jeffrey Tait, MD
- Connie Sewell, MD
- Jeff Walker, MD
- Rikki Hooper, NP

**Adjunct Faculty**

- Sandra Whitlock, MD
- Janet Bull, MD
- Kristin Forner, MD
- Mike Parmer, MD
- Jennifer Hovendon, MD
- Caroline Knox, MD
- John Morris, MD
- David Troxler, MD
- Joe Kovaz, MD
- James Romano, MD
- Kimberley Crook, NP
### Family Medicine Residency - Hendersonville

**Faculty**
- Diana Curran, MD
- Magdalena Hayes, MD
- Bryan Hodge, DO
- Chris Upton, MD
- Natascha Lautenschlaeger, MD
- Andrew Morris, MD
- Hayam Shaker, MD
- Evan Beasley, MD
- Teresa Fralix, MD
- Julie Todd, MD

**Faculty**
- MaryShell Zaffino, MD
- Evan Beasley, MD
- Christi Jones, FNP
- Travis Johnson, MD
- Brian Kaderli, MD
- Amy Marietta, MD
- Margaret Bear, LCSW

### General Practice Dental Residency

**Faculty**
- Ed Coryell, DDS
- Mark Cummins, DMD
- Richard Shields, DDS
- Nina de Vilmorin, MD
- Larry Parworth, DDS, MS
- Stephanie Sabatini, DDS

**Adjunct Faculty**
- Bill Hitch, PharmD, BCPS
- Doug Roberts, CRNA
- Dan Frayne, MD

### Obstetrics & Gynecology Residency

**Faculty**
- Zack Bowman, MD
- Elizabeth A. Buys, MD
- Carol C. Coulson, MD
- Andrea F. Currens, MD
- Suzanne Dixon, MD
- Rongrong Fan, MD
- Bre Bolivar, MD
- Ra’Sheena Parker, WHNP-BC
- Laurie Jenkins, CNM
- Reta Graham, MD
- James Holman, MD
- Amy Willis, MD
- Arthur Ollendorff, MD
- Kiran Sigmon, MD
- Jennifer Warren, MD
- Katie Davidson, MD
- Nathan Mullins, MD

**Adjunct Faculty**
- Ann Brown, CNM, MSN
- Dolly Pressley Byrd, CNM
- Heather Miracle, WHNP-BC
- Aimee Feste, CNM
- Amanda Murphy, CNM
- Alexis Wilson, FNPc
- Melinda Ramage, FNP
- Cheryl Harrington, CNM
General Surgery Residency

**Faculty**
Michael Schurr, MD
Paul Ahearne, MD, FACS
Daniel Anderson, MD, FACS
Colin Bird, MD
Alan Bradshaw, MD
Darren Bryant, MD
Anne Conquest, MD
Michael Douglas, MD
David Graham, MD, FACS
John Henretta, MD
Ted Humble, MD, FACS
David Humphrey, MD
Allison Johnson, MD
Jonas Karlsson, MD
Lemuel Kirby, MD
Michelle Kiser, MD
Douglas MacMillan, MD
Richard Massen, MD
Katherine Mastriani, MD
Alfred Mina, MD
Kolandaivelu Ramaswamy, MD, FACS
Andrew Rhodes, DO
Joshua Rudd, DO
William Shillinglaw, DO
Peeter Soosar, MD, FACS
Kent Williamson, MD
Katherine Yancey, MD
Psychiatry Residency

Faculty
Steve Buie, MD
Sarah Wells, MD
Britt Peterson, MD
Rick Weigel, MD
Don Buckner, MD
Katie Dunlap, MD
Scott Emerson, DO
Michael Murray, D.O. – PhD
Olgierd Pucilowski, MD
Richard Zenn, MD

HISTORY OF THE NC AREA HEALTH EDUCATION PROGRAM

In 1970, a Carnegie Commission Report recommended creating AHECs nationwide and identified Asheville as a potential site. In 1971, an advisory committee was initiated in Asheville and included CEOs and Board members from Memorial Mission Hospital, St. Joseph’s Hospital, and Buncombe County Medical Society to discuss how private physicians could support educational opportunities in a community-based medical education center. The advisory committee members formed the core of what would eventually become the MAHEC Board of Directors. With the assistance of federal funding, the UNC-Chapel Hill School of Medicine undertook the development of a demonstration statewide AHEC Program. MAHEC was incorporated in March of 1974 as part of the North Carolina AHEC Program.

NC AHEC MAP
HISTORY OF MAHEC

MAHEC was founded in 1974 as a not-for-profit educational corporation with a Board of Directors initially including representatives from Memorial Mission Hospital, St. Joseph’s Hospital, and the Buncombe County Medical Society. The current Board of Directors consists of 18 members representing the Mission Health Board, Pardee Hospital Board, Western Carolina Medical Society Board, WNC Health Network Board, and at-large healthcare professionals from across MAHEC’s 16-county region and the state. Dr. Jeffery E. Heck, President and Chief Executive Officer, is a voting member of the Board of Directors. Dr. Ron Paulus is the 2018 Board Chair.

Operational divisions include Family Medicine, Obstetrics and Gynecology, General Dentistry, General Surgery, Psychiatry, Regional Services, Research, and School of Medicine/Health Professions Education. Administrative departments include: Office of the President/CEO; Fiscal Services; Human Resources; GME/GDE oversight; Marketing and Design; Information Technology (IT); Corporate Compliance/Risk Management/Quality Improvement, Infection Prevention/Occupational Health and Safety; Health Sciences Library and Knowledge Services; Facilities Management; and Central Business Office (HIM, Billing, Coding, Referrals, Credentialing).

MISSION & VALUES STATEMENT

The mission of Mountain Area Health Education Center (MAHEC) is to train the next generation of healthcare professionals for Western North Carolina through quality healthcare, innovative education, and best practice models that can be replicated nationally.

We value Excellence, Innovation, Compassion, and Collaboration. We represent these values through: Quality Education, Innovative Ideas, Compassionate Care, Community Partnerships, and Professional Standards.

DIVERSITY STATEMENT

Mission Statement for a Work Environment Free of Racism and Prejudice

MAHEC aspires to be free from individual and institutional expressions of racism and prejudice. We value and support the diversity and individuality of our staff and the people we serve. MAHEC advances the development of a diverse health care workforce within its own organization and across Western North Carolina, in which each person has full membership.
## STRATEGIC PLAN

### UNC Health Sciences at MAHEC

Our academic affiliation is with the University of North Carolina and we are a branch campus created to serve the people and institutions of Western North Carolina (WNC). We aspire to be the center of health education innovation in medicine, pharmacy, public health, dentistry and advanced nursing practice and to encourage young students from under-represented segments of our society to consider careers in these and other healthcare fields. Our clinical practices are inter-professional in their staffing, team-based in their delivery of care, and patient centered in their culture of care. We are committed to service excellence, exceeding the expectations of every patient and customer, every time. We measure the success of our educational and clinical programs by our achievements in quality clinical practice and placement of graduates in underserved areas of the State, especially in rural areas. We commit to building and supporting a diverse and inclusive workforce by creating equitable workplaces and teaching environments that value civility and inclusiveness. Every person will be valued and empowered to reach their full potential. We endeavor to create health parity in WNC by applying upstream population health approaches in our education of health professionals and engagement in community initiatives. We value our clinical partners, especially Mission Health, UNC Pardee, and the many academic and clinical faculty who teach our learners. We also value our other UNC partners, Western Carolina University, and the University of North Carolina Asheville.

### Foundational Principles

1. **Civility:** We treat all people with respect and kindness, all the time.

2. **Inclusivity:** We value the contribution of people different than ourselves and the merits of an organization that reflects differences in our teams and our community.

3. **Empowerment:** We value engagement, commitment, and ownership of MAHEC’s mission, work, and budget.

### Medical Education

1. **Recruitment focus to select residents/fellows with rural North Carolina background and ethnic diversity.** The interview process is designed to achieve these results.

2. **On average, fifty percent of all graduates practice in WNC and twenty percent practice in any rural county in North Carolina.**

3. **Be the provider of GME in WNC, taking into account the workforce needs of the region and the interests of key organizational stakeholders.**

4. **Twenty percent of resident/fellow didactic education is taught by simulation with at least three faculty in every division trained to teach in the simulation center.**

5. **Residents/fellows participate in meaningful scholarly activity. Seventy-five percent of resident/fellow research projects have a faculty principal investigator.**

6. **Every resident/fellow in Family Medicine, General Surgery, Psychiatry and General Dentistry completes at least six weeks of training outside Buncombe and Henderson County over the course of their residency/fellowship.**

7. **Curriculum for residency/fellowship programs provides broad and comprehensive educational experiences, preparing doctors for generalist practice.**

8. **All faculty actively participate in curriculum development and oversight, participate in simulation education, conduct scholarly work, and/or serve in administrative roles.**

9. **Faculty participate in the UNC Appointment and Promotion process and are eligible for salary increases when promoted.**

<table>
<thead>
<tr>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
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</thead>
<tbody>
<tr>
<td>On Track</td>
<td>Progress Made / More Work Needed</td>
<td>Minimal Or No Progress</td>
</tr>
<tr>
<td>Medical Education (continued)</td>
<td>10</td>
<td>Develop innovative training programs to increase rural recruitment and retention, specifically:</td>
</tr>
<tr>
<td>------------------------------</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>a. Develop rural teaching practices and a network of regional preceptors</td>
</tr>
<tr>
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<td></td>
<td>b. Develop formal efforts to recruit faculty in rural areas in all residency specialties and sustain rural preceptors through inclusive, collegial faculty development activities</td>
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<tr>
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<td>c. Collaborate with pipeline programs, including development of mentoring relationships (e.g., FIRST Program: a 3+3+3 program fast-tracking medical students into rural primary care practice)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>d. Develop a formal three-year curriculum that will increase skills and knowledge of caring for frail elderly</td>
</tr>
<tr>
<td></td>
<td>11</td>
<td>Develop rural dental residency track in Columbus combined with a dental assistant training program in collaboration with Isothermal Community College. This program will also train UNC dental students.</td>
</tr>
<tr>
<td></td>
<td>12</td>
<td>Incorporate oral health into the interdisciplinary curriculum and clinical training programs as part of the efforts to improve population health</td>
</tr>
<tr>
<td></td>
<td>13</td>
<td>Psychiatry and General Surgery programs will train residents in rural settings, and the curriculum will be broad in scope to equip practitioners for generalist practice.</td>
</tr>
<tr>
<td></td>
<td>14</td>
<td>Develop and implement a plan to facilitate the transition of General Surgery and Psychiatry resident training into rural practice settings and with underserved populations; initially in WNC and then also with other parts of North Carolina.</td>
</tr>
<tr>
<td></td>
<td>15</td>
<td>Develop primary care educational experience for Psychiatry residents.</td>
</tr>
<tr>
<td></td>
<td>16</td>
<td>Develop telepsychiatry precepting capability.</td>
</tr>
<tr>
<td></td>
<td>17</td>
<td>Teach residents to become medical educators and involve them in medical student education.</td>
</tr>
<tr>
<td></td>
<td>18</td>
<td>Develop a regionally focused curriculum for the branch UNC Gillings/UNCA School of Public Health and attract the best qualified students to enroll, especially those who are more likely to work in rural areas.</td>
</tr>
<tr>
<td></td>
<td>19</td>
<td>Measure and communicate public health benefits of improved access to behavioral health services.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>a. Number of Emergency Department visits</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. Length of Emergency Department stays</td>
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<tr>
<td></td>
<td></td>
<td>c. Number of suicide deaths</td>
</tr>
<tr>
<td></td>
<td></td>
<td>d. Number of overdose deaths</td>
</tr>
<tr>
<td></td>
<td>20</td>
<td>Identify and maintain measurable and trackable outcomes and dashboards to determine return on investment (ROI) for existing student and pipeline programs and determine priorities for additional resources and research purposes. Report these outcomes widely across the State.</td>
</tr>
<tr>
<td></td>
<td>21</td>
<td>Develop systems to understand and meet the needs of all providers to enhance their preceptor experience:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>a. Develop a rural provider &quot;package&quot; that explains all of the individual and practice benefits to precepting, and a systematic approach to visiting all rural preceptor practices at least once a year and twice a year for new preceptors</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. Establish four geographically distributed teaching practices for third-year UNC School of Medicine Asheville Campus students by 2021</td>
</tr>
</tbody>
</table>
### Five-Year Strategic Plan 2018 - 2023

**Draft 6-8-18**

<table>
<thead>
<tr>
<th>Medical Education (continued)</th>
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<tbody>
<tr>
<td>c. These collaborative rural teaching practices will include Family Medicine, Ob/Gyn, Surgery, Dental, Pharmacy, and behavioral health residents, fellows, and students</td>
<td></td>
</tr>
<tr>
<td>d. Produce a meaningful internal and external preceptor communication program</td>
<td></td>
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<tr>
<td>e. Develop a dynamic integrated provider database</td>
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<tr>
<td>22. Expand the UNC School of Medicine Asheville Campus (SOM) to 30 students by school year 2019-20 and to 40 students by school year 2023-24.</td>
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</tr>
<tr>
<td>a. Develop the curriculum and launch a unique SOM program to meet the training needs of rural physicians</td>
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<tr>
<td>b. Cultivate sites and preceptors to the extent the growth in SOM students will be accommodated in rural areas</td>
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<tr>
<td>c. Create an organizational structure that will maintain the existing learning environment and personalized student support during a time of rapid growth</td>
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<thead>
<tr>
<th>Clinical Practice</th>
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<tbody>
<tr>
<td>1. Develop efficient, appropriately staffed, clinical operations that lead to budget stability and high staff, provider, and patient satisfaction.</td>
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<tr>
<td>2. Create a dynamic dashboard to measure birth and overall health outcomes for women in order to monitor progress towards reducing healthcare disparities.</td>
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<tr>
<td>3. Continue to pilot and create models of healthcare to ensure access for women in the region through a WNC Ob/Gyn safety net program.</td>
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<tr>
<td>4. Expand Project CARA (Care that Advocates Respect/Resilience/Recovery for All) and add residential care for women with substance use disorders (SUDs).</td>
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<tr>
<td>5. Create the most Patient-Centered Care Ob/Gyn practice in region and state with the highest patient satisfaction by objective measurements.</td>
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<tr>
<td>6. Improve access to outpatient Ob/Gyn care at MAHEC.</td>
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<tr>
<td>7. Transform practices for readiness for population health:</td>
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<tr>
<td>a. Identify social determinants of health, incorporate them into clinical practice, and advocate connections with effective community resources</td>
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<tr>
<td>b. Success in commercial quality plans, always achieving highest tier in quality</td>
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<tr>
<td>c. Readiness for new types of contracts including some which are capitated or have downside risk</td>
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<tr>
<td>d. Knowledge of provider panels and management of individual members</td>
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<tr>
<td>e. High success in achieving the quadruple aim</td>
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<tr>
<td>f. Improved health equity outcomes</td>
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<tr>
<td>g. Optimized workflow</td>
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<tr>
<td>h. Efficient inter-professional outpatient care that also achieves highest quality scores</td>
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<tr>
<td>i. Elimination of waste and duplication of services</td>
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<tr>
<th>Continuing Professional Development (CPD) and Research</th>
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<tbody>
<tr>
<td>1. Continue to trial new models of supplying regional provider needs to ensure access for WNC women to care for high-risk obstetrics and substance use disorders.</td>
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<tr>
<td>2. Develop nationally recognized and collaborative substance use/opioid program (local, regional, state) with a focus on CPD, development and dissemination of evidence-based treatment, community engagement, and research.</td>
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<td>Yellow</td>
<td>Progress Made / More Work Needed</td>
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<tr>
<td>Red</td>
<td>Minimal Or No Progress</td>
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### Continuing Professional Development (CPD) and Research (continued)

1. **The Simulation Center**, located on the MAHEC Biltmore campus, will become nationally recognized: center achieves accreditation by Society for Simulation in Healthcare (SSH); staff attains Certified Healthcare Simulation Educator (CHSE) status; and development of innovative local, state, and national simulation programs to improve rural community outcomes.

2. Expand Project ECHO (Extension for Community Health Outcomes) and CPD programs to engage fifty percent more healthcare providers including physicians, nurses, and other professionals from rural WNC areas.

3. Develop monthly CPD programs that are appealing to both rural and urban faculty and include national speakers in Family Medicine, Ob/Gyn, Psychiatry, Oral Health, Surgery, and Research.

4. Establish nursing division as part of UNC Health Sciences at MAHEC with an academic focus to support rural initiatives.

5. Become leaders in, and a primary source of information for, the State on WNC and rural health, and have research team members participate in at least five local, state, or national committees.

6. Create and foster at least five local, state, and national research collaborations that inform policies and programs regarding priorities including:
   - Rural healthcare workforce
   - Academic medicine
   - Medicaid reform
   - Substance use disorders prevention, treatment, and harm reduction
   - Women and infant health with a focus on maternal and infant mortality and morbidity
   - Health disparities and racial equity

7. Involve at least ten faculty and their learners in more impactful studies resulting in at least ten major publications by streamlining the research process and opportunities, and supporting mentoring/teaching.

### Budget and Finance

1. Operating budget reflects a minimum 2% operating margin by 2021-22 fiscal year.

2. Graduate Medical Education (GME) costs operate at median of national benchmarks by 2019-20 fiscal year.

3. Competitive compensation ensured for all employees.

4. All employees paid a living wage.

5. Annual budget variance at no more than 2%.

6. All divisions operate at a positive margin.

7. All billing providers see a minimum of 95% of predicted visits at the end of each fiscal year.

8. Minimum cash on hand is at least 60 days.


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**JEH/yp 6/6/18**

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<tr>
<td>On Track</td>
<td>Progress Made / More Work Needed</td>
<td>Minimal Or No Progress</td>
</tr>
</tbody>
</table>
FACILITY LOCATIONS / INFORMATION

MAHEC Family Health Center at Biltmore
123 Hendersonville Rd., Asheville NC 28803
828-257-4730

MAHEC OB/GYN Specialists
119 Hendersonville Rd., Asheville NC 28803
828-771-5500

MAHEC Dental Health Center and Center for Advanced Training
123 Hendersonville Rd., Asheville NC 28803
828-252-4290

MAHEC Family Health Center at Newbridge
218 Elkwood Ave., Asheville NC 28804
828-257-4747

MAHEC Family Health Center at Cane Creek
1542 Cane Creek Rd., Fletcher NC 28732
828-628-8250

MAHEC Family Health Center at Enka/Candler
1914 Smokey Park Hwy, Candler, NC 28715
828-418-0040

MAHEC Family Health Center at Lake Lure
146 Nesbitt Ridge, Lake Lure NC 28746
828-625-4400

MAHEC Family Health Center at Swannanoa
2313 US Hwy 70, Swannanoa, NC 28778
828-407-2400

Hendersonville Family Health Center
709 N. Justice Street, Suite B, Hendersonville, NC 28791
828-696-1234
As an educational organization, MAHEC program divisions include Family Medicine, Obstetrics and Gynecology, General Dentistry, General Surgery, Psychiatry, UNC School of Medicine Asheville Campus/Center for health Professions Education, Regional Services, and Research. The Administrative Division includes the following departments: Office of the President and CEO; Fiscal Services; Human Resources; GME/GDE Oversight; Marketing & Design; Information Technology (IT); Risk Management/Corporate Compliance/Quality Improvement; Facilities Management; Central Business Office (HIM, Billing, Coding, Referrals, Credentialing), Development, and Health Innovative Partners (HIP) Team.

**Corporate Compliance & Risk Management**
Contact the Office of Corporate Compliance and Risk Management when you have questions or concerns regarding: (1) legal, risk management, and corporate compliance issues; (2) workers’ compensation injury or illness claims; and (3) MAHEC insurance such as professional liability, auto, property, & casualty coverage.

**Infection Prevention/Occupational Health and Safety**
This department supports and manages organizational activities and initiatives for Infection Prevention and Occupational Health and Safety.

**Information Technology (IT)**
This department provides and supports a dynamic computing and network system environment for all of MAHEC's locations, programs and services, including electronic medical and dental record systems. IT provides initial training for MAHEC applications such as email and calendaring. The department works in collaboration with partner organizations in WNC and with the NC AHEC Program on information technology issues in support of MAHEC's vision, mission, and strategic plan.

**Library and Knowledge Services (Part of the Research Division)**
Partner with your librarians for up to date, evidence-based information. Librarians save you valuable time with their expert reference and literature search services, customized information delivery, training in database searching and information retrieval, and timely article delivery. Via the AHEC Digital Library your librarians provide access to core online resources including MEDLINE, DynaMed, Cochrane, ACP Journal Club, full-text journals and textbooks, and links to essential online resources. Through the MAHEC residency affiliation with UNC-Chapel Hill, librarians facilitate access to a wealth of additional databases and online information resources.

**Health Innovation Partners (HIP) Team**
Health Innovation Partners houses the organizational resources for many innovation efforts around primary care practice support, redesign, and quality improvement. MAHEC strives to be a creative and willing regional partner in the innovation of quality patient-centered care, systems of healthcare delivery, and educational excellence. Innovation projects include the creation, implementation, assessment, revision, and dissemination of models of
care and education focused on: Improving the lives of seniors; Quality improvement in primary care; The Triple Aim; Graduate Medical Education; Undergraduate Medical Education and Inter-professional teams.

Research
The MAHEC Division of Research helps inform and guide the evidence-based medicine we teach and practice at MAHEC. The Division consists of four PhD prepared research scientists with expertise in both qualitative and quantitative research, as well as research associates, a data analyst, and librarians who specialize in healthcare knowledge services. Housed in a 2,100 square foot office suite on the first floor of the Education Building on the MAHEC Biltmore Campus in Asheville, the Division supports all of the rural healthcare initiatives and programs associated with the UNC Health Sciences at MAHEC. The Division also provides ongoing research support to our faculty, fellows, and residents, as well as the students and preceptors at our Asheville Regional Campus of the UNC School of Medicine.

Marketing and Communications
The Marketing and Communications department coordinates all marketing, PR, advertising, and internal/external communication efforts for all MAHEC divisions. The department is responsible for all printed collateral, advertisements, corporate identity items such as logos and business cards, signage, electronic marketing, public and media relations, the MAHEC website, and other forms of communication as needed. The department is located on the 2nd floor of the Education Building. If you have a marketing need – big or small – call (828) 257-4442.

Development and Fundraising
The vision of the Development Office is to cultivate philanthropy to support the mission of MAHEC. The office focuses on articulating our mission by sharing success stories and accomplishments with a wide audience. The program coordinates a unified approach to resource development that concentrates on raising the profile of our organization and strengthening our image as a valuable community resource. For questions, please call (828) 771-4203.

Department of Facilities Management
The Facilities Management Department provides and coordinates services for all MAHEC buildings, MAHEC housing and vehicles. Services include space planning, renovations, maintenance, housekeeping, grounds, safety, security, service contracts and office furniture.

If you have any questions regarding services, or if you have facilities related needs, please call (828) 257-4411. Our office is open during regular business hours and we have staff on call (at this number) 24 hours a day, seven days a week for facilities related emergencies.
Central Business Office
MAHEC has centralized office that supports Health Information Management (medical records/HER), Referrals, Billing, Coding and Credentialing/Privileging of providers at MAHEC.

DEPARTMENT OF FISCAL SERVICES

The department is responsible for developing and maintaining systems to record, report, safeguard and manage the assets of the organization. We provide financial statements and other reports for our Board of Directors, President/CEO, managers, banking institutions, creditors and other business partners. These internal and external partners utilize this data to analyze and monitor MAHEC’s financial performance.

In addition, the department processes invoices, travel reimbursements and other cash disbursements. Payroll services are handled by the department, which includes processing paychecks and direct deposits. Please make sure your mailing address in your employee record is correct for mailing your W-2. Upon exit of Residency, please provide your new mailing address. This department is located in the Education building on the second floor near the office of the CEO. If you have any questions regarding accounts payable, please contact the Accounts Payable Coordinator at (828) 257-4709. For payroll related questions, please contact the Payroll Specialist at (828) 257-4424. For additional assistance, please contact the Staff Accountant at 257-4214.

DEPARTMENT OF HUMAN RESOURCES

The Department of Human Resources supports MAHEC staff in many areas which include: new employee orientation, benefits review and administration (i.e. health, dental, life, disability insurance); paid time off (PTO/holidays); leaves of absence; tax deferred 403B & 457 plans; hiring/promotion of employees; staff training and development; pay; performance management; employee counseling; discipline/grievance procedures; wellness, and general employment policies. We are located on the main floor of the Education Building; office hours are 8:00 a.m. - 5:00 p.m. Monday through Friday. Please call (828) 257-4443 or stop by if you have questions or suggestions.

DIVISION OF DENTISTRY

MAHEC’s General Dental Residency Program is a fully accredited one-year General Practice Residency, offered to recent graduate dentists wishing to expand the scope and depth of their knowledge and skills.

The Dental Health Center opened its newly expanded location in July 2013 and is a state-of-the-art facility with new dental equipment, electronic medical records, digital radiography, computer center, and teleconferencing capabilities. The emphasis of the program is comprehensive dentistry, to include treatment planning and sequencing of
complex restorative cases, implantology, cosmetic dentistry and removable prosthodontics; etc.

Residents will experience rotations in the hospital environment to include basic anesthesiology, pediatric dentistry and family medicine. Residents will participate in an ongoing community based rotation to provide care to an underserved community at our MAHEC Glenwood practice. Residents will also receive didactic instructions from visiting dental specialists in endodontics, periodontics, prosthodontics, pharmacology and other areas of interest. This General Practice Residency also has an extensive didactics program covering all areas of dentistry to include several sessions on practice management.

**DIVISION OF FAMILY MEDICINE**

*The Division of Family Medicine encompasses several major programmatic activities. The most important of these are:*

**Family Medicine Residency Programs:**

MAHEC’s Family Medicine Residency Programs in Asheville and Hendersonville, affiliates of the Department of Family Medicine of the UNC School of Medicine, provide an accredited, three-year, postgraduate education program for physicians wishing to specialize in family medicine. Their primary purpose is to improve the quality, quantity, and distribution of primary-care physicians in western North Carolina, in accordance with the aims of the statewide AHEC Program.

*This is accomplished by:*

- Training family physicians who may choose to practice in the familiar surroundings of the MAHEC region after their graduation;
- Providing a curriculum which utilizes local practicing physicians, thus creating a learning environment beneficial to them and to the Family Medicine resident;
- Offering an opportunity to recruit physicians to the region who desire a rural practice setting but do not want to give up an association with a medical teaching program.

The programs are dedicated to the personal and professional growth of the residents during their training, and then in their practice within the region. The effect of the family on health and illness is emphasized through the Family Systems Approach. The programs create a network of opportunities for residency teaching, undergraduate medical teaching, continuing education, and community resource development—all directed at making the rural areas of WNC more attractive and satisfying practice sites for the graduates.

Residents and faculty in the Family Medicine Residency Program provide primary care services to area families at the MAHEC Family Health Center, located at 123 Hendersonville Road in Asheville and at the Hendersonville Family Health Center located at 709 N. Justice Street, Suite B in Hendersonville.
Asheville Hospice and Palliative Medicine Fellowship Program
The Asheville Hospice and Palliative Medicine Fellowship Program is an affiliate of the Department of Family Medicine of the UNC-Chapel Hill School of Medicine and provides an accredited one year post-graduate education program for physicians who have completed their residency in Anesthesiology, Emergency Medicine, Family Medicine, Internal Medicine, Neurology, Obstetrics and Gynecology, Pediatrics, Physical Medicine and Rehabilitation, Psychiatry, Radiation Oncology, or Surgery.

The Asheville Hospice and Palliative Medicine Fellowship is an educational collaboration of three strong and experienced organizations. Both CarePartners and Four Seasons Hospice and Palliative Medicine organizations have been serving patients at or near the end of life for over 30 years and have grown into a large and well-respected clinical presence in Western North Carolina. MAHEC has been providing high-quality, innovative post-graduate training in the same region for more than 30 years. Our program brings the strengths and skills of these organizations together to create a stimulating and exciting training program for qualified physicians wanting to develop, enhance and carefully refine their knowledge and skills in Hospice and Palliative medicine.

Asheville HPM Fellows function as fully integrated members of our Interdisciplinary Teams. They work intensively in Solace, which is a 27-bed inpatient hospice unit in Asheville, and also in Elizabeth House, which is a 19-bed inpatient unit in Hendersonville. They are part of our inpatient Supportive and Palliative Care service providing consultations for goals of care discussions and symptom management in all parts of Mission Hospital, our 800 bed regional hospital, and providing additional services to patients in their homes and in our Palliative Care outpatient clinics. Fellows collaborate with team members of all disciplines in Hospice Home Care, serving the needs of a combined average census of greater than 500 patients in diverse settings from rural to urban, mobile home to mansion, private home to skilled nursing facility.

Quality teaching is critical to quality education. In all settings fellows are supervised by experienced Hospice and Palliative Medicine physicians. Community faculty supplements the teaching with specialty rotations and electives in a broad range of specialties.

An afternoon each week is dedicated to conferences covering a wide range of topics from core clinical knowledge and skills and training in practice management and research skills, to exploration of literature and media related to palliative care and the end of life in our Palliative Care Book Club. Our novel curriculum includes a Flex-Month, where fellows may chose to focus additional time in a core area of particular interest.

The program recognizes that Hospice and Palliative Medicine is not only intellectually challenging, but emotionally and spiritually demanding. As a result we emphasize personal growth and self-care. Fellows meet regularly with a designated hospice chaplain and with a bereavement counselor, in addition to their faculty mentor, to discuss and explore the issues that arise through this important work, and to develop the attitudes and skills that promote long-term success and resilience.
Sports Medicine Fellowship Program
The MAHEC Sports Medicine Fellowship Program is an affiliate of the Department of Family Medicine of the UNC-Chapel Hill School of Medicine and in conjunction with Mission Hospital and Mission Sports Medicine provides an accredited one year post-graduate education program for physicians who have completed their residency in Family Medicine, Internal Medicine, Pediatrics, Physical Medicine and Rehabilitation, or Emergency Medicine.

The dual involvement of institutions allows for a blending of visions to collaborate and provide outstanding care to patients and athletes across Western North Carolina. Our vision is to be a leader in primary care, sports medicine and musculoskeletal care while being advocates for our patients and educators to the community. Fellows have the opportunity to work in the academic and private sectors, gleaning information from a variety of primary care, orthopedic, and healthcare professionals. Fellows will work on every level of athletics covering professional sports with the Asheville Tourists Minor League Baseball club, high level Division I collegiate athletics with UNC-Asheville and Western Carolina University, Division II athletics with Mars Hill University, semi-professional exposure with Asheville Rugby Club, and high school sports with various local teams. Fellows also have longitudinal continuity clinic experiences, rotational experiences and weekly didactic sessions.

DIVISION OF GENERAL SURGERY

The MAHEC General Surgery Residency Program is a 5 year, ACGME accredited program. General Surgery is one of MAHEC’s newest residency programs and was added in 2016. In accordance with the state of North Carolina, MAHEC received grant funding to implement a General Surgery Residency that will address the shortage of general surgeons in rural North Carolina.

In partnership with Mission Hospital, this program will dedicate its efforts to training competent general surgeons who are prepared to stay and practice in the region. Our surgical staff will accomplish this by:

- Training residents in a wide variety of surgical skills and procedures
- Utilizing the facilities and faculty of nearby hospitals to train our residents in rural medicine
- Staying in compliance with ACGME guidelines and standards
- Recruiting individuals who have a desire to practice in rural North Carolina

Mission Hospital will serve as the primary location for MAHEC General Surgery Residents. Mission Hospital is licensed for 763 beds and 17 operating rooms. The ED has 100,000 patient visits per year and the trauma center admits 3,400 patients per year. At more than 35,000 surgical procedures each year, Mission Hospital is one of the busiest surgical hospitals in the state of North Carolina.
Research and Education
Two fundamental building blocks for training our residents are research and education. Our core faculty set the tone for resident research by maintaining a high level of scholarly activity. Residents are required to utilize the resources MAHEC and Mission Hospital provide in order to receive help.

DIVISION OF OBSTETRICS & GYNECOLOGY

The MAHEC Department of Obstetrics and Gynecology (OB/GYN) was formed in 1988 to meet the gynecologic and high risk obstetric care needs of the large, underserved population of Western North Carolina. Since its inception, it has become known throughout the region as providing quality referral and outreach services. In January 1992, a residency training program in obstetrics and gynecology was added which received full accreditation in January 1995. The residency program graduated its first residents in June 1995. The program expanded to four residents per year in 1996.

Current staffing includes 10 generalist obstetrician gynecologists and 5 maternal fetal medicine physicians, 5 certified nurse midwives, 6 nurse practitioners, 16 residents, and approximately 90 employees who work in the clinical, business, behavioral medicine or administrative areas of the department. Nurse practitioner and nurse-midwife students, as well as medical students are also precepted in the department.

The residency program is affiliated with the University of North Carolina at Chapel Hill (UNC - CH) School of Medicine, and all faculty members hold appointments in the Department of Obstetrics and Gynecology at UNC-CH. The Division Chair is a full-time employee of UNC-CH and is assigned on a full-time basis to the program in Asheville. The department provides a full range of obstetrical, gynecological and behavioral medicine care services.

Low-Risk Obstetrical Care:
The department provides obstetrical care, including pre-conceptual evaluation, prenatal care, full obstetrical ultrasound and other fetal assessment services, delivery, and postpartum care for approximately 1600 patients annually. In addition, we provide delivery services for all prenatal patients seen at Buncombe County and Madison County Health Departments.

Certified Nurse Midwives:
The Certified Nurse Midwives work in both the inpatient and outpatient settings to see low risk OB patients and expose our residents to full spectrum obstetrical care.

Gynecology:
This division provides comprehensive gynecologic care including primary preventive care, immunizations, family planning, pediatric/adolescent gynecology and endoscopic surgery. In addition, services are offered to patients through a number of specialty clinics that are outlined below.
**Reproductive Endocrinology/Infertility Services:**
The department offers evaluation and medical/surgical treatment reproductive and endocrine disorders as well as fertility treatment and follow-up. Residents also receive training in advanced reproductive technologies.

**Urogynecology and Pelvic Reconstructive Surgery Services:**
The Department offers complete evaluation and treatment for the patients with pelvic floor support and incontinence problems. Residents will be trained in urodynamics and operative urogynecology by departmental faculty and on rotation with WNC private practice urogynecologists.

**Vulvar Speciality Clinic:**
The Department has a vulvar specialist who offers a clinic focusing on comprehensive evaluation, management and treatment of vulvar disorders. Residents participate in vulvar clinic as an aspect of their benign gyn experience.

**Behavioral Medicine Care Services:**
Clinical services offered by Behavioral Medicine include but are not limited to: (1) Clinical assessment, brief intervention and referral of patients referred by any provider and clinical staff; (2) Behavioral health consultation; (3) Screening assessment and referral to OB patients; (4) Strategic intervention for patients with immediate concerns; (5) Substance use screening and referral particularly for OB patients; and (6) Acting liaison between providers and community resources such as Western Highlands Network, Perinatal Health Partners, Maternal Care Coordinators, Diagnostic Evaluation Center, Counselors and Psychotherapists and hospital Social Work.

**DIVISION OF PSYCHIATRY**

The MAHEC Psychiatry Residency Program is a 4 year, ACGME accredited program. Psychiatry is one of MAHEC’s newest residency programs and was added in 2016. In accordance with the state of North Carolina, MAHEC received grant funding to implement a Psychiatry Residency that will address the shortage of psychiatrists in rural North Carolina. Our mission is to train excellent psychiatrists who will work with rural, underserved populations and are expert at consultation in collaborative care settings.

In partnership with Mission Hospital, Haywood Regional Medical Center, Pardee Hospital, and a number of community practices, this program will dedicate its efforts to training competent psychiatrists who are prepared to stay and practice in the region. Our psychiatry staff will accomplish this by:

- Utilizing the facilities and faculty of nearby hospitals to train our residents in rural medicine
- Staying in compliance with ACGME guidelines and standards
- Providing a curriculum which utilizes local practicing physicians, thus creating a learning environment beneficial to them and to the Psychiatry resident;
• Offering an opportunity to recruit physicians to the region who desire a rural practice setting and want to have an association with a medical teaching program.

The program is dedicated to the personal and professional growth of the residents during their training, and then in their practice within the region. The effect of the family on health and illness is emphasized through the Family Systems Approach. The programs create a network of opportunities for residency teaching, undergraduate medical teaching, continuing education, and community resource development—all directed at making the rural areas of WNC more attractive and satisfying practice sites for the graduates.

**Research and Education**

Two fundamental building blocks for training our residents are research and education. Our core faculty set the tone for resident research by maintaining a high level of scholarly activity. Residents are required to utilize the resources MAHEC and Mission Hospital provide in order to receive help with grant funding, IRB proposals, abstracts, clinical trials, publications and/or national presentations.

**DIVISION OF REGIONAL SERVICES**

The vision of the Division of Regional Services is to be the provider of choice in the Southeastern United States for education, consultation, technical assistance, simulation and to enhance any community’s ability to improve the health of its residents through population health. The programs and services are provided in collaboration with physicians, health and human service professionals, and community leaders, serving as a national model for healthcare education.

The Division of Regional Services conducts programs designed to meet the education and training needs of health and human service professionals in medicine, nursing, allied health, dental health, mental health, and pharmacotherapy. Staff development and career counseling are provided for many disciplines. Courses and programs are offered in a variety of formats, (on-site and virtual) allowing professionals to meet all of their continuing education credit and professional development needs.

Also, customized programs can be designed to meet the unique needs of individual healthcare agencies by bringing programs on site to agency employees. Consultation, technical assistance, and special projects to meet workforce supply and demand needs are part of the services provided by the Division.

The disciplines in the Division include Continuing Medical, Dental, and Allied Health Education, Mental Health Education, Nursing Education, Pharmacotherapy Education, Public Health, Simulation Center and Regional Services Administration.
Graduate Medical and Dental Education Policies and Procedures

The following GME/GPR policies are summaries. The full policies and procedures can be found in each program office as well as the GME office.

INSTITUTIONAL COMMITMENT TO GME/GPR

GME POLICY #02
GPR POLICY #08

MAHEC’s Board of Directors, President and Chief Executive Officer (President and CEO) and Designated Institutional Official (DIO), teaching providers, and staff are committed to excellence in its Graduate Medical and Dental Education programs and in the direct care of individuals and families through organized programs, facilitating the resident’s ethical, professional, and personal development, through curricula, evaluation and resident supervision, while supporting safe and appropriate patient care.

MAHEC serves as the sponsoring institution for the Graduate Medical and Dental Education programs, exercising the authority and control of a sponsoring institution as defined by ACGME and CODA. MAHEC is organized for the implementation and evaluation of the programs in a scholarly environment and is committed to excellence in both medical and dental education as well as patient care. MAHEC is committed to maintaining substantial compliance with ACGME Institutional Requirements and ensuring that its ACGME-accredited programs are in substantial compliance with Institutional, Common, and specialty/subspecialty-specific Program Requirements. MAHEC is committed to maintaining substantial compliance with CODA requirements.

MAHEC is committed to providing the leadership, organizational structure, and resources necessary to achieve and maintain substantial compliance with ACGME and CODA requirements, providing an ethical, professional, and educational environment in which the curricular requirements as well as applicable requirements for scholarly activity and the six (6) areas of general competencies for all residents/fellows and the competencies required by their discipline will be met. This commitment includes, but may not be limited to:

1. Maintaining and revising a written statement of institutional commitment, including providing the necessary educational, financial, and human resources to support all programs, that is reviewed, dated and signed within at least one year prior to the institutional site visit and indicates the support of the governing authority, the administration, and leadership.

2. Maintaining an organized administrative system, which includes the Graduate Medical Education Committee (GMEC), that ensures compliance with the GMEC responsibilities as specified in the Institutional Requirements.
3. Designating an institutional official (DIO) and GMEC who has the authority and responsibility for the oversight and administration of the GME programs, fulfilling responsibilities that include:
   a. Assuring compliance with ACGME Common, specialty/subspecialty-specific Program, and Institutional Requirements.
   b. Assuring compliance with CODA standards.
   c. Establishing and implementing procedures to ensure that the DIO or designee reviews and cosigns all program information forms and any correspondence or document submitted to ACGME by the Program Directors that either addresses program citations or requests changes in the programs that would have significant impact, including financial, on the program or institution.
   d. Presenting an annual report by the President and CEO and DIO, or Chair of the GMEC to the medical staff(s) and the governing body(s) of the major participating sites of the GME programs.

5. Providing the DIO sufficient financial support and protected time to effectively carry out his/her educational and administrative responsibilities to the Sponsoring Institution.

6. Providing Program Directors sufficient financial support and protected time to effectively carry out their educational and administrative responsibilities to their respective programs.

7. Providing sufficient salary support and resources (e.g., time, space, technology, supplies) to allow for effective administration of the GME Office and all of its programs.

8. Providing faculty and residents with ready access to adequate communication resources and technological support. Residents must have ready access to specialty/subspecialty-specific and other appropriate reference material in print or electronic format. Electronic medical literature databases with search capabilities should be available.

9. Providing a policy that addresses administrative support for GME programs and residents in the event of a disaster or interruption in patient care. The policy includes assistance for continuation of resident assignments.

MAHEC will comply with duty hour requirements as specified in Institutional, Common Program and specialty/subspecialty-specific Program Requirements with accountability for monitoring assumed by the GME Committee (GMEC). MAHEC will provide regular assessment of the quality of the educational programs, the performance of the residents, and the use of outcome assessment results for program improvement.
MAHEC is committed to developing, sustaining, and enhancing partnerships in order to fulfill its commitment to the Graduate Medical and Dental Education programs of the highest quality.

As the major participating institutions for the programs, Mission (Mission) Hospital and Margaret R. Pardee Memorial Hospital (Pardee) join MAHEC in their commitment to GME. Mission and Pardee commit to working collaboratively with MAHEC in providing the financial, educational, and human resources to support GME. Mission and Pardee commit to working collaboratively with MAHEC to meet or exceed ACGME Institutional, Common Program, and specialty/subspecialty-specific Program Requirements, achieving substantial compliance with these requirements. Mission and Pardee commit to working collaboratively with MAHEC to develop and maintain master affiliation agreements that document these commitments.

**GRADUATE MEDICAL & DENTAL EDUCATION COMMITTEE(S)**

**GME POLICY #01**

MAHEC must have a Graduate Medical and Dental Education Committee (GMEC) that has the responsibility for monitoring and advising on all aspects of residency/fellowship education. The GMEC is chaired by the Director of Medical Education. Voting membership includes the DIO, chief residents nominated by their peers, Program Directors, coordinators and other members of the GMEC. The GMEC reports to the DIO.

**PROCEDURES:**

1. The GMEC meets quarterly.

2. Minutes will be kept that document fulfillment of the committee responsibilities and are available for inspection by accreditation personnel.

3. The responsibilities of the GMEC(s) include:
   A. Establish and implement policies and procedures regarding the quality of education and the work environment for the residents/fellows in all ACGME-CODA accredited programs;

   B. Review annually and make recommendations to the Sponsoring Institution on resident/fellow stipends, benefits, and funding for resident/fellow positions to assure that these are reasonable and fair;

   C. Ensure that communication mechanisms exist between the GMEC and all Program Directors within the institution;

   D. Establish and maintain appropriate oversight of and liaison with Program Directors and ensure that Program Directors maintain effective communication mechanisms with the site directors at each participating site for their respective programs to maintain proper oversight at all clinical sites; and
E. Establish and implement formal written policies and procedures governing resident/fellow duty hours in compliance with the Institutional, Common Program and specialty/subspecialty-specific Program Requirements. The GMEC(s) must assure that the following requirements are met:

1. The GMEC must develop and implement written procedures to review and endorse requests from programs prior to submission to a RRC for exceptions in the weekly limit on duty hours up to 10 percent or up to a maximum of 88 hours. All exceptions requested must be based on a sound educational rationale. The procedures must outline the process for endorsing an exception in compliance with the ACGME policies and procedures for duty-hour exceptions. The procedures and their application, if the institution has utilized them, will be assessed during an institutional review.

F. Assure that ACGME-CODA accredited programs provide appropriate supervision for all residents and fellows that is consistent with safe and effective patient care, the educational needs of residents/fellows, progressive responsibility appropriate to residents’/fellows’ level of education, competence, and experience, and the applicable Common and specialty/subspecialty-specific Program Requirements.

G. Establish communication between leadership of the medical staff regarding the safety and quality of patient care that includes the annual report to the Organized Medical Staff, description of resident/fellow participation in patient safety and quality of care education, and the accreditation status of programs and any citations regarding patient care issues.

H. Assure that each program provides a curriculum and an evaluation system to ensure that residents/fellow demonstrate achievement of the six general competencies as defined in the Common and specialty/subspecialty-specific Program Requirements.

I. Establish and implement formal written institutional policies for the selection, evaluation, promotion, transfer, discipline, and/or dismissal of residents/fellows in compliance with the Institutional and Common Program Requirements.

J. Regularly review all ACGME-CODA program accreditation letters and monitor action plans for the correction of concerns and areas of noncompliance.

K. Regularly review the Sponsoring Institution’s Letter of Report from the IRC and develop and monitor action plans for the correction of concerns and areas of noncompliance.

L. Review and approve prior to submission to the ACGME:

1. all applications for ACGME accreditation of new programs;
2. changes in resident/fellow complement;
3. major changes in program structure or length of training;
4. additions and deletions of participating sites;
5. appointments of new Program Directors;
6. progress reports requested by a Review Committee;
7. responses to all proposed adverse actions;
8. requests for exceptions of resident/fellow duty hours;
9. voluntary withdrawals of program accreditation;
10. requests for an appeal of an adverse action; and,
11. Appeal presentations to a Board of Appeal or the ACGME.

M. Maintain oversight of all phases of educational experiments and innovations that may deviate from Institutional, Common, and specialty/subspecialty-specific Program Requirements, including:

1. approval prior to submission to the ACGME and/or respective Review Committee;
2. Adherence to Procedures for “Approving Proposals for Experimentation or Innovation Projects” in ACGME Policies and Procedures; and,
3. Monitoring quality of education provided to residents/fellows for the duration of such a project.

N. Maintain oversight of all processes related to reductions and/or closures of individual programs, major participating sites, and the sponsoring institution.

O. Provide a statement or institutional policy (not necessarily GME-specific) that addresses interactions between vendor representatives/corporations and GME programs.

Conduct internal reviews of all ACGME-accredited programs including subspecialty programs to assess their compliance with the Institutional, Common and the Program Requirements of the ACGME Residency Review Committees in accordance with MAHEC policies and procedures for internal reviews and Section IV of the Institutional Requirements.
INSTITUTIONAL MASTER AFFILIATION & PROGRAM LETTER OF AGREEMENTS
GME POLICY #08

As the sponsoring institution, MAHEC retains responsibility for the quality of GME even when resident/fellow education occurs in other sites. MAHEC and major participating institutions will maintain master affiliation agreements that are in compliance with the Common Program Requirements and the commitment to GME. MAHEC will ensure that each of its programs have established program letters of agreement with its participating sites in compliance with the Common Program Requirements.

Sponsoring institutions and/or major participating sites that are hospitals should be accredited by the Joint Commission; accredited by another entity with reasonably equivalent standards as determined by the Institutional Review Committee (IRC); accredited by another entity granted “deeming authority” for participation in Medicare under federal regulations; certified as comply with the conditions of participation in Medicare set forth in federal regulations; or, recognized by another entity with reasonably equivalent standards as determined by the IRC.

When a Sponsoring Institution or major participating site that is a hospital and is not so accredited or recognized, the Sponsoring Institution must provide an explanation satisfactory to the IRC of why neither has been granted or sought. When a Sponsoring Institution or major participating site that is a hospital loses its accreditation or recognition, the Sponsoring Institution must notify and provide a plan of response to the IRC within 30 days of such loss.

The Sponsoring Institution as well as major participating sites must provide services and develop health care delivery systems to minimize the work of residents that is extraneous to their GME programs’ educational goals and objectives to ensure that the resident/fellow experience is not compromised by excessive reliance on residents/fellows to fulfill non-physician service obligations. These services and systems must include:

a. Provide access to appropriate food services 24 hours a day while on duty in all institutions.

b. Provide adequate and appropriate sleeping quarters that are safe, quiet and private.

c. Provide patient support services, such as, peripheral intravenous access placement, phlebotomy, and laboratory and transporter services must be provided in a manner appropriate to and consistent with educational objectives and quality of patient care.
d. Provide laboratory, pathology, and radiology services that must be in place to support timely and quality patient care.

e. Provide a medical records system that documents the course of each patient’s illness and care that is available at all times and must be adequate to support quality patient care, residents’/fellows’ education, quality assurance activities, and provides a resource for scholarly activity.

f. Provide appropriate security and personal safety measures to residents/fellows at all locations, including but not limited to parking facilities, on call quarters, hospital and institutional grounds, and related facilities.

g. Provide opportunities for residents/fellows to participate on committees and councils whose actions affect their education and/or patient care, including quality assurance programs and reviews of complications and deaths.

h. Work collaboratively with the Program Directors in requesting disciplinary action for any resident/fellow whose performance or failure to abide by any policy, rule, or regulation is determined to be detrimental to patients or the achievement of the program’s goals and objectives.

i. Work collaboratively with programs directors to assure that Program Directors establish and maintain liaison with appropriate personnel who have responsibilities related to the education and patient care activities of residents/fellows and faculty.

The Program Director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all residents, of one month full time equivalent (FTE) or more through the Accreditation Council for Graduate Medical Education (ACGME) Accreditation Data System (ADS). The GME Office will maintain program letters of agreement for each participating institution or clinical site in compliance with the Common Program Requirements. The agreement must:

a. Identify the faculty who will assume educational and supervisory responsibility for the residents/fellows;

b. specify responsibilities for teaching, supervision, and formal evaluation of residents/fellows;

c. specify the duration and content of the educational experience; and,

d. State the policies and procedures that will govern resident/fellow education during the assignment.
SPECIAL REVIEW PROCESS
GME POLICY #42

PURPOSE: To ensure effective oversight of Graduate Medical Education programs by MAHEC via the Designated Institutional Official and the Graduate Medical Education Committee. Specifically, this policy will (1) establish criteria for identifying underperforming training programs and (2) address the procedure to be utilized when a residency/fellowship program undergoes a Special Review.

CRITERIA FOR IDENTIFYING UNDERPERFORMANCE:
Underperformance by a program can be identified through various mechanisms. These may include, but are not limited to:

Deviations from expected results in standard performance indicators:
- Program Attrition
- Significant changes to the program
- Scholarly Activity
- Board Pass Rate
- Clinical Experience
- Resident or Faculty Survey
- ACGME Milestones

ACGME status of continued accreditation with warning or other significant letter of warning from the ACGME

Communications about or complaints against a program indicating potential egregious or substantive noncompliance with the ACGME Common, Specialty/subspecialty-specific Program, and/or Institutional Requirements; or noncompliance with institutional policy;

A program’s inability to demonstrate success in any of the following focus areas:
- Integration of residents/fellows into institution’s Patient Safety Programs;
- Integration of residents/fellows into institution’s Quality Improvement Programs and efforts to reduce Disparities in Health Care Delivery;
- Establishment and implementation of Supervision policies;
- Transitions in Care;
- Duty hours policy and/or fatigue management and mitigation; and
- Education and monitoring of Professionalism

Self-report by a Program Director or Department Chair

PROCEDURE:

1. **Designation:** When a residency/fellowship program has met the established criteria for designation as an underperforming program, the DIO/Chair of the GMEC shall schedule a Special Review. Special Reviews shall occur within 60 days of a program’s designation as underperforming. The Program Director will be notified in writing of this decision.
2. **Special Review Panel:** Each Special Review shall be conducted by a panel including at least one member of the GMEC who shall serve as chair of the panel, one faculty member and one resident/fellow. Additional reviewers may be included on the panel as determined by the DIO. Panel members shall be from within MAHEC but shall not be from the program being reviewed or, if applicable, from its sponsoring program.

3. **Preparation for the Special Review:** The Chair of the Special Review panel, in consultation with the DIO/GMEC and/or other persons as appropriate, shall identify the specific concerns that are to be reviewed as part of the Special review process. Concerns may range from those that broadly encompass the entire operation of the program to single, specific areas of interest. Based on identified concerns, the program being reviewed may be asked to submit documentation that will help the panel gain clarity in its understanding of the identified concerns.

4. **The Special Review:** Materials and data to be used in the review process shall include

   - the ACGME Common, specialty/subspecialty-specific Program, and Institutional requirements in effect at the time of the review;
   - accreditation letters of notification from the most recent ACGME reviews and progress reports sent to the respective RRC;
   - reports from previous internal reviews of the program (if applicable);
   - previous annual program evaluations;
   - results from internal or external resident surveys, if available; and,
   - any other materials the Special Review panel considers necessary and appropriate.

The Special Review panel will conduct interviews with the Program Director, key faculty members, at least one resident from each level of training in the program, and other individuals deemed appropriate by the committee.

5. **Special Review Report:** The Special Review panel shall submit a written report to the DIO and GMEC that includes, at a minimum, a description of the review process and the findings and recommendations of the panel. These shall include a description of the quality improvement goals, any corrective actions designed to address the identified concerns and the process for GMEC monitoring of outcomes. The GMEC may, at its discretion, choose to modify the Special Review Report before accepting a final version.
6. **Monitoring of Outcomes:** The DIO and GMEC shall monitor outcomes of the Special Review process, including actions taken by the program and/or by the institution with special attention to areas of GMEC oversight, including:

- the ACGME accreditation status of the Sponsoring Institution and its ACGME-accredited programs
- the quality of the GME learning and working environment within the Sponsoring Institution, its ACGME-accredited programs, and its participating sites;
- the quality of educational experiences in each ACGME accredited program that lead to measurable achievement of educational outcomes as identified in the ACGME Common and specialty/subspecialty-specific Program Requirements;
- the ACGME-accredited programs’ annual evaluation and improvement activities; and,
- all processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the Sponsoring Institution.

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**ELIGIBILITY, SELECTION & TRANSFER OF APPLICANTS FOR RESIDENCY AND FELLOWSHIP PROGRAMS**

**GME POLICY #05**

**GPR POLICY #04**

To establish an institutional policy regarding applicant resident and fellowship eligibility and selection that meets or exceeds the Institutional, Common Program and specialty/subspecialty-specific Program Requirements of the Accreditation Council for Graduate Medical Education (ACGME) and the Commission on Dental Accreditation (CODA).

**GRADUATE MEDICAL EDUCATION PROGRAMS**

**Residency Applicant Eligibility**

An applicant with one of the following qualification(s) is eligible for selection and appointment to MAHEC’s Graduate Medical Education Residency Programs (GME):

1. A graduate of a medical school in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME);
2. A graduate of a college of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA);
3. An applicant who is a graduate of a non-LCME or AOA approved medical school must meet one of the following qualifications:
   a. have received a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) and must meet the qualifications in the GME 03 policy for International Medical Graduates, prior to the appointment or;
b. have a full and unrestricted license to practice medicine in the State of North Carolina; and

c. completion of one (1) year in an ACGME accredited program is preferred for international medical graduate applicants.

4. A graduate of a non-LCME or AOA approved medical school who has completed a Fifth Pathway program provided by an LCME-accredited medical school.

**Fellowship Applicant Eligibility**

1. Prior to the appointment in the program, fellows appointed to the Sports Medicine Fellowship must have successfully completed an ACGME-accredited residency in Emergency Medicine, Family Medicine, Internal Medicine, Pediatrics, or Physical Medicine and Rehabilitation.

2. Prior to the appointment in the program, fellows appointed to the Hospice and Palliative Medicine Fellowship must have completed an ACGME or AOA – accredited residency program in Anesthesiology, Emergency Medicine, Family Medicine, Internal Medicine, Neurology, Obstetrics and Gynecology, Pediatrics, Physical Medicine and Rehabilitation, Psychiatry, Radiation Oncology or Surgery.

3. Fellows who are appointed to the Geriatric Medicine Fellowship program should have satisfactorily completed an ACGME-accredited residency in Family Medicine, Internal Medicine, or a Family Medicine Residency that has been accredited by the College of Family Physicians in Canada or by the American Osteopathic Association. It is strongly preferred that a fellow complete an ACGME-accredited residency; however if an applicant has not completed an ACGME-accredited residency in the above specialties, it is the responsibility of the Program Director to inform the applicant in writing they may not be eligible to sit for the certification examination for a CAQ. The applicant should be encouraged to contact their primary specialty board for verification.

4. Fellows who are appointed to the Family Medicine OB Fellowship, must have satisfactorily completed an ACGME or AOA- accredited residency in Family Medicine.

**Applicant Selection**

An applicant must have completed a formal application to the GME program, including:

1. Completion of an application form. Applicants for first year positions in the primary residency programs must apply through the Electronic Residency Application Service (ERAS);

2. Submission of academic credentials to include:
   a. A dean’s letter from the applicant’s medical school;
   b. Letters of reference as well as verification of education experience and a summative competency-based performance evaluation; and
   c. Official transcript(s) and other documentation defined in program policies and procedures.

3. A personal statement as defined in program policies and procedures;
4. Other documentation as defined in program policies and procedures;
5. Eligible applicants will have participated in a personal interviewing process as designed by the GME program;
6. The Program Directors will maintain program policies and procedures regarding eligibility and selection of applicants that are in compliance with Institutional and Program Requirements;
7. MAHEC’s GME Programs will participate in the National Resident Matching Program (NRMP) to select qualified applicants for all residency and fellowship programs. Applicants can only be selected “outside the match” if a fellowship does not have a match system or with approval from the DIO.

Resident Transfers
Before accepting a resident who is transferring from another program, the Program Director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring resident. A Program Director must provide timely verification of residency education and summative performance evaluations for residents who leave the program prior to completion.

GENERAL PRACTICE RESIDENCY PROGRAM

Applicant Eligibility
1. Dental applicants must be enrolled in the Match and the Postdoctoral Application Support System (PASS);
2. The Program Director and faculty may establish additional requirements for application materials to be sent directly to the program;
3. Applicants must be in the final year or a graduate of a North American Dental School accredited by CODA; and
4. Applicants must be eligible for a NC State Board of Dental Examiner’s Intern Permit or a full, active, and unencumbered NC Dental License.

Applicant Selection
1. Applicants are eligible to be considered for interviews only when the application is complete and received by the Program Director by the published deadline(s);
2. Competitive applicants who have been selected for interview by the Program Director and/or Resident Selection Committee will be contacted by the program;
3. Eligible applicants will have participated in a personal interviewing process as designed by the GPR program; and
4. The program participates in the Postdoctoral Dental Match Program.

INTERNATIONAL MEDICAL GRADUATES GME

GME POLICY #03

Special laws and regulations apply to international medical graduates who wish to enter the United States to undertake graduate medical education. MAHEC’s policies and procedures regarding graduates of international medical schools comply with federal and state laws and regulations and MAHEC’s commitment to graduate medical education.
Graduates of medical schools outside the United States and Canada must meet the following qualifications:

1. Have a current valid certificate from the Education Commission for Foreign Medical Graduates (ECFMG) prior to appointment.

2. Have a full and unrestricted license to practice medicine in North Carolina or in a US licensing jurisdiction in which they are in training and be eligible for a full and unrestricted license to practice medicine in North Carolina.

The international medical graduate applicant must also possess a current/valid visa (J1) option or other status governed by the US Immigration Regulations to participate in a GME program. MAHEC is not a “sponsor” for visas (i.e. H1B).

Completion of one (1) year in an ACGME accredited program is preferred for international medical graduate applicants. An international medical graduate must complete all other application requirements required by MAHEC and the GME program.

The North Carolina Medical Board requires that physicians who are graduates of schools that are not accredited by the LCME or the AOA (foreign medical schools) must be individually certified by the Educational Commission for Foreign Medical Graduates, have successfully completed at least three years of accredited graduate medical training, and have passed the USMLE or its equivalent to be eligible for application for full licensure.

**RESIDENT CONTRACT/LETTER OF AGREEMENT**

Each Resident Physician will sign a Resident Contract/Letter of Agreement with MAHEC for a period of one year. The renewal of an Agreement of Appointment does not guarantee promotion to the next residency year. Decisions regarding promotion to the next residency year or for graduation from the program are made according to the policy for “Promotion of Residents”, found in this manual. Other related policies also contained in this manual are, “Nonrenewal of a Resident Contract/Letter of Agreement”, and “Fair Hearing for Resident Physician Grievance(s)”.

This agreement is entered into for the purpose of defining the formal and continuing relationship between MAHEC and the Resident Physician during his or her participation in MAHEC’s graduate medical education program and supersedes any prior agreement(s) for the same purpose and covering the same period of time.

Clearly defined in each Agreement of Appointment are the following: the terms of agreement, conditions for employee assistance network, MAHEC’s commitment to graduate medical education, compensation, benefits, Resident Physician’s responsibilities, duty hours, grievance procedures, residency closure/reduction, and non-competitive agreements.
LICENSESING, RENEWALS & CERTIFICATION

Graduate Medical Education Programs
Having a North Carolina Medical License is a requirement of the MAHEC Residency Programs.

Resident Training License
1. Program office provides instructions to incoming residents regarding the NC Medical Board's online application process for obtaining a Resident Training License (RTL).
2. Resident completes the online application, medical school certification, background check, etc. and sends the required application materials to the program office for review. Certain materials are sent directly to the NC Medical Board (EBAHR and AMA).
3. Program office completes the GME Program Office portion of the online applications and forwards all materials to the NC Medical Board for final approval.
4. Once the license is approved, the resident will receive an e-mail that contains the Resident Training License and the Registration Certificate. Please ensure your Program received your Training License. The program reimburses the resident for applicable fees.

Permanent NC Medical License
1. First-year residents apply through the Federation of State Medical Boards to take Step 3 of the USMLE exam. The program office provides application materials to residents and forwards their completed applications to the FSMB along with payment. Exams must be taken and passed before the end of the PGY1 year in order to be promoted to PGY2.
2. Residents are notified of exam dates and make arrangements to take the exam. Once residents receive their USMLE Step 3 pass notification, the program office provides application materials for the full NC Medical License. Residents return completed application materials to the program office for review and forwarding to the NC Medical Board along with payment. Once the application is complete, the average processing time takes between 4-5 months.
3. Resident is notified by the NC Medical Board that their application has been approved and gives the signed notification letter to the program office. The Program Director sends a letter to the Board confirming that the resident has successfully completed the first year of training and is recommended for permanent licensure. Signed notification letter is returned.
4. NC Medical Board reviews approved applications at its July Board Meeting and issues permanent licenses; original is given to the resident and copies are made for program files.

Note: USMLE Step 3 and NC Permanent License applications are only available online.
Renewal of Licenses
1. The program office renews Resident Training Licenses and General Licenses (as applicable) online, with MAHEC paying the appropriate renewal fee.
2. Deadline for renewal is the Resident’s birthday; renewals are required yearly regardless of the date the RTL or permanent license was issued.
3. Resident is given the original of the renewed license and copies are made for program files.

DEA Certification
1. Program office provides instructions on DEA application to residents once they have received their permanent NC Medical License.
2. Resident completes application, returns it to the appropriate person, who submits the application along with payment.
3. Resident is responsible for providing a file copy of DEA certificate to the program coordinator/secretary.
4. Upon completion of the residency program, physicians are required to send written notice of change of their professional address to the DEA office. DEA certificates must be renewed every three years.

For further information regarding licensure, you may contact:
NC Medical Board
PO Box 20007
Raleigh, NC 27619
800-253-9653
www.ncmedboard.org

General Practice Residency Program
Having a Dental License or Intern Permit issued by the NC Board of Dentistry is required.

Intern Permit
1. Residency Coordinator will provide instructions to incoming residents regarding the NC Dental Board’s application process for obtaining a license or intern permit.
2. Residents will complete the application and submit an official copy of dental school transcripts and a passport-size photograph to the NC Dental Board. The transcript MUST be in a sealed school envelope.
3. A letter from the Program Director will be included in the application packet submitted to the Board. ALL attachments MUST be submitted with the application.
4. Residents will be required to complete a written examination(s) administered by the Board.
5. MAHEC will pay the $150 permit fee on behalf of the resident.

For further information regarding the licensure, you may contact:
NC State Board of Dental Examiners
15100 Weston Parkway, Suite 101
Cary, NC 27513
919-678-8223
www.ncdentalboard.org
NONRENEWAL AND RENEWAL OF RESIDENT/FELLOW CONTRACT
GME POLICY #27/30

Graduate Medical Education Programs

Program Director Responsibilities:

1. The renewal of a resident contract/letter of agreement does not guarantee promotion to the next residency year. Decisions regarding promotion to the next residency year or for graduation from the residency program are made by the Program Director and approved by the Graduate Medical Education Committee(s) (GMECs).

2. The Program Director may decide not to renew a resident physician’s contract/letter of agreement at the conclusion of the current contract or postgraduate year. This decision is made in compliance with institutional and program policies and procedures for evaluation of a resident physician’s performance, promotion, and disciplinary action and/or dismissal of a resident physician. The contract/letter of agreement will not be renewed if the resident/fellow does not have a current license from the North Carolina Medical Board.

3. The Program Director will consult with the Designated Institutional Official (DIO) for GME prior to written notification of the intent not to renew the contract/letter of agreement. Prior approval of the President and CEO is required. The GME Office will involve Human Resources in the process.

4. Written notice of the intent not to renew a resident’s contract/letter of agreement should be provided by the Program Director to the resident no later than four (4) months (March 1) prior to the end of the current contract year. However, if the primary reason(s) for the nonrenewal occur(s) within the four months prior to the end of the current contract year, the Program Directors must provide the resident with written notice of the intent not to renew as soon as possible.

5. The resident has the right to initiate the fair hearing process in compliance with institutional and program policies.

6. A resident may voluntarily submit a letter of resignation to the Program Director prior to the termination of the current contract/letter of agreement. If a letter of resignation is submitted as an alternative to a disciplinary process and/or nonrenewal of the resident physician contract, the Program Director follows ACGME requirements for sharing information regarding resident physician performance.

7. If a resident physician has a limited or restricted license from the NCMB, Program Directors will provide a report to the Graduate Medical Education Committee(s) (GMECs) with evidence of changes in the resident roles and responsibilities until the limitation or restriction is removed by the NCMB.

Resident Responsibilities:

1. Each resident will receive an annual resident contract/letter of agreement which outlines the terms and conditions of his or her appointment to the GME program. The resident contract/letter of agreement will contain or reference the
required inclusions for the resident physician contract/letter of agreement in the ACGME Institutional, Common Program, or Program Requirements.

2. Residents must have a current license from the North Carolina Medical Board (NCMB) to be eligible for renewal of the contract/letter of agreement. Each program will maintain a copy of the license in the resident file.

3. When residents receive the new contract/letter of agreement, they will be given a date by which the signed contract/letter of agreement must be returned to the GME Office. The date will be coordinated with away rotations which may require a deadline extension.

4. If a resident does not return the signed contract/letter of agreement by the deadline date, the GME office will notify the Program Director for follow up of the resident’s intent regarding renewal or non renewal.

5. If the intent of the resident is for renewal, a second deadline date for a signed contract/letter of agreement will be established.

6. If this deadline is not met by the resident, the Program Director may interpret this as intent not to renew the contract/letter of agreement and may notify the resident of the interpretation to initiate recruiting to fill the resident’s slot for the new academic year.

General Practice Residency Program

Program Director Responsibilities:

1. If a resident is unable to complete the requirements during the first year or optional second year of the GPR program, the Program Director may decide not to renew the contract/letter of agreement for the resident to return to the program to complete requirements. This decision is made in compliance with institutional and program policies and procedures for evaluation of a resident’s performance and disciplinary action and/or dismissal of a resident.

2. The Program Director will consult with the Designated Institutional Official (DIO) for GME prior to written notification of the intent not to renew the contract/letter of agreement. Prior approval of the President and CEO is required. The GME Office will involve Human Resources in the process.

Resident Responsibilities:

1. The resident has the right to initiate the fair hearing process in compliance with institutional and program policies.

2. A resident may voluntarily submit a letter of resignation to the Program Director prior to the termination of the current contract/letter of agreement. If a letter of resignation is submitted as an alternative to a disciplinary process and/or nonrenewal of the contract, the Program Director follows CODA requirements and any other policies and procedures for letters of reference to another GPR program or place of employment.
PROMOTION OF RESIDENTS

GME POLICY #14
GPR POLICY #11

Graduate Medical Education Programs
Each resident is promoted on the basis of documented evidence that the resident has demonstrated the necessary knowledge, skills, and performance required to progress to the next postgraduate year (PGY) or to graduate from the GME program.

PGY 1 residents must pass USMLE Step 3 before promotion to PGY 2. Program Directors may request a waiver of this requirement by the Designated Institutional Official. Program Directors may implement disciplinary action for a PGY 1 resident who has not passed USMLE Step 3 in accordance with established policies and procedures.

Each resident’s performance is evaluated and documented during the final postgraduate year (PGY) to document that all program specific requirements have been met and that the resident has demonstrated the necessary knowledge, skills, and performance to practice competently. This final evaluation must be part of the resident physician’s permanent record maintained by the institution.

General Practice Residency Program
Two residents may apply for the optional second year of the GPR. Selection and/or promotion to the optional second year are based on the documented evidence that the resident has demonstrated the necessary knowledge, skills, and performance to satisfactorily meet or exceed the requirements of the GPR first year program.

Each resident’s performance is evaluated and documented during the final postgraduate year (PGY) to document that all program specific requirements have been met and that the resident has demonstrated the necessary knowledge, skills, and performance to practice competently. This final evaluation must be part of the resident’s permanent record maintained by the Program Director.

EVALUATION OF RESIDENTS, FELLOWS, FACULTY & PROGRAM

GME POLICY #12
GPR POLICY #05

GRADUATE MEDICAL EDUCATION PROGRAMS
Each residency/fellowship program must demonstrate that it has an effective plan for assessing resident/fellow performance throughout the program and for utilizing the results to improve resident/fellow performance. The program must:
   b. Provide objective assessments of competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice;
   c. Record and demonstrate competence in clinical procedures/skills;
d. Use multiple evaluators (e.g., faculty, peers, patients, self, and other professional staff);

e. Document progressive resident/fellow performance improvement appropriate to educational level; and

f. Provide each resident/fellow with documented semiannual evaluation of performance with feedback.

g. Provide a summative evaluation for each resident/fellow upon completion of the program. This evaluation must become part of the resident’s/fellow’s permanent record maintained by the institution, and must be accessible for review by the resident/fellow.

h. Evaluate and document the resident’s/fellow’s performance during the final period of education and verify that the resident/fellow has demonstrated sufficient competence to enter practice without direct supervision.

At least annually, the program must evaluate faculty performance as it relates to the educational program. These evaluations should include a review of the faculty’s clinical teaching abilities, commitment to the educational program, clinical knowledge, professionalism, and scholarly activities. This evaluation must include at least annual written confidential evaluations by the residents/fellows.

The program must document formal, systematic evaluation of the curriculum at least annually. The program must monitor and track each of the following areas: resident/fellow performance, faculty development, graduate performance, including performance of program graduates on the certification examination; and finally program quality. Residents/fellows and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually. The program must use the results of residents’/fellows’ assessments of the program together with other evaluation results to improve the program.

If deficiencies are found, the program should prepare a written plan of action to document initiatives to improve performance in each area. The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes.

**GENERAL PRACTICE RESIDENCY PROGRAM**

The Program Director is accountable for an effective evaluation system for assessing the resident’s progress towards educational goals and objectives and established competencies throughout the program and for utilizing the results to improve the resident’s performance. The program must:

1. Periodically, but at least three times annually, evaluate and document the resident’s progress towards achieving the program’s goals and objectives of resident training or competencies and proficiencies using appropriate written criteria and procedures.

2. Provide residents with an assessment of their performance after each evaluation. Where deficiencies are noted, corrective actions must be taken.
3. Maintain a personal record of evaluation for each resident that is accessible to the resident and available for review during site visits.

4. Provide a final evaluation for each resident who completes the program. The evaluation must include:
   a. a review of the resident’s performance during the final period of education; and,
   b. verify that the resident has demonstrated sufficient professional ability to practice competently and independently.

5. Maintain the final evaluation as part of the resident’s permanent record maintained by the institution.

While the program may employ evaluation methods that measure a resident’s skill or behavior at a given time, it is expected that the program will, in addition, evaluate the degree to which the resident is making progress toward achieving the specific goals and objectives of resident training or competencies and proficiencies described in each “standard”. The final resident evaluation or final measurement of educational outcomes may count as one of the three evaluations.

**FAIR HEARING FOR RESIDENT/FELLOW GRIEVANCE(S)**

**GME POLICY #13**

**GPR POLICY #07**

MAHEC is the sponsoring institution for ACGME and CODA-accredited training programs. The ACGME/CODA requires that the sponsoring institution provide residents/fellows with a fair, reasonable, and readily available written institutional policy and procedures for grievance and due process. These policies and procedures must minimize conflict of interest by adjudicating parties in addressing:

1. Academic or other disciplinary actions taken against residents that could result in dismissal, non-renewal of a resident's agreement, non-promotion of a resident to the next level of training, or other actions that could significantly threaten a resident's intended career development; and,
2. Adjudication of resident complaints and grievances related to the work environment or issues related to the program or faculty.

Before bringing a grievance regarding either a disciplinary action or a complaint related to the work or educational environment, a resident/fellow should first discuss the matter with the Program Director in his/her training program (unless the grievance is based on an action or inaction of the Residency Program Director) and/or the Designated Institutional Official (DIO) in the Graduate Medical Education Office.

The resident/fellow has the right to withdraw the request for a conference or for the fair hearing at any step of the process. Each step of the conference and/or fair hearing process will be free from restraint, discrimination, or any evidence of retaliatory action against a resident/fellow by any MAHEC employee.
Every reasonable effort will be made to resolve resident complaints and grievances within the GME program.

**PROCEDURES:**

**Step I. Conference with Program Director**
A resident/fellow who faces academic or other disciplinary actions that could result in dismissal, non-renewal of the resident’s/fellow’s agreement, non-promotion to the next level of training, or other actions that could significantly threaten the resident’s intended career development has five (5) working days after receiving written notice of such action to appeal the decision by presenting a written statement of his/her grievance to the Program Director. The Program Director will meet with the resident within five (5) working days after receipt of the resident’s/fellow’s grievance, and after additional necessary discussions with others, will render a decision within 10 days of their meeting.

**Step II. Conference with President and CEO**
If the Step I decision is not satisfactory to the resident/fellow, the resident/fellow may request consideration of the matter by the President and CEO of MAHEC. The request must be presented within five (5) working days after receipt of the Step I decision. The President and CEO shall meet with the resident/fellow within ten (10) working days after receipt of the resident’s/fellow’s grievance, and after additional necessary discussions with others, will render a decision within (ten) 10 days of their meeting.

**Step III. Initiate Fair Hearing Process**
If the Step II decision is not satisfactory to the resident/fellow, the resident/fellow may request a fair hearing. The request must be presented to the President and CEO within five (5) working days after receipt of the Step II decision. The President and CEO will make the final decision on who will be selected for the hearing panel and appoint a chair. The panel will be comprised of seven (7) members. At least one member will be a resident. The panel will not include anyone who has been involved or participated in previous steps, including the President and CEO. The hearing will be scheduled within five (5) working days and no later than ten (10) working days of the appointment of the hearing panel. All parties have the right to call witnesses and/or provide written documentation related to the action(s) taken that led to the fair hearing. Neither party may be represented by legal counsel; however, the parties may consult with legal counsel. Deliberation by the panel will be private and confidential.

Within five (5) working days of the hearing, the chair will provide a written recommendation to the President and CEO. The recommendation must be supported by a majority vote.

The President/CEO will notify the resident/fellow in writing of his or her decision within five (5) working days of receiving the recommendation(s) from the hearing panel. Copies of the written notification will be sent to the DIO, Program and Division Directors, Director of Human Resources, and Chair of the Hearing Panel. The President/CEO’s decision will
be final. The DIO will provide a confidential report of the fair hearing process and the final decision(s) to the GMEC(s).

**DISCIPLINARY ACTION AND/OR DISMISSAL OF A RESIDENT/FELLOW**

**GME POLICY #25**  
**GPR POLICY #06**

MAHEC reserves the right to take disciplinary action and/or dismiss a resident/fellow in keeping with MAHEC employment policies and the policies and procedures adopted by the Graduate Medical Education Committees (GMECs).

MAHEC may elect to discipline or dismiss a resident/fellow due to, but not limited to the following reasons:

1. Academic or professional misconduct  
2. Endangerment of the health or safety of patients, employees, or others  
3. Unsatisfactory performance and/or progress in the GME/GPR program  
4. Abandonment of position/employment or resident responsibilities  
5. Violation of the institutional or program’s policies and procedures  
6. Violation of MAHEC’s employment policies and procedures  
7. Violation of Resident Contract/Letter of Agreement

The Designated Institutional Official and the GME Office must be notified in advance of placing a resident/fellow on probation and must review the written documentation for the probationary period prior to meetings and/or discussions with the resident/fellow. The GME office will involve Human Resources in the process. A signed copy of the written document for the probationary period will be forwarded to the GME Office and Human Resources.

The Program Directors will keep the GME Office informed in a confidential and appropriate manner regarding the resident/fellow progress in meeting the terms of probation, including when the resident/fellow is returned to satisfactory academic standing.

Dismissal of a resident requires consultation with the Designated Institutional Official (DIO) for GME, and prior approval of the President and Chief Executive Officer. The GME Office will involve Human Resources in the process. When a resident/fellow is dismissed, the Resident/Fellow Contract/Letter of Agreement is terminated, and the financial obligation of MAHEC ceases. If circumstances permit, the resident/fellow will be given seven (7) days advance notice in writing from the Program Director.

If a letter of resignation is submitted by the resident/fellow as an alternative to a disciplinary process and/or nonrenewal of the resident/fellow contract, the Program Director follows ACGME/CODA requirements for sharing information regarding resident/fellow performance.
COUNSELING AND SUPPORT SERVICES FOR RESIDENTS/FELLOWS

GME POLICY #11
GPR POLICY #13

Participation in graduate medical and dental education can be stressful. Balancing family, work, relationships and finances may sometimes be overwhelming. Most problems start small. It is common for people to believe they can solve them alone or even think the problems will eventually go away. However, there are times when problems don’t go away with self-care and resident/fellow happiness, ability to sleep, eat and work performance are affected.

POLICY:
MAHEC will facilitate and ensure that residents/fellows have access to appropriate confidential counseling and behavioral health services through the Employee Assistance Program (EAP) or other resources.

DEFINITIONS:

**Self Referral** is a process whereby a resident/fellow seeks assistance through the EAP.

**Formal Referral** is a process whereby a Program Director requests that a resident/fellow go to the EAP for assessment and possible counseling. A Formal Referral is designated for performance related issues. This is for residents/fellows who need counseling or other support to meet personal needs or as a remedial activity to enhance performance in the program.

**Mandatory Referral** is a process whereby a Program Director requires that a resident/fellow go to the EAP. A Mandatory Referral can be used for any number of reasons including the following, any performance issues especially those impacting the safety and quality of patient care activities, when a resident/fellow is at risk for violence, violation of the Drug Free Workplace Policy, or dangerous behaviors. The resident/fellow MUST participate in the referral and complete all recommendations associated with it.

PROCEDURES:

1. **Resident/Fellow Self-Referral**: A resident/fellow may contact the EAP at any time to initiate a referral. The resident is not required to disclose the referral to the Program Director or any faculty member in the program and the EAP will not share any information with MAHEC or the Program unless the resident/fellow authorizes the release of it. If a resident/fellow is referred to or accesses counseling and support services outside the EAP, expenses are the responsibility of the resident/fellow and may be covered by health insurance as provided by MAHEC’s health plan.

2. **Program Director Formal Referral**: The Program Director may approach a resident who appears distressed or is not performing at an appropriate level to suggest a
Formal Referral to the EAP or other counseling services. The Program Director will notify the GME office as soon as possible regarding the referral. The GME office in collaboration with Human Resources will assist with any documentation. The EAP will not share any information with MAHEC or the Program unless the resident/fellow authorizes the release of it.

3. **Program Director Mandatory Referral**: The Program Director or a faculty member may approach a resident/fellow and make a mandatory referral to the EAP when the resident/fellow appears to be at risk for any of the following reasons: performance issues especially those impacting the safety and quality of patient care activities, when a resident/fellow is at risk for violence, violation of the Drug Free Workplace Policy, or dangerous behaviors and make a Mandatory Referral to the EAP.

   a. The resident will be provided written and verbal notification from the Program Director regarding the referral. The notification will include the process for contacting the EAP, the reporting requirements from the resident, and the timeframe when the initial visit must be completed.

   b. The Program Director will notify the GME office as soon as possible regarding the referral. The GME office in collaboration with Human Resources will assist with any documentation.

   c. The only information shared with MAHEC and/or the Program Director is whether the resident/fellow is cooperating with the referral and any recommendations. The resident/fellow can authorize that additional information be shared.

If a Formal or Mandatory Referral results in the resident/fellow seeing a professional outside of the Employee Assistance Program, the costs associated with this assistance will be paid from the program budget and will be subject to the following:

   a. only one (1) initial assessment will be funded for each resident/fellow while enrolled in the GME program;

   b. only direct expenses incurred by the resident/fellow for up to three (3) visits, less insurance reimbursement, may be paid by the program;

   c. the Program Director or his or her designee must approve the use of funds for such purposes;

   d. use of health insurance coverage to defray the cost to the program for the initial assessment is encouraged, but not required. If a resident/fellow chooses not to file for insurance, the resident/fellow is personally responsible for paying the program for the amount that would have been covered by insurance unless waived by the Program Director or his or her designee.

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**IMPAIRMENT**

**GME POLICY #20**

**GPR POLICY #16**

For the purpose of this policy, impairment is defined as inappropriate or excessive substance abuse, including alcohol, that inhibits a resident from providing quality care and/or fulfilling any or all of his or her responsibilities. Illegal use or working under the
influence of (1) alcohol, (2) illicit drugs, or (3) prescription drugs (to the extent that work performance is affected) will not be tolerated and will subject the resident to disciplinary action.

Residents/fellows will abide by MAHEC personnel policies and procedures, including referrals to the Employee Assistance Program, by the policies and procedures related to ACGME Institutional and Program Requirements, CODA standards, and by the policies and procedures of the participating institutions, and other clinical sites, including those related to reporting and investigation, rehabilitation and reinstatement, and emergency intervention. Program Directors have the authority to require an evaluation for a resident’s fitness for return to duty. The cost of the evaluation will be paid by the residency/fellowship program.

An educational program regarding resident impairment, including substance abuse, will be included in orientation for new residents. Additional educational activities will be integrated appropriately into the curriculum for each residency/fellowship.

**PRODUCTIVE WORK ENVIRONMENT**

**GME POLICY #04**

The following policy outlines MAHEC’s policy and procedures for a Productive Work Environment and Mission Statement for a Work Environment Free of Racism and Prejudice (Appendix A). MAHEC is committed to provide an educational and work environment in which residents/fellows may raise and resolve issues without fear of intimidation or retaliation.

The following procedures for policy placement and violations are as follows:

Copies of this policy will be provided to all employees and residents/fellows and available on MAHEC’s intranet page and in the MAHEC employee handbook and residents/fellows in the GME handbook.

Violations of this policy should follow the proper reporting chain of command as outlined in the policy. Disciplinary action for violation of this policy, if appropriate, can be up to and including termination.

**POLICY AND DEFINITIONS**

MAHEC is a productive work environment that is free of harassment and therefore expressly prohibits workplace harassment, hostility in the workplace, quid pro quo harassment, and retaliation. These types of harassment prohibit productivity in the workplace and denigrate the individual. Federal and state guidelines define these terms:

**Workplace Harassment:** Harassment in the workplace is unlawful and is considered to be any verbal or physical contact that denigrates or shows hostility or aversion toward an
individual because of his/her race, color, religion, gender, national origin, age, disability, or genetic information.

**Hostile Work Environment:** A workplace environment that a reasonable person would consider hostile or abusive and one that the particular person who is the object of the harassment perceives to be hostile or abusive. Hostile work environment is determined by looking at all of the circumstances, including the frequency of the allegedly harassing conduct, its severity, whether it is physically threatening or humiliating, and whether it unreasonably interferes with an employee’s work performance.

**Quid Pro Quo:** Harassment that consists of unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct when (1) submission to such conduct is make either explicitly or implicitly a term or condition of an individual’s employment, or (2) submission to or rejection of such conduct by an individual is uses as the basis for employment decisions affecting such individual (3) such conduct has the purpose or effect of unreasonably interfering with an individual’s work performance or creating an intimidating, hostile or offensive working environment.

**Retaliation:** Adverse treatment which occurs because of opposition to unlawful workplace harassment MAHEC acknowledges that harassment, sexual (including same gender) or otherwise, is against the law; and it will not tolerate verbal or physical conduct by any employee or visitor which harasses, disrupts, or interferes with another’s work performance or which creates an intimidating, offensive, or hostile environment.

**REPORTING:**
MAHEC employees have a responsibility to report harassment. Any employee who feels that the actions or words of another employee or visitor constitutes unwelcome harassment has a responsibility to:

1. If possible, let the offending person(s) know you find the actions/words offensive by telling him/her directly or through your Program Director. Be definite in voicing your disapproval.

2. If the unwelcome behavior continues, immediately file a complaint, in writing, with your Program Director or the GME office.

All employees with knowledge of harassment, even those who are not victims or supervisors, have the responsibility to:
Report the violation to their Program Director of the GME office.

**NOTE:** Retaliation for bringing a complaint or testifying in response to a complaint of sexual harassment is also illegal.

Upon receipt of a complaint, the Program Director and the GME Office has the responsibility to:
1. Notify the President/CEO of the complaint. **NOTE:** The President/CEO reserves the right to terminate any employee at any time for cause when, in his/her judgment, the presence of the employee on the premises may be detrimental to the safety and well-being of the personnel or to MAHEC facilities.

2. Make a complete and thorough investigation in as impartial and confidential a manner as possible; and make every reasonable effort to determine the facts and resolve the situation.

3. Provide written documentation of the complaint and the results of the investigation to all parties involved.

If not satisfied with the handling of the complaint or the action of the investigating party, any individual involved in the complaint may then follow MAHEC’s Fair Hearing procedures.

Any employee who, after appropriate investigation, is found to have engaged in harassment of another employee will be subject to appropriate disciplinary action, up and including termination.

**RESIDENT/FELLOWS EDUCATIONAL & PROFESSIONAL ACTIVITIES**

**GME POLICY #17**

**GPR POLICY #09**

Program Directors and teaching faculty will maintain an environment of inquiry and scholarship in which residents/fellows have the opportunity to participate fully in the educational, research, and/or scholarly activities of the Graduate Medical and Dental Education programs, MAHEC, and of the major participating institutions.

Programs must provide effective educational experiences for residents/fellows that lead to measurable achievement of educational outcomes in the ACGME competencies in order for residents/fellows to demonstrate the following:

1. Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health;

2. Medical knowledge about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care;

3. Practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal, and assimilation of scientific evidence, and improvements in patient care;

4. Interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and other health professionals;

5. Professionalism, as manifested through a commitment to carrying out professionals responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population; and,
6. Systems-based practice, as manifested by actions that demonstrate an awareness of responsiveness to the larger context and system for health care and the ability to effectively call on system resources to provide care that is of optimum value.

The GMEC(s) will provide administrative oversight to ensure that each program supports the resident to achieve the following:

1. Understand the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care.
2. Develop a personal program of learning to foster continued professional growth with guidance from the teaching physicians and faculty.
3. Participate fully in the educational and scholarly activities of their program and, as required, assume responsibility for teaching and supervising other residents/fellows and students.
4. Participate in appropriate institutional committees and councils whose actions affect their education and/or patient care.
5. Participate in an educational program regarding physician impairment, including substance abuse and sleep deprivation.

The Sponsoring Institution and program should allocate adequate educational resources to facilitate resident/fellow involvement in scholarly activities.

**RESIDENTS’/FELLOWS’ ORGANIZATION FORUM**

**GME POLICY #28**

**GPR POLICY #24**

The residents/fellows will be provided opportunities to communicate and exchange information on their work environment and their ACGME/CODA-accredited programs. This will occur twice a year and will be facilitated by the GME office. The GME office is available to assist residents/fellows in raising/resolving issues in a confidential and protected manner. The following forums are also available: resident only meetings, resident/faculty meetings, meetings with advisors, meetings with Program Directors. Chief residents will be responsible for bringing issues or concerns to the GMEC.

In addition, chief residents in Family Medicine and Ob-Gyn will communicate on an ongoing basis regarding any issues that impact the cross-over of their programs and residents to include schedules, duty hour issues and educational experience.

Residents nominate and elect their chief resident(s), who will also represent the residents as voting members of the GMEC(s).
**RESIDENT/FELLOW PARTICIPATION IN COMMITTEES**

**GME POLICY #16**
**GPR POLICY #10**

Residents/fellows will have opportunities to participate on appropriate organizational and/or division committees and on committees, councils, and medical staff activities or other activities of the major participating institutions related to their areas of interest and/or whose actions affect their education and/or patient care, including quality assurance activities. Each residency and fellowship must provide effective educational experiences that lead to measurable achievement of educational outcomes in the ACGME competencies.

**MOONLIGHTING**

**GME POLICY #06**
**GME POLICY #25**

Residents and fellows must carefully weigh the implications of patient care activities external to the GME program. Such activities must not interfere with their obligations to MAHEC or to their educational programs or to the duty hours established for residents/fellows in Institutional and Program Requirements.

For the purpose of this policy, patient care activities outside of the program or moonlighting (regardless of the location) are defined as working for compensation outside of and in addition to fulfilling the responsibilities of a resident in the residency programs. Residents and fellows are not required to engage in moonlighting.

**POLICY:**

Because residency education is a full-time endeavor, the Program Director must ensure that moonlighting does not interfere with the ability of the resident/fellow to achieve the goals and objectives of the educational program and that moonlighting is in compliance with Institutional and Program Requirements regarding duty hours.

The Program Director must comply with the sponsoring institution’s written policies and procedures regarding moonlighting, (see MAHEC policy, 3.HR.1013 Outside Employment). Moonlighting must not interfere with fulfilling the responsibilities of a resident/fellow in the training program.

Time spent by residents in Internal and External Moonlighting must be counted towards the 80-hour maximum weekly hour limit. PGY1 residents are not permitted to moonlight. Moonlighting is NOT allowed when the resident is either on service or on call for a service, including when the resident is on call and not required to be in the clinical setting.

The Program Director must approve a resident’s/fellow’s request to moonlight in advance of any work that is considered moonlighting or any commitment by a resident/fellow to
begin moonlighting. The resident's/fellow’s performance will be monitored for the effect of these activities and adverse effects may lead to withdrawal of permission. Violations of this policy, including not requesting approval for moonlighting for residents/fellows, may result in disciplinary action, including loss of moonlighting privileges, suspension, or dismissal from the Program.

Permission to moonlight will be withdrawn by the Program Director for a resident/fellow who is on probation or for whom any disciplinary action has been implemented. The Program Director has the discretion to withhold or withdraw consent for moonlighting for any other reason. If this should occur, the Program Director will notify the Department of GME in writing of the reasons for the action and the date that approval was withheld or withdrawn.

**MAHEC does not provide professional liability insurance coverage for moonlighting.**

**PROCEDURES:**

1. To qualify for moonlighting, the resident/fellow must have:
   a. successfully completed the first post graduate year (PGY1) of the GME program;
   b. an active, unencumbered license to practice medicine/dentistry granted by the North Carolina Medical/Dental Board, allowing for unsupervised practice;
   c. a valid Drug Enforcement Administration (DEA) number, not just the prefix for the major participating institution or other clinical site DEA number; and
   d. an approved Letter of Notification form from the Program Director.
2. Prior approval for moonlighting must be obtained from the Program Director for a specific clinical site, using forms provided for moonlighting with copies of licensure, DEA number, and any other required documentation.
3. Residents/fellows must complete the application regarding the amount of hours and/or shifts for an estimate of the amount of time spent in moonlighting activities.
4. Resident/fellows must update the Outside Employment form and submit to MAHEC HR.
5. Any change in the clinical site requires separate prior approval from the Program Director.
6. Residents/fellows must re-apply for approval for a clinical site on an annual basis.
7. Program Directors will keep the written approval to moonlight in the resident’s/fellow’s file.
8. Program Directors are responsible for compliance with ACGME & CODA Institutional and Program Requirements and MAHEC’s policies and procedures, including those established by the Graduate Medical Education Committee(s) (GMECs) activities.
9. When Institutional and/or Program Requirements regarding moonlighting are revised, the Designated Institutional Official (DIO) and Program Directors are responsible for reviewing the MAHEC’s policies and procedures and recommending revisions to maintain compliance.
10. Program Directors are responsible for evaluating the appropriateness of a moonlighting request.
11. A copy of all documentation will be forwarded to the Department of GME and kept in the resident’s/fellow’s program files.
12. Institutions hiring the resident/fellow to moonlight must ensure that licensure is in place, adequate liability coverage is provided, and the resident/fellow has appropriate training and skills to carry out duties.

**LEAVE OF ABSENCE FOR RESIDENTS/FELLOWS**

**GME POLICY #07**

**GPR POLICY #28**

The Program Directors in consultation with the GME Office & Human Resources will be responsible for maintaining this policy and reporting to the GMEC for oversight.

**POLICY:** Documentation of a resident’s/fellow’s absences will be maintained by the programs and reviewed periodically by the GMECs. Human Resources may require that specific forms be used for documentation. Every absence from the program will be documented, and the programs will monitor the totals to determine if there is a need to extend a resident’s/fellow’s completion date in order to maintain his/her board eligibility as outlined below and as outlined by the requirements of the Geriatric Fellowship and eligibility for a Certificate of Added Qualification (CAQ).

**PTO, Illness, and Other Short-Term Absences**

Residents are expected to perform their duties as resident physicians for a minimum period of eleven months each calendar year. Therefore, absence from the program for PTO, illness, personal business, leave, etc., must not exceed a combined total of one (1) month per academic year. The Board interprets 30 calendar days as 21 working days. Absence from residency education, in excess of one month within any PGY academic year must be made up before the resident advances to the next training level, and the time must be added to the projected date of completion of the required 36 months of training.

PTO balances will not rollover from one contract year to another. Annual PTO days must be taken in the year of the service for which the PTO is granted. No two PTO periods may be concurrent (e.g., last month of the PGY-2 year and first month of the PGY-3 year in sequence) and a resident does not have the option of reducing the total time required for residency (36 calendar months) by relinquishing PTO time (unless authorized by Human Resources and GME due to extenuating circumstances related to medical leave).

Time away from the residency program for educational purposes, such as workshops or continuing medical education activities, are not counted in the general limitation on absences. This time away is approved and granted by the Program Director’s discretion.

Outlined below are the leaves of absence or time away from the program allowed by MAHEC. However, time away from the residency program in accordance with these
policies may exceed the guidelines set out by the American Board of Family Medicine or the American Board of Obstetrics and Gynecology RESULTING IN THE NEED TO EXTEND THE LENGTH OF THE RESIDENCY PROGRAM. Consultation with the Program Director is required prior to taking any leave.

**Leave of Absences (types):**

**PTO**
Scheduling of PTO will require approval by Program Directors. Residents/fellows should refer to the time allotted in their resident contract. There is no pay-out of unused PTO leave when a resident leaves/completes the program or from PGY contract years.

**PGY1 and PGY2 – Receive 10 PTO Days**
**PGY3, PGY4 and PGY5 – Receive 15 PTO Days**
*(Fellows are considered PGY4s)*

**Holiday**
Due to hospital coverage and rotations, residents/fellows do not follow the same holiday guidelines as other MAHEC employees. The programs are responsible for evenly distributing work hours during holiday times and documenting when holiday time is taken and is in compliance with Institutional and Program Requirements for duty hours. If a resident/fellow is required to work on a holiday but receives other time off, this should be documented also. There is no pay-out of unused PTO leave when a resident leaves/completes the program or from PGY contract years.

**Sick Leave**
Residents and Fellows receive nine (9) days per fiscal year of sick leave to be used for illness, injury or eligible conditions. There is no pay-out of unused PTO leave when a resident leaves/completes the program or from PGY contract years.

**Family Medical Leave Act of 1993 (FMLA)**
Employees who have been employed with MAHEC for at least twelve months and at least 1,250 hours during the prior twelve months may take up to twelve weeks of leave in any 12 month period, said 12 month period being defined as a rolling 12 month period measured forward from the date an employee first uses any FMLA leave, for the following reasons:

1. birth and/or care of a child of the resident;
2. placement of a child into the resident’s family by adoption or by a foster care arrangement;
3. in order to care for the resident’s spouse, child or parent who has a serious health condition;
4. a serious health condition which renders the resident unable to perform the functions of the resident’s position;
5. any “qualifying exigency” arising from the foreign deployment of the employee’s spouse, son, daughter, or parent with the Armed Forces, or to care for a service member with a serious injury or illness if the employee is the service member’s
spouse, son, daughter, parent or next of kin.

6. up to a total of 26 workweeks of unpaid, job-protected leave during a “single12-month period” to care for a covered service member with a serious injury or illness. The employee must be the spouse, son, daughter, parent, or next of kin of the covered service member.

If both spouses are employed by MAHEC, the combined leave shall not exceed twelve weeks in regard to reasons 1 through 3 listed above.

**All FMLA requests must go through the Human Resource office (who will notify the GME office).** In the case of leave for the birth or placement of a child, intermittent leave or working a reduced number of hours must be recommended by the Program Director and approved by the GME office prior to implementation of a reduced number of work hours.

While on intermittent FMLA leave, the Resident will receive prorated pay based on their actual hours worked.

In the case of leave for serious health conditions, the leave may be taken intermittently or on a reduced hourly basis only if such leave is medically necessary as determined by FMLA certification by health care providers and approved by the Program Director, Human Resource office and GME office prior to the implementation of the leave or a reduced number of work hours.

During a FMLA leave, MAHEC will continue to pay its portion of the health insurance premiums, and the resident physician must continue to pay his/her portion. Failure to do so may result in loss of coverage.

If the resident physician does not return to the program after the expiration of the leave (FMLA), he/she will be required to reimburse MAHEC for payment of health insurance premiums during the family leave, unless he/she does not return because of the presence of a serious health condition which prevents him/her from resuming the program, or there are circumstances beyond his or her control. For that portion of FMLA leave which is **paid**, MAHEC will continue the standard practice of collecting these premiums through payroll deduction.

For that portion of approved FMLA leave which is **unpaid**, MAHEC will invoice the resident physician for premiums at the same active employee rates. Should the resident not return to work after the approved FMLA leave and is on approved unpaid leave of absence, premiums will remain at the active employee rate for the remainder of the pay period in which they return to work. Thereafter, the premiums will be the full cost.
Resident physicians who return to work from family leave of absence on or before the expiration of the twelve weeks are entitled to return to their position without loss of benefits or pay. However, Specialty Board Requirements may call for extending a program year before promotion or graduation.

Formal application for FMLA leave should be submitted to the GME Office and Human Resources at least thirty calendar days before the leave is to commence, or as soon as possible if thirty days’ notice is not possible. Human Resources will provide the necessary forms for completion. Resident physicians requesting FMLA leave due to their own serious health condition must provide MAHEC with a FMLA physician’s certification substantiating that their condition renders them unable to perform the functions of their position. If taking more than 40 hours of FMLA leave, resident physicians must also provide MAHEC with a status update from their treating physician(s) if applicable, every thirty days. Any resident physician taking any FMLA leave due to his/her own serious health condition must obtain and present MAHEC with certification from his/her treating physician(s) that he/she is able to resume work.

Other Time Off From Work
Additional reasons for time off from work must also be reported and approved by the Program Director.

A resident on approved unpaid leave absence will continue to pay the active employee rates for benefits for the remainder of the pay period in which the Resident returns to work. After this period on unpaid leave of absence, the resident will have to pay the full cost of employee and/or spouse and/or dependent benefit premiums. The resident will be billed for premiums while on unpaid status.

Educational Leave
Residents have the opportunity to have time away for educational purposes. It is up to the Program Director or his designee to approve the days. Approved educational leave days are not counted in the general limitation on absences.

MAHEC PROCEDURES: The Program Directors approve leaves of absence in relation to ACGME Institutional and Program Requirements, CODA and the policies, procedures, and guidelines for board eligibility. The GMECs provide institutional oversight for compliance with this policy. Requests for leaves of absence will be coordinated between the GME Office and Human Resources. The program will maintain all documentation of leaves of absence and forward copies to the GME Office. Employment benefits during leaves of absence will be arranged by Human Resources in keeping with federal and state laws, rules, and regulations and with employment policies.
**Program Responsibility:**

1. Programs must document the following leaves of absence by residents/fellows:
   - PTO (paid time off)
   - Holiday
   - Sick Leave
   - FMLA

2. Programs must notify the GME and Human Resource Office **in advance and obtain prior approval** when possible, for the following leave of absences by residents:
   - FMLA leave

3. Programs must notify the GME and Human Resource Office for:
   - A resident/fellow who is leaving the program prior to graduation and has taken more sick leave than allotted;
   - Any extension or lengthening of a resident’s/fellow’s program year.

4. The designated institutional officer for GME is responsible for securing GMEC approval when required.

**Program Directors will notify the GME Office when a resident must extend time in the program to meet board eligibility requirements.**

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**American Board of Family Medicine Guidelines**

The requirements for continuity of care and the Family Medicine Center (FMC) experience are defined by the ACGME in its "Program Requirements for Graduate Medical Education in Family Medicine." A resident is expected to be assigned to one FMC for all three years, but at least throughout the second and third years of training. The total patient visits in the FMC must be met, and residents must be scheduled to see patients in the FMC for a minimum of 40 weeks during each year of training.

**American Board of Obstetrics and Gynecology Guidelines**

If, within the four years of graduate medical education, the total of such leaves and PTO, for any reason, (e.g., PTO, sick leave, maternity or paternity leave, or personal leave) exceeds eight (8) weeks in any of the first three years of graduate training, or six (6) weeks during the fourth graduate year, or a total of twenty (20) weeks over the four years of residency, the required four years of graduate medical education must be extended for the duration of time the individual was absent in excess of either eight (8) weeks in years one-three (1-3), or six (6) weeks in the fourth year, or a total of twenty (20) weeks for the four years of graduate medical education.

**Commission on Dental Accreditation**

There are no written requirements from CODA regarding leaves of absences. They may be granted to residents at the discretion of the Program Director in accordance with institutional policies. The institution must ensure that residents have met each of the standards established in order to grant a certificate at the end of the training.
MEDICARE SUPERVISION
GME POLICY #19

MAHEC will provide faculty supervision of Medicare patients assigned to Resident Physicians as outlined by state and federal laws.

SUPERVISION OF A RESIDENT/FELLOW
GME POLICY #22

GRADUATE MEDICAL EDUCATION PROGRAMS

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.

This information should be available to residents, fellows, faculty members, and patients. Residents, fellows and faculty members should inform patients of their respective roles in each patient’s care. The program must demonstrate that the appropriate level of supervision is in place for all residents and fellows who care for patients.

Supervision may be exercised through a variety of methods. Some activities require the physical presence of the supervising faculty member. 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/fellow can be adequately supervised by the immediate availability of the supervising faculty member or resident/fellow, either in the institution, or by means of telephonic and/or electronic modalities. In some circumstances, supervision may include post-hoc review of resident/fellow delivered care with feedback as to the appropriateness of that care.

Levels of Supervision

To ensure oversight of resident supervision and graded authority and responsibility, the program must use the following classification of supervision:

Direct Supervision – the supervising physician is physically present with the resident/fellow and patient.

Indirect Supervision with direct supervision immediately available – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.

Indirect Supervision with direct supervision being available, the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephone and/or electronic modalities, and is available to provide Direct Supervision.

Oversight – The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.
The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident/fellow must be assigned by the Program Director and faculty members.

The Program Director must establish a system that evaluates each resident’s/fellow’s abilities based on specific criteria. When available, evaluation should be guided by specific national standards-based criteria.

Faculty members functioning as supervising physicians should delegate portions of care to residents/fellows, based on the needs of the patient and the skills of the residents. Senior residents or fellows should serve in a supervisory role of 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.

Programs must set 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.

Each resident/fellow must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence. In particular, PGY-1 residents should be supervised either directly or indirectly with direct supervision immediately available.

Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each resident/fellow and delegate to him/her the appropriate level of patient care authority and responsibility.

The clinical responsibilities for each resident/fellow must be based on PGY-level, patient safety, resident education, severity and complexity of patient illness/condition and available support services. Supervising faculty are responsible for determining when a resident/fellow is unable to function at the level required to provide safe, high quality care to assigned patients and must have the authority to adjust assigned duty hours and other responsibilities as necessary.

GENERAL PRACTICE RESIDENCY PROGRAM
A faculty member must be present in the dental clinic for consultation, supervision and active teaching when residents are treating patients in scheduled clinics sessions. This Standard applies not only to clinic sessions, but to any location or situation where residents are treating patients in scheduled sessions.
RESIDENT/FELLOW FILES - CONTENT, ACCESS & RETENTION
GME POLICY #31
GPR POLICY #22

The Program Directors of MAHEC graduate medical and dental education programs will maintain a file for each resident/fellow separate from the files in and maintained by Human Resources.

Any disclosure or destruction of resident/fellow files that are not authorized by specific policies and procedures may lead to serious disciplinary action, including immediate termination.

Materials should be kept in the resident/fellow file that will support the educational process of the resident/fellow and the program. Resident/fellow files maintained by the Program Director are to be regarded as confidential and labeled as such. The Program Director will have the responsibility of seeing that the files are stored in a secure location.

**File Content**

1. Written evaluations from the faculty and others
2. Periodic evaluations by the Program Director and evaluation committee
3. Records of resident rotations, and other training experiences, including training procedures
4. Records of disciplinary actions
5. Materials required by ACGME/CODA institutional and special program requirements
6. Other records determined by the Program Director

**Access of File**

The Program Director and the Designated Institutional Official (DIO) may use their discretion in disclosing the contents of the file, in accordance with the MAHEC Confidentiality Policy, and state and federal regulations. Any questions in regards to the legality of the disclosure should be referred to MAHEC Risk Management. The Program Director may determine that the file, or portions of the file, need(s) to be disclosed for reasons relating to the education of the resident, the quality of education in the program, or the quality of patient care in the program or pertaining to Peer Review. The Program Director and the Designated Institutional Official (DIO) may also disclose the file, or portions of the file, to others as authorized in writing by the resident.

Since the resident/fellow files are confidential documents, they will not be released except as required by federal or state law, rules, or regulations.

**Retention of File**

For residents/fellows who will be recommended for Board certification, the following will be retained permanently:

1. A summation of evaluations
2. Records of resident physician’s rotations, training experiences and procedures
3. Records of disciplinary action
4. Other records per the Program Director
5. Materials required by ACGME/CODA Institutional and Program requirements

For residents who do not complete the program or who are not recommended for Board certification, the entire file will be maintained as a permanent record.

RESIDENT/FELLOW ANONYMOUS EVALUATION OF COMPLIANCE WITH INSTITUTIONAL AND PROGRAM REQUIREMENTS

GME POLICY #15
GPR POLICY #14

At least annually, residents will complete a confidential, written evaluation of MAHEC as the sponsoring institution and the GME program for compliance with ACGME and CODA Institutional and Program requirements.

Residents will complete an annual written evaluation for compliance with Institutional and Program requirements. Program Directors may implement additional opportunities for confidential, written evaluations by residents of the teaching physicians and the program as desired and/or required by ACGME and CODA requirements.

Personal Appearance

MAHEC Residents are expected to comply with hospital dress codes when working in the hospitals. Refer to their Policies and Procedures.

DRESS CODE FOR WORK AT THE HOSPITAL ON THE OB/GYN TEACHING SERVICES

NOTE: Appropriate professional attire is required at all times. It also has to be in compliance with OSHA Standards with identification visible at all times. Scrubs with white coat may be worn to Monday afternoon procedure clinic and when rotating on urodynamics.

Please make an effort to keep lab coats clean at all times.
PERSONAL APPEARANCE

Dress, grooming, and personal hygiene standards contribute to the morale of all employees and affect the business image we present to customers and visitors (refer to MAHEC policy, 3, 3.HR.1020 Personal Appearance Policy).

It is the policy of MAHEC that each employee’s dress, grooming, and personal hygiene should be appropriate to the work situation. During business hours, employees are expected to present a professional image to customers and visitors. Certain employees may be required to meet special dress, grooming, and/or hygiene standards depending on the nature of their job. Consult your supervisor or department/division director if you have questions as to what constitutes appropriate attire. MAHEC will purchase residents for (1) lab coats (2 for General Surgery Residents), with the MAHEC emblem.

General Surgery Residents - Dress and Appearance Standards

PURPOSE: To ensure that all staff members follow general guidelines regarding personal appearance and dress while on duty. Individual departments incorporate these guidelines into departmental dress codes that may add other elements to assure compliance with safety regulations. Our patients, physicians, fellow workers, and visitors expect professional attire.

IDENTIFICATION: A Mission Hospital identification badge, with the employee’s photograph and appropriate title, will be worn by each employee while on hospital premises. This ID badge should in no way interfere with patient care nor jeopardize aseptic technique. Identification badges are worn in clear sight above the waist with name, title, and picture clearly visible.

Hygiene:
1. Good personal hygiene shall be observed. The body shall be clean/free of body odor and/or strong fragrances.
2. Hand washing or hospital approved disinfectant is required between patients and when they become soiled or when gloves have been removed.
3. Fingernails are kept clean, well-cared for, and no longer than ¼ inch from fingertip in length. Artificial and long natural fingernails are not permitted for those providing direct patient care. The definition of artificial fingernails includes, but is not limited to, acrylic nails, all overlays, tips, bonding’s, extensions, tapes, inlays, and wraps. Nail jewelry is not permitted. Nail polish, if worn, is well maintained. Chipped nail polish is not allowed.

POLICY: Surgical attire is worn to promote cleanliness, surgical consciousness and professionalism within the surgical environment.

“Surgical Attire” includes scrub clothes, hair coverings, mask, protective eyewear, and other protective garments, provide a barrier to contamination that may pass from personnel to patient as well as from patient to personnel.
**Personal Protection Equipment:**
1. Hats/head covers: All head and facial hair must be completely covered. All cloth hats must be covered with a disposable hair cover. All disposable head covers will be removed when leaving the operating room suite.
2. Masks: Disposable masks must be worn in restricted areas and applied to prevent "venting". The mouth and nose should be completely covered. Masks should be changed when they become moist or soiled or if leaving the O.R. suite and restricted area.
3. Shoe Covers: Fluid-resistant shoe covers should be worn when it is anticipated that splashes or spills may occur. If shoe covers are worn, they should be changed whenever they become torn, wet, or soiled, and they should be removed and discarded in a designated container before leaving the surgical area.
4. Eyewear and Gloves: Gloves and protective eyewear or face shields shall be worn by all operating room personnel when performing duties that require direct patient contact or contact with contaminated items. Gloves and protective eyewear should be changed after such contacts and before exiting the room.

**Regulations and Definitions:**
Identification badge is to be worn at all times while on duty unless specifically authorized not to do so.
1. Scrubs: All persons entering semi-restricted and restricted areas of the operating room must be dressed in clean Mission Hospital surgical attire. Scrub clothes must be clean at all times. They are to be changed when soiled by blood, body fluids, excessive betadine, food or following documented isolation cases.
2. Cloth Hats: All cloth hats must be covered with a disposable head cover. Cloth hats must be laundered daily.
3. Shoes: Shoes worn within the surgical environment should be clean with no visible soiling and should provide protection. Open-toe shoes should not be worn. Vented shoes should be covered by fluid-resistant shoe covers when it is anticipated that splashes or spills may occur.
4. Jewelry: All scrub personnel entering the semi-restricted and restricted areas of the surgical suite are required to have all jewelry removed or confined, including dangle earrings or large beaded/dangle necklaces.

**MARGARET R. PARDEE MEMORIAL HOSPITAL**
**DRESS CODE POLICY STATEMENT**

**POLICY:** Henderson County Hospital Corporation dba Margaret R. Pardee Memorial Hospital (Pardee) including all entities owned and operated by Pardee is committed to its responsibility of providing high quality patient care and an exceptional patient experience. Therefore, Pardee establishes and maintain an environment of dress that reflects quality care, professionalism and a spirit of service and hospitality. The overall dress, grooming, and personal appearance of each team member help to create this environment. Accordingly, team members are expected
to be neat, clean, and properly groomed in a manner that is safe and appropriate for the work they perform and to reflect a high level of professionalism, competence and caring.

The provisions set forth in this policy apply to all Pardee team members and are supplemented by any individual department dress code policies, which may match or exceed the minimum standards indicated by this policy.

**OBJECTIVE:**

The organization recognizes that the personal appearance of the organization’s team members is reflective of the high level of competency and professionalism of the organization. It is the intent of this Policy to provide standards of dress, grooming and overall personal appearance for team members.

**RESPONSIBILITY:**

Vice President, Human Resources and Service Excellence

**COMPLIANCE:**

1. Each department manager/supervisor is responsible for regularly and fairly enforcing this policy and any department policy. Team members are also responsible for self-compliance. Any team member found in violation of this established policy will be unscheduled from work and sent home to change dress/grooming. Hospital scrubs will not be issued to team members who arrive to work inappropriately dressed. The team member will not be paid for anytime away from his/her department if asked to go home to change as a consequence of their failure to dress properly.

2. Repeated violations will be subject to progressive discipline, up to and including termination for cause.

**PROCEDURE:**

**GENERAL (CLINICAL & NON-CLINICAL)**

1. All team members are provided with and are required to wear a photo identification badge provided by Pardee. These identification badges are to be worn on the front of the body, above the waist, with photograph and name plainly visible. Please refer to the Identification of Staff Policy.

**TEAM MEMBER ID BADGE**

2. Overall, personal grooming must be neat and within the standards generally observed in a professional business environment. In all cases, cleanliness and good hygiene is expected on a daily basis.

- Fingernails must be clean, neatly trimmed, and filed to avoid
injuring patients or other team members. Fingernail polish in conservative colors may be worn. Extremely long, chipped or bright fingernail polish or busy designs are not permitted. Artificial nails are prohibited in clinical or patient areas due to safety issues.

- Makeup should enhance ones appearance, not distract from it. Make-up must appear professional and natural and should be conservative in styles and colors. Frosted, bright colored eye shadow (i.e., bright green, purple, pink, etc.), bright or excessively dark, thick eye liner worn under the eye or on top of the eyelid is not allowed.

3. Recognizing that scents, including but not limited to, body odor, smoke, perfume, lotion, cologne, and after-shave, may trigger an adverse health reaction to individuals who suffer from various respiratory conditions and illnesses, the use of fragrances is strictly governed by the organization’s No Scent Policy.

4. Hair styles and color should be conservative and conform to the best business and professional standards that are established by the organization and individual departments. Unnatural hair color or bold, trendy hairstyles are not permitted. Long hair must be properly styled or restrained so as not to interfere with patient care. Men with a beard or mustache must make sure they are neat, trimmed, and well groomed. Nose and ear hair must be trimmed and maintained.

5. Jewelry should be conservative and professional in appearance. Any jewelry worn must not interfere with the ability to perform one’s job. For the safety of patients and team members, those who have direct patient contact should not wear the following items: long, dangling or hoop earrings, bright accessories, loud bracelets or any other inappropriate jewelry that may present a distraction to team members or danger to patients.

6. No visible body piercing is allowed except for ears (limit of two per year). The wearing of all other piercing accessories on the face/body (including tongue) visible to the public is not allowed, except for bona fide religious or cultural reasons. The wearing of ear stretchers, ear plugs or ear tapers is not allowed.

7. In keeping with a professional image, all tattoos or body art must be kept covered while at work. See Human Resources for tattoo cover options.
BUSINESS DRESS

MODESTY

1. Appropriate undergarments must be worn underneath acceptable attire to conceal the body. Undergarments should not be visible under clothing. Bright or textured undergarments worn under see-through fabric is not permitted.

Tops that reveal the abdomen when standing, lifting or bending over are prohibited. Tube tops, belly tops, sheer or body-hugging clothing and any clothing that allows visibility of chest cleavage, midriff and underarms or any other part of the body that would reasonably be considered inappropriate.

Skirts and dresses should not be greater than 3 inches above the top of the knee (including slits). The upper thigh should be covered when sitting down in a skirt or dress.

CLOTHING FIT & MAINTENANCE

2. Clothing must be clean, free from stains, fading, and odor, neatly maintained, and in good repair. Torn or ripped clothing such as pant hemlines is not acceptable. Excessively tight-fitting or baggy clothing is unprofessional and not permitted.

ACCEPTABLE CLOTHING

Clothing that is made of quality fabric, conservative colors and moderate styles are acceptable. Tops, blouses, vests, sweaters, and jackets should fit well and maintain a crisp, professional appearance throughout the day. Dresses, skirts, ankle-length slacks and jumpers are also acceptable business attire. Refer to the Avidere Dress Distinction Chart for appropriate, professional business attire examples.

UNACCEPTABLE CLOTHING

3. In an effort to provide clarity on items that are not considered to be approved attire, the following items should not be worn:

i) Logo T-shirts, hoodie sweat shirts, sequined tops and spaghetti-strap, sleeveless, or lacy camisole tops and dresses, or ties with offensive prints are not permitted.

ii) Any pant shorter than ankle-length (i.e. all pants must be at or below the ankle), skorts, shorts, sweat pants, denim or leather pants, and spandex yoga or athletic type clothing (unless for bona fide occupational reasons). Baggy pants that are worn below the hips or that expose undergarments. Shrunken or tight pants of any kind. Pants may not pull tight up and around the bottom, legs or abdomen areas.
iii) Extreme fashion trends including excessively bright colors, cartoon or bold prints, and revealing clothing.

iv) Hats are not appropriate to be worn on the job except for bona fide reasons including medical, religious, and job-related. Only hats provided by Pardee are acceptable.

v) Inappropriate footwear as dictated by safety regulations. Open toe shoes of any kind (including sandals), slippers, or bare feet. Flip-flops of any kind including thong-style flip-flops, beachwear flip-flops, yoga flip-flops, etc.

vi) Any immodest or unkempt clothing. See Clothing Fit & Maintenance and Modesty

vii) above.

FOOTWEAR

4. Team members are expected to wear footwear that is clean, odor free, safe, durable, meets the high professional standards of the organization, and is consistent with the physical demands of the job.

CLINICAL AREA:

The following standards are to be upheld in patient care areas. Patient care areas include any area in which patients are present for clinical reasons. This includes the entrance to any unit or clinic, nursing stations, patient rooms, and reception/waiting areas.

GENERAL/GROOMING

1. Compliance with all procedures outlined in the General Appearance category above including grooming, hairstyle and facial hair, body aroma, jewelry and body piercing, tattoos and footwear.

UNIFORM TYPE

2. Clinical staff will wear approved scrubs as identified on the attached Addendum. Only team members having standardized uniform scrubs based on their job description and as identified on the attached Addendum are allowed to wear scrubs.

LAYERING

3. Clinical staff may layer a neutral, solid colored shirt underneath approved scrub tops. Layering of clothing over scrub tops in the clinical area is to be with approved scrub cover only such as a color-coordinated warm-up jacket or lab coat, as deemed appropriate for each department and clinical position.
FOOTWEAR

4. Acceptable shoes in the clinical setting include: shoes that meet your requirements in terms of comfort and that are neither dirty, unkempt, overly bright nor fluorescent. Athletic shoes color matching shoe laces are allowed for nursing staff and those in clinical areas only. Croc-like clogs and flip-flops are not considered appropriate business or clinical attire and are not allowed. For safety purposes, all team members providing direct patient care or specimen handling must wear close toed and closed heel shoes.

UNIFORM FIT & MAINTENANCE

5. Scrubs should fit comfortably and not tightly hug the body, or reveal any body areas when bending or stretching. Scrub bottoms should not drag on the floor or under shoes. Faded, dirty, shrunken, torn, stained or wrinkled scrubs are not permitted. Scrub tops and bottoms are to be color coordinated as defined for each clinical department.

REFERENCES:

1. Specific Departmental Uniform Policies
2. Avidere Dress Distinction Chart for appropriate, professional business attire examples
3. The Power of Image DVD training
4. No Scent Policy #PE-Ec049
5. Uniform Addendum #SM-Hr015A

MARGARET R. PARDEE MEMORIAL HOSPITAL
RESIDENT PHYSICIAN MEAL POLICY STATEMENT

Margaret R. Pardee Memorial Hospital will strive to support the Family Medicine Residency Program that will address the community’s need for primary care physicians. One form of support Margaret R. Pardee Memorial Hospital will provide will be in the form of a reasonable allowance for meals while the Resident Physicians are on duty in the hospital.

The procedure to be followed by each Resident Physician is as follows:

1. Meals will be provided while on duty in the hospital free of charge. Meals are provided for the Resident only, not for family members or friends.
2. The Resident Physicians will identify themselves to the Dietary Cashier and must provide appropriate identification each time.
Completion of Medical Records
Members of the medical staff are expected to complete all of his/her medical records at least every two weeks. In an effort to make this regulation as convenient to the practitioner as possible, it is very important that all practitioners' incomplete records be made available to him/her at each visit to Medical Records. Practitioners should contact Medical Records of his/her intention to complete records so they can be adequately pulled.

Delinquent Medical Records
Medical Staff members who do not complete all his/her records in a two week period will be notified by Medical Records according to their stated preference. The practitioner will be notified to complete his/her records within three working days. If all records are not completed within the prescribed timeframe, practitioner is considered delinquent. The practitioner will be notified of the delinquency, the date, time and name of the person notified of the delinquency will be recorded.

If the practitioner has delinquent records twice in a quarter (regardless of the reason) he/she will received a certified letter of notice to appear before the Medical Executive Committee (MEC) at its next meeting. (For these purposes, a quarter is defined as January-March, April-June, July-September, October-December) If a practitioner is delinquent during the last 2 week period of a quarter and then again in the first 2 week period of the next quarter, that practitioner must appear before the Medical Executive Committee at the next meeting.

The Medical Executive Committee shall determine whether a physician’s privileges shall be relinquished until all medical records are completed. Relinquishment extends to all privileges (emergency admissions and surgery/procedures), but does not apply to patients in the hospital currently under the physician’s care.

If a physician completes his/her medical records prior to appearing before MEC but is found not to have sufficient reason to justify his/her delinquencies, that physician will not lose his/her privileges but will be cited. Once all medical records are completed, the Director of Medical Records will notify the Medical Staff Office who will then notify all appropriate hospital personnel that the physician may resume his/her full privileges.

If a physician is cited three times in a calendar year for delinquent records, that physician will be reported to the North Carolina Medical Board per Medical Board reporting guidelines.

Please see Pardee Hospital’s Medical Staff Rules and Regulations for complete policy in Hendersonville’s resident manual.
MISSION HOSPITAL

DRESS AND APPEARANCE STANDARDS

PURPOSE: To ensure that all staff members follow general guidelines regarding personal appearance and dress while on duty. Individual departments incorporate these guidelines into departmental dress codes that may add other elements to assure compliance with safety regulations. Our patients, physicians, fellow workers, and visitors expect professional attire.

POLICY: Staff members are responsible for presenting a personal appearance which demonstrates good grooming and hygiene, neatness, professionalism, and safety.

Regulations and Definitions:
Identification badge is to be worn at all times while on duty unless specifically authorized not to do so.
1. Shoes should be appropriate for job duties and meet safety standards.
2. Hemlines should be a conservative length. Tank tops, shorts, transparent or tight fitting clothes and other attire inappropriate to a professional work environment are not acceptable.
3. Hair and facial hair should be neat, clean, trimmed and controlled.
4. Jewelry, makeup, perfume and cologne should be worn conservatively.
5. Uniform style and color will be chosen on a departmental basis.
6. Departmental and System safety policies address the use of personal protective equipment (PPE) in compliance with OSHA and other regulatory authorities. Departmental dress codes may include other guidelines/requirements depending upon departmental activities, contact with patients and the general public, equipment in use, and safety regulations compliance.

MISSION HOSPITAL

RESIDENT MEALS

Resident Physicians are provided meals while on duty in the hospital. This benefit is provided by MAHEC for Resident Physicians only, not for family members or friends. Resident Physicians will need to show their Mission badge to the Food and Nutrition Service Cashier.

MISSION HOSPITAL

COMPLETION OF MEDICAL RECORDS BY RESIDENTS

1. The Attending Physician must sign the face sheet, coding summary, and any dictation done by a Resident.
2. Residents should use the following guidelines when dictating reports for the Attending Physician:
   a. Residents who dictate a history and physical or discharge summary
must state the Attending Physician for whom they are dictating the report.
b. The chosen Attending Physician must have seen the patient during the stay.
c. The Resident who dictates the report for an Attending Physician will be required to sign the report. Example for signature line: Dr. Jones (resident) dictating for Dr. Smith (attending).
d. The correct Attending Physician must be documented at discharge using one of the following:
   — Document that the summary has been dictated and for whom it was dictated.
   — When writing the discharge note or order, document who the correct attending physician is. Example: Dr. Jones (resident) discharging for Dr. Smith (attending).

3. Residents must sign their own progress notes and physician order entries in the medical record.

4. Failure to complete any aspect of the medical record within the time frames set forth in the Medical Staff Rules and Regulations will result in a delinquent medical record and the Resident will be placed on the delinquent list.
   a. Dictation must be completed within fifteen (15) days of discharge.
   b. Signatures must be completed within thirty (30) days of discharge.

5. The Residency Program Director will be notified that the delinquent Resident will not be allowed to practice in the Hospital until the medical records are completed.

CONTINUATION OF BENEFITS AFTER LEAVING MAHEC
GME POLICY #10

MAHEC will offer resident physicians and their eligible dependents the option to continue their health and dental benefits consistent with the requirements of COBRA, a federal law. Human Resources, or the designated third party administrator, will notify each resident physician, who is terminating employment with MAHEC, of the rules and regulations related to the continuation of his/her (and/or dependents) health and dental benefits. Acceptance of continuation of benefits must be received in writing. The cost and payment for continuation of coverage is the responsibility of the resident.

NON-COMPETITIVE AGREEMENT
GME POLICY #26
GPR POLICY #19

MAHEC will not require residents to sign a non-competitive agreement or restrictive covenant.
REDUCTION IN SIZE OR CLOSURE OF THE GRADUATE MEDICAL EDUCATION & DENTAL PROGRAM(S)

GME POLICY #30

All residents/fellows will be notified of any adverse actions by the Accreditation Council for Graduate Medical Education (ACGME) or the Commission on Dental Accreditation (CODA). The Program Director will present a plan and regular follow up to the GMEC(s) on implementation of actions taken to correct citations or adverse actions by the ACGME/CODA.

The Designated Institutional Official (DIO) will present a plan and regular follow up on implementation to correct citations or adverse actions by the ACGME/CODA to the GMEC(s).

If ACGME/CODA decides to withdraw accreditation for the residency program(s) or the favorable status for the institution, or if MAHEC decides to voluntarily close the residency program(s), MAHEC will develop a plan in collaboration with, but not limited to, ACGME, CODA, MAHEC’s Board of Directors, institutional affiliations and partners, and the North Carolina AHEC Program. The goal of the plan will be to phase out in such a manner that the residents/fellows complete their training.

If MAHEC decides to reduce the residency program(s) in size, MAHEC will develop a plan in collaboration with, but not limited to, ACGME, CODA, MAHEC’s Board of Directors, institutional affiliations and partners, and the North Carolina AHEC Program. The goal of the plan will be to reduce the size of the program(s) in such a manner that the residents/fellows complete their raining.

If it is not possible for residents/fellows to complete the residency program(s), the plan will include processes to provide reasonable assistance in obtaining positions in another accredited program.

In either closure or reduction in size, all residents/fellows are entitled to the following:

1. Notification of closure or reduction;
2. Reasonable assistance in obtaining a position in another accredited program;
3. Compensation and benefits until the completion of the current term(s) of the resident contract/letter of agreement; and,
4. Proper care, custody, and disposition of resident and program records, and appropriate notification to licensure, specialty boards, and other associations or institutions.
DUTY HOURS AND WORK ENVIRONMENT OF RESIDENTS/FELLOWS

GME POLICY #18

MAHEC and our residency programs will educate residents, fellows and faculty concerning the professional responsibilities of physicians to appear for duty appropriately rested and fit to provide the services required by their patients. MAHEC is committed to and responsible for promoting patient safety and resident/fellow well-being in a supportive educational environment. Program Directors will ensure that residents/fellows are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs.

The learning objectives of the program must be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events, and not be compromised by excessive reliance on residents/fellows to fulfill non-physician service obligations.

MAHEC will ensure a culture of professionalism that supports patient safety and personal responsibility. Residents, fellows and faculty must demonstrate an understanding and acceptance of their personal role in the following:

1. Assurance of the safety and welfare of patients entrusted to their care;
2. Provision of patient- and family-centered care;
3. Assurance of their fitness for duty;
4. Management of their time before, during, and after clinical assignments;
5. Recognition of impairment, including illness and fatigue, in themselves and in their peers;
6. Attention to lifelong learning;
7. The monitoring of their patient care performance improvement indicators; and,
8. Honest and accurate reporting of duty hours, patient outcomes, and clinical experience data

All residents, fellows and faculty must demonstrate responsiveness to patient needs that supersedes self-interest. Physicians must recognize that under certain circumstances the best interests of the patient may be served by transitioning that patient’s care to another qualified and rested provider.

The Program Directors are responsible for the final decisions regarding duty hours for residents. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident/fellow fatigue sufficient to jeopardize patient care.

Residents and fellows must care for patients in an environment that maximizes effective communication. This must include the opportunity to work as a member of effective interprofessional teams that are appropriate to the delivery of care.
The Sponsoring Institution must provide services and develop health care delivery systems to minimize residents’ work that is extraneous to their GME programs’ educational goals and objectives and to ensure that the resident experience is not compromised by excessive reliance on residents/fellows to fulfill non-physician service obligations. These services and systems must include:

1. Residents/fellows on duty must have access to appropriate food services 24 hours a day while on duty in all institutions.
2. Residents/fellows on overnight call within an institution must be provided with adequate and appropriate sleeping quarters that are safe, quiet, and private.
3. Patient support services, such as peripheral intravenous access placement, phlebotomy services, and laboratory services, as well as messenger and transporter services, must be provided in a manner appropriate to and consistent with educational objectives and quality patient care.
4. There must be appropriate laboratory, pathology, and radiology services to support timely and quality patient care.
5. A medical records system that documents the course of each patient's illness and care must be available at all times and must be adequate to support quality patient care, residents’/fellows’ education, quality assurance activities, and provide a resource for scholarly activity.
6. Appropriate security and personal safety measures must be provided to residents/fellows at all locations including but not limited to parking facilities, on-call quarters, hospital and institutional grounds, and related facilities.

**POLICY:**

**Duty Hours:**

Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting. If a resident takes PTO or other leave, ACGME requires that PTO or leave days be taken out of the numerator.

Residents/fellows must be scheduled for a minimum of one (1) day in seven (7) free from all education and clinical responsibilities, averaged over a four (4) week period during the rotation. At-home call cannot be assigned on these free days. One (1) day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.

PGY1 residents should have ten (10) hours, and must have eight (8) hours, free of duty between scheduled duty periods. Programs will survey residents/fellows to monitor when an “inevitable and unpredictable” situation causes a resident/fellow to have less than 10 hours between scheduled shifts. The program will assess the cause, determine if an improvement can be made and make appropriate adjustments to the schedule.

Intermediate level (PGY2-4) residents/fellows should have ten (10) hours free of duty, and must have eight (8) hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.
Residents/fellows in the final years of education (PGY3-4) must be prepared to enter the unsupervised practice of medicine and care of patients over irregular or extended periods. This preparation must occur within the context of the 80-hour, maximum duty period length, and one-day-off-in-seven standards. While it is desirable that residents/fellows in their final years of education have eight (8) hours free of duty between scheduled duty periods, there may be circumstances when these residents/fellows must stay on duty to care for their patients or return to the hospital with fewer than eight (8) hours free of duty. Circumstances with fewer than eight (8) hours away from the hospital must be monitored by the Program Director.

Duty periods of PGY1 residents must not exceed 16 hours in duration. A PGY1 resident may not remain on-site after his/her 16-hour shift. Periods of duty for first-year residents must not exceed 16 hours in duration.

Duty periods of PGY2 residents/fellows and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital. Programs must encourage residents/fellows to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10pm and 8am is strongly suggested.

It is essential for patient safety and resident/fellow education that effective transitions in care occur. Residents/fellows may be allowed to remain onsite in order to accomplish these tasks; however, this period of time must be no longer than an additional four (4) hours.

Residents/fellows must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty. Residents/fellows may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring or humanistic attention to the needs of a patient or family. These instances must be documented and submitted to the Program Director. The Program Director must review each submission of additional service and track both individual and program wide episodes of additional duty.

Duty hours do not including reading, studying and academic preparation time, such as time spent away from the patient care unit preparing for presentations or journal club. Any tasks related to performance of duties, even if performed at home, count toward the 80 hours.

**Transitions of Care:**
The Program must design clinical assignments to minimize the number of transitions in patient care. Sponsoring Institutions and programs must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety.
Programs must ensure that residents/fellows are competent in communicating with team members in the hand-over process. The Sponsoring Institution must ensure the availability of schedules that inform all members of the health care team of attending physicians and residents/fellows currently responsible for each patient’s care.

**In-House Night Float:**
Residents/fellows must not be scheduled for more than six (6) consecutive nights of night float.

**On-Call Activities:**
PGY2 residents and above must be scheduled for in-house call no more frequently than every third (3rd) night when averaged over a four (4) week period.

**At-home Call:**
Time spent in the hospital by residents/fellows on at-home call must count towards the 80 hour maximum weekly hour limit. The frequency of at-home call is not subject to the every third (3rd) night limitation, but must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks.

At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident. Residents/fellows are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum will not initiate a new “off duty period”.

**Moonlighting:**
Moonlighting must not interfere with the ability of the resident/fellow to achieve the goals and objectives of the educational program. Time spent by residents/fellows in internal and external moonlighting must be counted toward the 80-hour maximum weekly hour limit. PGY1 residents are not permitted to moonlight.

**Duty Hours Exception:**
A RRC may grant exceptions for up to 10% or a maximum of 88 hours to individual programs based on a sound educational rationale. Prior permission of the DIO and GMEC(s) is required. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents, fellows and the faculty. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.
The Graduate Medical Education Committee (GMEC) of the MAHEC Board of Directors must approve a request from the GME Program for an exception in the weekly limit on duty hours up to 10 percent or up to a maximum of 88 hours prior to the submission of the request to the Residency Review Committee (RRC). The Program Director will submit a written request for the Internal GMEC for exceptions to the weekly limit on duty hours. The written request must include: (a) sound educational rationale to support the request; and, (b) the method by which the Program Director will monitor duty hours as specified in Institutional, Common Program, and Program Requirements. If the request is endorsed by the Internal GMEC, the Designated Institutional Official (DIO) and/or the Chair of the Internal GMEC will take the request to the Board GMEC. If the request is approved by the Board GMEC, the Program Director may submit the request to the RRC. The Program Director will report the action of the RRC to the Internal and Board GMECs and send a copy of the RRC letter to the GME Office.
ANNUAL REPORTS TO THE ORGANIZED MEDICAL STAFFS AND GOVERNING BODIES OF THE MAJOR PARTICIPATING JCAHO-ACCREDITED HOSPITALS

GME POLICY #33
GPR POLICY #21

The President/CEO or Designated Institutional Official (DIO) or Chair of the Graduate Medical Education Committee(s) (GMEC(s) shall present an annual report to the Organized Medical Staff (OMS) and Governing Body of Mission Hospitals and Margaret R. Pardee Memorial Hospital. The report will include but may not be limited to:

1. Review of the activities of the GMECs during the past year with special attention to resident/fellow supervision, responsibilities, and evaluation; and,
2. Compliance of MAHEC and the hospitals with the duty-hour standards and resident participation in patient safety and quality of care education.

Concerns of the OMS or governing body will be discussed at both the Internal and Board GMECs, providing written communication to the OMS and/or governing body regarding outcomes of the GMEC discussion.

The OMS and MAHEC will regularly communicate about the safety and quality of patient care provided by residents at the hospitals.

TRANSFERRING RESIDENTS/FELLOWS AS A RESULT OF DISASTER

GME POLICY #34
GPR POLICY #26

The North Carolina AHEC based and sponsored residencies will provide mutual aid should a disaster render a residency incapable of providing an adequate educational experience for a period of longer than ten (10) business days.

The affected AHEC will contact the Directors of the other North Carolina AHECs to request assistance in temporarily (or permanently) transferring residents. The initial information provided will be:

- Type of residency program(s)
- Number of residents and their PG year in each program
- Availability of faculty to temporarily transfer with residents (Some programs may need to retain faculty to cover the residency practice’s hospitalized patients).
- Estimated duration of the transfer period, if known.

The AHEC Directors will then consult with the various residency Program Directors at their facility to determine the level of support, if any, they will be able to provide. This information will include:
- Type and number of residents that can be received
- Whether temporary housing will be available (through ORPCE housing or other source of)
- free or subsidized housing
- Estimation of need for faculty to accompany residents

This information will be returned to the affected AHEC no later than 24 hours after the initial inquiry.

The **affected** AHEC DIO will notify The Accreditation Council for Graduate Medical Education (312-755-5003 or www.acgme.org) and, if applicable, the American Osteopathic Association (800) 621-1773 or www.do-online.org with the above information. These agencies will be requested to officially declare a disaster. Approval for a hardship transfer will be requested to comply with the requirements that PGY’s 2 & 3 are served at the same accredited program.

The **affected** Residency Program Director or, if the residency director is unable to do this, the Assistant Residency Program Director, will notify the appropriate Review Committee Executive Director with the above information.

All transfers will occur as expeditiously as possible after receiving ACGME/AOA approval to implement the transfer. The **affected** AHEC will notify their residents of the transfer options and estimated duration of the reassignment.

As much as possible, the residents’ preferences for sites will be accommodated when assigning transfers. If a resident does not express a preference, she/he will be assigned to the closest available AHEC residency program.

The **affected** residency program will then provide information on the transfers to:
- The North Carolina Medical Licensing Board
- Their professional liability coverage carrier
- Specialty Board e.g. AAFP

The **affected** residency will provide the receiving residency program with as much of the following information as possible for each resident:
- Medical license number
- DEA number
- Social security number
- Verification of professional liability coverage
- Procedure logs
- Previous evaluations and competency assessments

The receiving residency will work to obtain expedited hospital privileges for the residents and any accompanying faculty physicians.
The receiving program will place calls to Medicare and Medicaid intermediaries and third party payers as needed and required by its contracts.

The receiving residency will make every effort to maintain the incoming residents’ clinical rotation schedule to ensure that the training requirements and continuity requirements of that PGY are met.

The affected program will continue its residents’ salary stipend and benefits for the duration of the temporary assignment. Should the need for the transfer become permanent, the receiving program will assume this responsibility at that time. The affected residency is responsible for providing regular communication to the accreditation agencies, the receiving residency programs and the residents on plans for returning the residents to their program.

All residents will return to the affected residency as soon as they can safely do so.

INTERACTIONS BETWEEN VENDORS AND GME PROGRAMS
GME POLICY #35

MAHEC is committed to ensuring that gifts and other financial incentives from industry never influence the prescribing patterns of MAHEC physicians or staff. The purpose of this policy is to present guidelines for residents, faculty and staff to follow in their interactions with industry representatives.

Professionalism
Full and appropriate disclosure of sponsorship and financial interests is required at all program and institution sponsored events. It is the responsibility of the Program Director to determine which contacts between residents and industry representatives may be suitable, and exclude occasions in which involvement by industry representatives or promotion of industry products is inappropriate.

Residents, faculty and staff should be aware of and follow the AMA Council on Ethical and Judicial Affairs (CEJA) opinion for assistance in identifying appropriate industry interaction.

• **CEJA Guideline 1**- Any gifts accepted by physicians individually should primarily entail a benefit to patients and should not be of substantial value. Sample medications, textbooks are appropriate if they serve a genuine educational function. Cash payments are never acceptable and should not be accepted.

• **CEJA Guideline 2**- Individual gifts of minimal value are permissible as long as the gifts are related to the physician’s work. Educational materials, pens and notepads are acceptable examples. Consistent with MAHEC’s Standards of Conduct and Corporate Compliance Program, solicitation or acceptance of personal gifts, favors, loans, cash, uncompensated services or other types of gratuities or hospitalities from organizations doing business with MAHEC is inappropriate.

• **CEJA Guideline 3**- Defines a legitimate “conference” or “meeting” as an activity held at an appropriate location dedicated to promoting objective scientific and
educational activities when the main incentive is to further knowledge on the topics being presented. Disclosure of financial support and the potential for conflict of interest must be reported by the presenters and meeting provider. If oral disclosure only is made, an appropriate individual (e.g. course director, resident faculty, meeting coordinator) must document full disclosure was made.

- **CEJA Guideline 4-** Allows industry subsidies to underwrite the costs of continuing medical education (CME) conferences or professional meetings that contribute to the improvement of patient care. Payments to defray the costs of conference production or attendance should not be accepted directly from the company by the physician(s). Any subsidy should be paid to MAHEC consistent with CME accreditation standards.

- **CEJA Guideline 5-** Subsidies from industry should not be accepted directly or indirectly to pay for the costs of travel, lodging or other personal expenses of physicians or relatives attending conferences or meetings. Subsidies for hospitality should not be accepted outside of modest meals or social events held as a part of a conference or meeting. It is appropriate for faculty at conferences or meetings to accept reasonable honoraria and to accept reimbursement for reasonable travel, lodging and meal expenses. Honoraria and reimbursement of travel-related expenses for accredited CME conferences must be paid to faculty by the accredited CME provider or joint sponsor, not a commercial entity.

- **CEJA Guideline 6-Scholarships or other special funds to permit residents to attend carefully selected educational conferences may be permissible.** The selection of the attendees who will receive the assistance must be made by MAHEC and not the company. Carefully selected educational conferences are defined as major scientific, educational or policy-making meetings of national, regional or specialty medical associations.

- **CEJA Guideline 7-No gifts should be accepted if they are given in relation to the physician’s prescribing practices.** Gifts of any size should not be taken if there is any correlation between the awarding of the gift and prescribing practices.

**Practice Based Learning and Improvement and Medical Knowledge**
Clinical skills and judgment must be learned in an objective and evidence-based learning environment. Residents must learn how promotional activities can influence judgment in prescribing decisions and research activities through specific instructional activities.

Residents must understand the purpose, development and application of drug formularies and clinical guidelines including branding, generic drugs, off-label use and the use of free samples.

**Systems Based Practice**
Resident curricula should include how to apply appropriate considerations of cost benefit analysis as a component of prescribing practice. Advocacy for patient rights within health care systems should include attention to pharmaceutical costs.

**Interpersonal and Communication Skills**
Resident curricula should include discussion and reflection on managing encounters with industry representatives. Resident skills curricula should include how to handle patient requests for medication, particularly in regard to direct-to-consumer drug advertising.

**ACCOMMODATION FOR DISABILITIES**

**GME POLICY #36**

MAHEC is committed to the goal of providing equal opportunity to all qualified individuals who have a disability and the principles of reasonable accommodation, in conformance with the provisions of the Americans with Disabilities Act of 1990 (ADA) as amended, Section 504 of the Rehabilitation Act of 1973, and state and local requirements. It is the policy of MAHEC to provide reasonable accommodation to people with known physical or mental impairments that meet the statutory definition of a covered disability except when such accommodation would impose an undue hardship or present the threat of harm.

Persons with disabilities who are covered under this policy include applicants seeking admission to residency programs and residents who, with or without reasonable accommodation, meet the technical standards for graduate medical and dental education. Reasonable accommodation applies to all aspects of employment including patient care. Reasonable accommodation cannot compromise the resident’s/fellow’s ability to complete the essential requirements of the residency program. All information and documentation related to requests for accommodation will be regarded as confidential.

**INTERNATIONAL TRAVEL**

**GME POLICY #37**

**GPR POLICY #29**

All international travel, including Language Immersion Courses, involving residents, fellows, health science students and faculty must be requested in writing two (2) months in advance of the travel. The request should be routed through the immediate supervisor up through the Division/Program Director and Director of Graduate Medical and Dental Education.

Final approval/disapproval will be made by the President and CEO and Designated Institutional Official (DIO) within thirty (30) days of travel. Failure of the individual to timely complete and return the request and release forms as well as any other requested documentation may result in the cancellation/postponement of the travel.

Approved travel may be funded through the Division budget as described in this policy; however, no funds including Professional Education allocations may be carried over from one fiscal year to another to fund international trips.
MAHEC reserves the right to cancel or postpone international travel at any time for reasons including, but not limited to, budget (direct or indirect) or other division or organizational issues, travel warnings associated with travel to a particular location, or insufficient staffing levels to support scheduling, coverage and patient care needs.

1. Residents

   **International Health Rotation:**
   a. Residents/fellows may have the opportunity to complete one international rotation during their residency program at MAHEC.
   b. The time must be considered as part of an approved elective, rural rotation, or CME.
   c. One appropriate preceptor must be identified to supervise/work with the resident/fellow(s) for the rotation. If a faculty member must accompany a brigade to provide core teaching, his/her trip will be completely funded by the division.
   d. Resident/fellow participation may be funded by each program based on its priority for the experience and based on availability of funds.
   e. Learning objectives must include, but are not limited to:
      1. developing an appreciation of cultural, economic and structural obstacles surrounding health care;
      2. describing the interconnectedness of health, culture and the environment;
      3. participating in meeting health care needs;
      4. participating in research and program development; and,
      5. improving the resident’s ability to speak the language of the culture.
   f. Residents/fellows will be required to provide a presentation during didactics and/or a report submitted to the Program Director and Director of GME to demonstrate accomplishments of the learning objectives.
   g. The number of residents/fellows away from each program must be approved by the Program Director and will be based upon scheduling, coverage and patient care issues.
   h. Residents/fellows will follow the procedures outlined in this policy to obtain approval for international travel.

**Additional International Health Rotations:**

   a. Residents/fellows who request and are approved will follow the procedures outlined in this policy for approval, including identifying additional learning objectives than those established for the initial trip.
   b. The time may be considered as part of an approved elective, rural rotation, or CME.
   c. One appropriate preceptor must be identified to supervise/work with the resident(s) for the rotation.
   d. Residents/fellows participation may be funded by each program based on its priority for the experience and based on availability of funds. If additional funds are not available, residents/fellows will be responsible for all expenses.
e. Residents/fellows will be required to provide a presentation during didactics and/or report to the Program Director to demonstrate accomplishments of the learning objectives.

**Language Immersion Courses:**

a. Residents/fellows may only use an approved elective or CME to participate in an international Language Immersion Course.

b. Residents/fellows participation may be funded by each program based on its priority for the experience and based on availability of funds. If additional funds are not available, residents will be responsible for all expenses.

c. Residents/fellows will follow the procedures of this policy for approval.

2. **Faculty**

   **International Health Travel:**
   
   a. Faculty who are assigned to supervise residents/fellows must follow the procedures of this policy for approval.
   
   b. The number of faculty assigned will be based upon the resident/fellow supervision needs for each trip.
   
   c. In addition to supervising residents/fellows, faculty may also supervise health science students.
   
   d. If a faculty member must accompany a brigade to provide core teaching, his/her trip will be completely funded by the division.
   
   e. When a faculty member is not assigned but wants to participate for the experience, faculty may use approved Professional Education dollars; if insufficient funds are available, faculty will be responsible for any uncovered expenses.

   **Other International Travel:**
   
   a. Faculty who are invited to make presentations at international conferences or wish to attend an international conference must obtain approval in writing from the Division Director before making a commitment.
   
   b. Faculty may use approved Professional Education dollars to fund trip.
   
   c. Funding for the trip may include any payment by the conference, the faculty members approved Professional Education dollars, and if available, approved Divisional GME discretionary funds. If these funds are not sufficient, faculty will use personal funds to pay partial or full costs of the international travel.

3. **Health Science Students:**

   a. MAHEC may participate in formal programs in global health initiatives for health science students enrolled in the academic health science centers in North Carolina and out of state academic health science centers that request health science student participation.
   
   b. Health science students must meet the criteria established by the formal program(s) established at the academic health science center.
c. MAHEC may provide seminars and workshops covering specific issues associated with global health that may be held on site at MAHEC.
d. Following the policies and procedures of the individual academic health science center, the students may travel to work in clinics and on community health projects. MAHEC staff may coordinate these experiences which will include coordination with MAHEC Risk Management.
e. Health science students may be supervised by MAHEC faculty.
f. Funding for the trip is the responsibility of the student and/or the academic health science center. MAHEC is not responsible for the funding of Health Science Students.
d. Health science students will follow the procedures of this policy for approval.

PROCEDURES:
1. Residents/fellows and faculty must submit a written request for international travel at least two (2) months in advance of the travel. The request form must include the appropriate Release, Waiver and Assumption of Risk for International Travel Form as well as a list of goals and objectives for the rotation.
2. The request will be routed through the immediate supervisor up through the Division/Program Director and Director of Graduate Medical and Dental Education.
3. Final approval/disapproval will be made by the President and CEO and Designated Institutional Official (DIO) within thirty (30) days of travel.
4. Failure, of the individual, to timely complete and return the release form as well as any other requested documentation may result in the cancellation/postponement of the travel.
5. Health science students will follow the procedures of this policy for approval.

Questions regarding this policy should be directed to Division/Program Director, Director of Graduate Medical and Dental Education, or the President and CEO.

Exception requests to this policy may only be granted by the President and CEO.

THIRD PARTY COMMENTS
GPR POLICY #01

Third Party Comments will be solicited from advisory committee members, community members, residents and patients at least 90 days prior to the date of the scheduled site visit by CODA. The notice shall include the following:

1. The date of the deadline of 60 days for receipt of third party comments in the Commission’s office;
2. The address and telephone number of the Commission’s office;
3. Instructions that the comments must pertain only to the standards for the GPR program or policies and procedures used in the Commission’s accreditation process; and,
4. How to obtain a copy of the accreditation standards and/or the Commission’s policy on third party comments.
COMPLAINTS
GPR POLICY #02

Residents will receive information during orientation and at least annually thereafter by email and MAHEC’s Intranet regarding a complaint about the GPR program. At a minimum, the information will include the following:

The Commission on Dental Accreditation will review complaints that relate to a program’s compliance with the accreditation standards. The Commission is interested in the sustained quality and continued improvement of dental and dental-related education programs but does not intervene on behalf of individuals or act as a court of appeal for treatment received by patients or individuals in matters of admission, appointment, promotion or dismissal of faculty, staff, or residents. A copy of the accreditation standards for General Practice Residency Programs is included in the Resident Manual, available in the Department of Graduate Medical and Dental Education, or may be obtained by contacting the Commission at 211 East Chicago Avenue, Chicago, IL 60611-2678 or by calling 1-800-8099 extension 4653.

RECORD REVIEW
GPR POLICY #03

This policy was established to assure that MAHEC Residency Programs follow the record review requirements that meets or exceeds the requirements as set forth by the Commission on Dental Accreditation.

APPROPRIATE TREATMENT OF RESIDENTS AND MEDICAL STUDENTS
GME POLICY #38
GPR POLICY #38

MAHEC is an educational facility comprised of students, interns, residents, fellows, faculty, other health care professionals, and staff whose goal is to enable each learner to achieve an education to his/her fullest potential, while providing quality patient care. A cornerstone of the educational community is the expectation that learners will be treated appropriately, professionally, and with dignity and respect.

In our diverse learning community, respect is to be demonstrated toward all individuals, regardless of race, color, ethnicity, national origin, sex, gender, gender identity, sexual orientation, age, disability, genetic information, veteran status or religion. Such a learning environment includes giving honest and constructive feedback in a timely manner. Such feedback should be (1) given in an appropriate setting; (2) specific and accurate, with the goal of improving behaviors and performance; and (3) given in a respectful manner.
Individuals providing feedback should do so mindful of the goal of helping the learner to improve. Learners receiving feedback should do so with the assumption that it is given professionally and in good faith.

Academic growth often occurs best when the learner is challenged. Heated discourse and conflict are part of the academic environment of openness, yet should be managed in a professional and respectful way. When a learner perceives that inappropriate treatment has occurred, s/he must be able to communicate his/her concerns free from the fear of retaliation.

**Mistreatment** is generally defined as behaviors and/or actions that adversely affect the learning environment and negatively impact the learner/faculty relationship. The allowance of inappropriate and unacceptable behaviors promotes an atmosphere in which abuse is accepted and perpetuated in the learning environment.

In general, actions taken in good faith by faculty to improve or correct unacceptable behaviors or performance are not considered mistreatment. For example, providing feedback during rounds, conferences, operating rooms, or other settings that a learner is not adequately prepared for his/her assignments or required learning material is not mistreatment unless it is done unprofessionally, disrespectfully, or in a manner that is demeaning or degrading to the recipient.

Education is the key to preventing mistreatment of learners. This policy will be added to the Resident Manual and given to each Program Office. In addition, Division Directors are responsible for educating faculty, staff and medical students on this Policy.

**Examples of appropriate behaviors and/or actions include but are not limited to:**

- Conducting interactions in a manner free of bias or prejudice
- Providing a clear description of expectations by all participants at the beginning of educational endeavors, rotations and assignments
- Encouraging an atmosphere of openness in which learners feel welcome to offer questions, ask for help, make suggestions and constructively disagree
- Providing timely and specific feedback in a constructive manner, appropriate to the level of experience/training, and in an appropriate setting, with the intent of guiding learners towards a higher level of knowledge and skill
- Focusing such feedback on observed behaviors and desired outcomes, with suggestions for improvement
- Encouraging an awareness of faculty responsibilities towards all individual learners in a group setting
- Providing an educational experience of the highest quality, along with the time, preparation and research necessary to achieve that goal
- Focusing constructive feedback on performance and/or behaviors rather than personal characteristics of the learner
- Educating all employees at MAHEC that they are expected to adhere to the expectation to treat all learners with dignity and respect
• Having learners acknowledge they are responsible for fulfilling course or rotation requirements to the best of their ability
• Encouraging learners to accept the feedback provided by faculty in an objective manner and incorporating it into future efforts so as to achieve the desired educational outcome
• Reminding learners that feedback is given with the intention of helping to further the learner’s progress in meeting rotation or course expectations
• Promptly and properly addressing, through appropriate administrative avenues, any incidents and circumstances that indicate perceived mistreatment

Examples of inappropriate behaviors and/or actions include but are not limited to:

• Questioning or otherwise publicly addressing learners in a manner that would generally be considered by others as humiliating, dismissive, ridiculing, berating, embarrassing or disrespectful
• Asking learners to perform personal errands (i.e., picking up or buying lunch, going to the store, etc.)
• Sharing inappropriate stories or jokes (i.e., ethnic, sexist, racist)
• Behaving in an aggressive manner (i.e., yelling, throwing objects, cursing, threatening physical harm) that interferes with an effective learning environment
• Assigning tasks or denying educational opportunities with the intent of punishment or retaliation
• Making disparaging comments about students, residents, faculty, patients or staff
• Touching students or residents in an offensive manner
• Intentionally neglecting a learner
• Residents mistreating another learner

Under no circumstances will MAHEC consider it acceptable practice for faculty to demonstrate bias, prejudice, exclusion, or other unprofessional behavior such as humiliation or personal aggression towards any MAHEC learner. Such unacceptable behavior includes the creation of a concern of “retaliation” by faculty for the filing of a complaint for mistreatment.

Likewise, learners must appreciate that the provision of constructive feedback in a professional and objective manner by faculty is a desirable means of providing them with guidance in the learning process – such feedback is encouraged and in the best interests of MAHEC’s educational system for all learners.
There is a growing awareness that fatigue has an adverse effect on performance. Symptoms of fatigue and/or stress are normal and expected to occur periodically during and after residency, not unlike in other professional settings. In residency training, impaired performance is a barrier to effective learning and can also result in potential harm to patients and residents.

Appropriate backup support will be provided when patient care responsibilities are especially difficult and prolonged, and if unexpected needs create resident fatigue sufficient to jeopardize patient care during or following on-call periods.

All attending(s), residents, and fellows are instructed to closely observe other residents/fellows for any signs of undue stress and/or fatigue. Faculty, residents, and fellows are to report concerns or indicators of possible excess fatigue and/or stress to the supervising attending and/or Program Director. If appropriate, the supervising attending and/or Program Director will relieve the resident of his/her duties until the effects of fatigue and/or stress are no longer present.

**Indicators of Excess Fatigue and/or Stress** may include but are not limited to the following:

1. Inattentiveness to details
2. Forgetfulness
3. Emotional symptoms (i.e. nervousness, agitated, anxious)
4. Mood swings
5. Increased conflicts with others
6. Lack of attention to proper attire or hygiene
7. Difficulty with normal tasks and multitasking
8. Awareness of surroundings is impaired
9. Tardiness or absences

Behaviors that indicate excess fatigue or stress in residents and fellows may occur in patient care settings or in non-patient settings such as lectures and conferences. In patient care settings, patient safety, as well as the personal safety and well-being of the resident and fellow, mandates implementation of an immediate and a proper response sequence. In non-patient care settings, responses may vary depending on the severity of and the demeanor of the resident’s/fellow’s appearance and perceived condition.

For residents who may be too fatigued to safely return home, the organization has arranged for sleep facilities in the hospital settings. Mission Hospital has six (6) dedicated rooms for Family Medicine (includes geriatrics and hospice) and three (3) rooms for OB located on the 7th floor. Pardee Hospital has two (2) dedicated rooms for residents, one (1) on the OB floor and one (1) on the general medicine floor. The volume and hours for dental residents is low so that a dedicated room is not required.
If a situation occurs in the outpatient setting or in a non-patient care setting the attending or other appropriate staff will arrange for the resident/fellow to be driven home. For convenience, a taxi may be called and the resident reimbursed with receipt through his/her residency program.

The preceding policies were summaries. The full policies and procedures can be found in each program office as well as the GME office.
PROFESSIONAL LIABILITY INSURANCE

Professional liability insurance coverage (also known as malpractice insurance) is provided for all MAHEC Resident Physicians. The insurer is MAG Mutual Insurance Company. Depending on your responsibilities, current limits are $2/$4 million or $3/$5 million. For the purpose of this policy, Residents are individually named covered persons, who carry the medical incident limit and aggregate limit individually; these limits are not shared with the organization.

This policy is written on a claims-made basis and provides coverage for those claims that are the result of medical incidents, which occur during your employment with MAHEC. It is not necessary for a resident who leaves our program to purchase an extended reporting endorsement or “tail coverage”. You have a duty to promptly notify MAHEC Risk Management about medical incidents or potential claims; failure to do so could cause MAG Mutual to deny coverage under this policy.

When a claim is made: A claim is made on the date MAHEC first reports a medical incident or injury (as defined below) to MAG Mutual.

When a claim is covered: A claim must meet two requirements to be covered under this policy:

1. The claim must result from a covered activity provided or withheld on or after your retroactive date; and
2. The claim must be reported to MAG Mutual during the policy period.

Examples of activities that are not covered:

1. Moonlighting, or professional activities outside of MAHEC;
2. Claims arising from criminal or malicious acts;
3. Liability of an insured resulting from services performed while under the influence of alcohol, narcotics, hallucinogenic agents or which results from any other substance abuse; or
4. Claims regarding sexual intimacy, sexual molestation or sexual assault.

Definitions

Aggregate Limit: This is the most MAG Mutual will pay for the sum of all claims made during the policy period.

Extended Reporting Endorsement: Coverage provided by a claims-made liability policy that extends the protection of the policy beyond the expiration date for claims that occurred within the original policy period (your employment with MAHEC).

Injury: Bodily injury, sickness, disease or death. Injuries to separate patients are considered separate losses, and a separate Loss Limit applies. Any derivative claims from family members or estates share in the Loss Limit that applies to the injured patient.

Loss Limit: This is the most MAG will pay for any one loss. Loss means all covered claims for civil damages resulting from medical professional service or series of services, causing
injury or death to any one patient, regardless of the number of:
  1. Claims made; or
  2. Claimants making claims; or
  3. Subsequent related claims.

Medical Incident: Any act, error or omission in the providing of or failure to provide professional services by you. This includes your responsibility for anyone under your direction or control.
HEALTH AND DENTAL INSURANCE FOR RESIDENTS

Your health, welfare and security are of vital concern to all of us. MAHEC’s Employee Group Health and Dental Plans provide financial assistance to enable you to better meet unforeseen bills arising from accident or illness.

Residents may choose to elect coverage under these plans. Spouse and/or dependents may be covered under these plans if they meet eligibility criteria. Cost is based on a shared premium structure taken through payroll deductions.

FLEXIBLE BENEFITS PLAN

Section 125 of the Internal Revenue Code allows MAHEC to offer a Flexible Benefits Plan to employees. The MAHEC Flexible Benefits Plan includes an “Insurance Premium Pre-Tax Plan and a Flexible Spending Account Plan”. Before you enroll in a flexible benefits plan, you should read the IRS Publications 502 and 503. These publications contain important information on medical and dependent care spending accounts.

Under the MAHEC Flexible Benefits Plan, employees are allowed to pay for health, dental and vision insurance premiums with pre-tax dollars. Additionally, employees may participate in the Flexible Spending Accounts and pay for certain medically related expenses and dependent care expenses with pre-tax dollars.

Flexible Benefits Plan Overview

Section 125 of the Internal Revenue Code stipulates that prior to the beginning of the plan year, eligible employees who choose to participate are required to make a one-time election of the amount of insurance premium contributions and flexible spending accounts contributions for the following plan year. The election amounts are subtracted from the employee’s gross (taxable) salary resulting in a reduced taxable salary. Taxes are calculated on the adjusted gross. By calculating taxes on the adjusted gross salary, the employee realizes an increase in spendable income.

There are two ways employees may take advantage of tax savings allowed under the MAHEC Flexible Benefits Plan:

1. Payroll Deducted Health, Dental, and Vision Insurance Premiums – provides pre-tax payment for premiums for MAHEC sponsored health, dental and vision plans. Elections are allowed only once per plan year and may not be revoked or revised unless there is a qualifying status change.

2. Flexible Spending Accounts:
   a. Medical Spending Account – provides pre-tax contributions to be reimbursed for any IRS eligible out-of-pocket medically related expense the participant incurs that are not paid through an insurance plan. Specific restrictions apply.
b. Dependent Care Account – provides pre-tax contributions to be reimbursed for dependent care expenses, which enables both parents and guardians to be gainfully employed. Specific restrictions apply.

Certain restrictions and regulations apply to all Section 125 Plans. Annual elections are binding for one year unless a participant has a qualifying status change. Refer to the Flexible Benefits Plan Summary for specific details of MAHEC’s Flexible Benefits Plan.

**LIFE INSURANCE/ACCIDENTAL DEATH AND DISMEMBERMENT**

Life insurance is provided to all eligible employees in an amount equal to 2-1/2 times their annual salary to a limit of $50,000. At enrollment, you may purchase Voluntary Life and AD&D insurance for yourself up to 5 times your annual salary up to a maximum of $500,000. In addition, you may purchase Voluntary Spouse and Dependent Life insurance coverage. Coverage begins on the first day of the month following employment. For further information, please refer to your Benefits Enrollment Packet or contact Human Resources.

**CERTIFICATES OF PRIOR COVERAGE UNDER THE PLAN**

In 1996 the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) was passed by Congress. Under HIPAA, you and your dependents that are enrolled in MAHEC’s Employee Group Health and Dental Plans (“Plan”) will receive a Certificate of Group Health Plan Coverage (“Certificate”) when you lose coverage under the Plan. When applying for coverage with a new company, you must provide them with this Certificate in order for the new group to allow credit for any previous coverage under the MAHEC Plan. Certification of prior coverage applies to any pre-existing condition exclusion or waiting period of the new group health coverage.

**LONG-TERM DISABILITY INSURANCE**

Extended illness or the recovery period from an accident can create tremendous financial hardships. MAHEC provides a long-term disability benefit that pays two-thirds of your basic salary if you become disabled subject to limitations as described in your insurance booklet. Eligibility begins on the first day of the month following employment.

**MENTAL HEALTH BENEFITS**

MAHEC shall facilitate the Resident Physicians access to appropriate and confidential counseling, medical, and psychological support services through an employee assistance program and the Counseling and Support for Residents policy which are both contained in the Manual for Residents and Fellows.
WORKERS COMPENSATION

Workers’ Compensation is a legislated program of the state of North Carolina and is administered by the North Carolina Industrial Commission.

MAHEC employees injured on the job as a result of a work-related compensable accident and employees who contract an “occupational disease” and who lose time from work will be provided leave in accordance with the North Carolina Workers’ Compensation Act. The rate and duration of compensation are defined by the Act.

MAHEC incident reports (available via the MAHEC Intranet) should be completed by the employee within 24 hours of the incident for all work related incidents/injuries and the employee should inform their supervisor. An incident report should be filed by the employee for any work related incident regardless of the location of the incident (i.e. if injury occurs at a non-MAHEC location, a MAHEC incident report must be filed).

Disability Compensation
NC Workers’ Compensation Act, General Statute 97-28, states that no Workers’ Compensation payment will be allowed for the first seven calendar days of disability resulting from an injury. However, if the injury results in disability or more than 21 days, the compensation will be allowed from the date of the disability. Employees may use accrued leave as appropriate for the first seven calendar days he/she is out of work. After seven calendar days, if the employee continues to be out of work, Workers’ Compensation will begin computing disability compensation wages and pay the employee directly.

Further Information
Should you have additional questions or concerns, please contact Risk Management at 257-4415.

The North Carolina Workers’ Compensation Act can be found in its entirety at the North Carolina Industrial Commission website listed below:
www.ic.nc.gov/ncic/pages/statute.htm

North Carolina General Statute 97-88.2. Penalty for fraud.
(a) Any person who willfully makes a false statement or representation of a material fact for the purpose of obtaining or denying any benefit or payment, or assisting another to obtain or deny any benefit or payment under this Article, shall be guilty of a Class 1 misdemeanor if the amount at issue is less than one thousand dollars ($1,000). Violation of this section is a Class H felony if the amount at issue is one thousand dollars ($1,000) or more. The court may order restitution.
EDUCATIONAL FUNDS

MAHEC encourages residents and fellows to engage in educational activities that occur outside of MAHEC. These activities may include attending regional and national meetings and participation in global health activities (please see detailed MAHEC policy 3.GM.1001).

Current Educational Fund Allotments (Annual Amount)

Residents:
PGY1 - $500.00
PGY2 - $600.00
PGY3 - $700.00
PGY4 - $800.00
PGY5 - $900.00

Reimbursement by MAHEC for educational activities must be filed with MAHEC Fiscal Services within two weeks of the completion of educational activities and must follow MAHEC policy 3.AD.1001 Travel & Mileage Reimbursement.

MAHEC will pay the fee associated with the Resident Physician taking the written Board Exam provided the Resident Physician agrees to provide MAHEC with the results of his/her exam results. MAHEC will not pay for more than one (1) exam and all other costs associated with the exam, including late fees, travel, are the responsibility of the Resident Physician.

LICENSING FEES PAID

Most residency programs leave the full financial and administrative responsibility of licensure to the Resident Physician. The financial burden is over $2,000. As a benefit to Resident Physicians, MAHEC covers all costs of licensure and DEA certification. Administrative support is provided to obtain and renew the various licenses. This benefit includes:

- Criminal background check - $38
- Training license and processing - $138
- NC Medical Board / full license application - $398
- Federation of State Medical Boards for USMLE registration - $800
- EBAHR – Parts 1 & 2 of USMLE to be sent to NC Medical Board - $65
- AMA for physician database search - $35
- Training license renewal - $125
- Permanent license renewal - $175
- DEA certification - $731
- Written Board Exam - $1,500
As an employee of MAHEC, you may join USCU by paying a membership fee and minimum deposit. Contact USCU or Human Resources for additional information.

**403-B RETIREMENT PLANS**

Residents can contribute a portion of earnings tax-deferred or Roth pre-taxed earnings into a variety of Mutual Funds offered under MAHEC’s 403(b) plan. Employee contributions are immediately vested; however, as resident / fellows, they are ineligible for employer match contributions under the plan design as an ineligible class. Specific IRS guidelines apply.

**FITNESS CENTER**

Residents have use of an on-site Fitness Center and Locker facility located in the lower level of the Education Building. The Fitness Center is open Monday through Thursday, 6am to 9pm, Friday, 6am to 9pm and Saturday 8am-1pm. Fitness Center rules are posted on the MAHEC Intranet.

Individuals are required to sign a MAHEC Fitness Center Acknowledgement, Voluntary Release & Waiver of Liability Form prior to being provided access to the facilities. This form can be found on the MAHEC intranet.
EMPLOYMENT VERIFICATION/REFERENCES

All employee reference or verification requests should be directed to the Human Resources Department. Upon request, Human Resources will release or verify a person’s job title and dates of employment. Further information in the employee’s personnel file (i.e. pay, performance, etc.) will not be released or verified without prior authorization from the employee. The same process is applied to requests regarding former MAHEC employees.

SALARIES 2018-19

<table>
<thead>
<tr>
<th>PGY</th>
<th>Salary</th>
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<tbody>
<tr>
<td>PGY1</td>
<td>$50,750</td>
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<tr>
<td>PGY2</td>
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<tr>
<td>PGY3</td>
<td>$54,201</td>
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<tr>
<td>PGY4</td>
<td>$56,211</td>
</tr>
<tr>
<td>PGY5</td>
<td>$59,138</td>
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</table>

PAYDAY / PAYROLL DEDUCTIONS

Employees are paid biweekly (26 times per year) on every other Friday or the preceding day if that Friday is a holiday. Pay periods are for 14 days, starting on a Saturday and ending on a Friday, and paychecks reflect pay for time worked up to the pay period ending date. Payroll deductions for insurance premiums, retirement contributions, and special employee benefits will be deducted in equal installments from each of the 26 pay periods. All deductions are withheld as agreed with the employee.

DIRECT DEPOSIT OF PAYROLL

MAHEC requires direct deposit (as of May 20, 2016) of pay to the bank, savings and loan, or credit union of your choice. Your financial institution(s) must have a number assigned by the American Banker’s Association (ABA), making them a member of the Automated Clearing House that transfers funds. If you have a question as to whether your bank account qualifies, check with your bank. All of the major regional banks and savings and loans are members. If you do not currently have an established banking account that accepts direct deposit, please consult with Human Resources regarding options available for setting up a no-fee checking account through the Mountain State Credit Union.

Participation in the program requires the following guidelines:

• Your total net pay must be assigned to one or more accounts or institutions.
• A direct deposit authorization form must be completed and signed with an attached voided check for a checking account or deposit slip for a savings account.
• You should notify the Payroll Specialist immediately if you change accounts and/or financial institutions.
BUILDING CLOSINGS / WEATHER EMERGENCIES

**General Practice Residency Program**
When MAHEC is closed or has a delayed opening due to inclement weather (or some other event such as fire, loss of power, etc.), please follow the applicable procedure below.

- Resident Dentists scheduled to see patients at the DHC will be contacted by the Program Director and directed as to the schedule for the day.
- Resident Dentists who are scheduled to work at the hospital are expected to be there unless conditions are unacceptably dangerous for travel. In that case, he/she must contact the site directly as well as the Residency Coordinator.
- Resident Dentists who are scheduled to work at another facility should contact that facility and present for work if that facility is open, unless conditions are unacceptably dangerous for travel. In that case, he/she must contact the facility.

*If you are uncertain of your responsibility under these conditions, please contact your Program Director.*

**Family Medicine Residency Program - Asheville**
When MAHEC is closed or has a delayed opening due to inclement weather (or some other event such as fire, loss of power, etc.), please follow the applicable procedure below.

- FM Resident Physicians scheduled to see patients at the FHC will be contacted by the Program Coordinator and directed as to the schedule for the day.
- FM Resident Physicians who are scheduled to work at the hospital are expected to be there unless conditions are unacceptably dangerous for travel. In that case, he/she must contact the chief resident or curriculum coordinator to arrange back up. *(Also applies to Hospice Fellows)*
- FM Resident Physicians who are scheduled to work at another facility or doctor’s office should contact that facility and present for work if that facility is open, unless conditions are unacceptably dangerous for travel. In that case, he/she must contact the facility. *(Also applies to Hospice Fellows)*

*If you are uncertain of your responsibility under these conditions, please contact your Chief Resident, Resident Scheduler, or Program Director.*

**General Surgery Residency Program**
When MAHEC is closed or has a delayed opening due to inclement weather (or some other event such as fire, loss of power, etc.), please follow the applicable procedure below.

- General Surgery Residents are expected to be at Mission Hospital unless conditions are unacceptably dangerous for travel. In that case, he/she must contact the Program Coordinator to arrange back up.

*If you are uncertain of your responsibility under these conditions, please contact your Program Coordinator or Program Director.*
Hendersonville Family Medicine Program
When Hendersonville Family Health Center (HFHC) or Blue Ridge Community Health Services (BRCHS) sites are closed or have a delayed opening due to inclement weather, please follow the applicable procedure below.

- FM Resident Physicians scheduled to see patients at either HFHC or BRCHS sites will follow the closings for Blue Ridge Community Health Services at this web site: www.wlos.com
- FM Resident Physicians who are scheduled to work at the hospital are expected to be there unless conditions are unacceptably dangerous for travel. In that case, he/she must contact one of the chief residents, the residency coordinator or the Program Director to arrange a backup.
- FM Resident Physicians who are scheduled to work at another facility or doctor’s office should contact that facility and present for work if that facility is open, unless conditions are unacceptably dangerous for travel. In that case, he/she must contact the facility.

If you are uncertain of your responsibility under these conditions, please contact your Chief Resident, Resident Scheduler, or Program Director.

Obstetrics and Gynecology Residency Program
When MAHEC is closed or has a delayed opening due to inclement weather (or some other event such as fire, loss of power, etc.), please follow the applicable procedure below.

- MAHEC WHC: We will normally stay open in bad weather, but there may be a time when that is not possible. When bad weather occurs (or some other event such as fire, loss of power, etc.), the CEO/President will talk with Division Managers and determine if any of the buildings should be closed. The CEO/President will make the final decision. In some cases, buildings may be handled differently.
- If the weather/event occurs after business hours and the CEO decides that a building(s) should close/have a delayed opening, the closing/delayed opening will be posted on the MAHEC website and a text sent to all employees participating in the text alert messaging system. If the weather/event occurs during the workday, we'll communicate information to you at that time.
- OB/GYN rotation and residents: No matter what your rotation or scheduled duties, you are expected to call the chief of your service if travel conditions are such that you are unable to get to work. Your duties will need to be covered for the day if you are not present. If you are scheduled at the office, or if your are scheduled at an off service office that is closed, it is your responsibility to call the Program Coordinator or Program Director to determine if there are other duties for which you should report.

Psychiatry Residency Program
When MAHEC is closed or has a delayed opening due to inclement weather (or some other event such as fire, loss of power, etc.), please follow the applicable procedure below.

- Psychiatry Resident Physicians scheduled to see patients at the MAHEC campus
will be contacted by the Program Coordinator and directed as to the schedule for the day.

- Psychiatry Resident Physicians who are scheduled to work at one of the hospitals are expected to be there unless conditions are unacceptably dangerous for travel. In that case, he/she must contact the chief resident or program coordinator to arrange back up.
- Psychiatry Resident Physicians who are scheduled to work at another facility or doctor’s office should contact that facility and present for work if that facility is open, unless road conditions prohibit travel. In that case, he/she must contact the facility and the program coordinator.

If you are uncertain of your responsibility under these conditions, please contact your Chief Resident or Program Director.

**SMOKING**

As a health education center, MAHEC is dedicated to providing a healthy environment for our customers and staff. On January 1, 2009, MAHEC became a tobacco-free campus. Smoking and use of any tobacco products (including vaping) is not permitted at any MAHEC facility.

**EMPLOYEE ASSISTANCE PROGRAM POLICY**

**PURPOSE:** In order to promote a healthy work environment and the highest level of well-being, MAHEC offers an Employee Assistance Program to all employees. MAHEC believes it is in the interest of the employee, the employee’s family and the organization to provide a confidential and professional assistance program to help resolve personal and/or job performance problems/issues.

**POLICY:** It is the policy of MAHEC that employees who are experiencing personal and/or job performance problems be given the opportunity to resolve them through the employee assistance network.

**PROCEDURE:** Below are the guidelines which should be followed for a self-referral and management referral to the employee assistance network.

A. **Self-Referral**

1. Employees and their families are encouraged to use the employee assistance network voluntarily when they need professional help or guidance in resolving personal or work performance problems.

2. An employee’s participation in the employee assistance program will remain confidential. Employees who seek assistance must specifically authorize in writing the release of any information related to their participation. No records related to counseling will be placed in an employee’s personnel file, nor will promotion or transfer opportunities be affected if an employee uses
the program. However, an employee may be subject to appropriate discipline if a work performance problem which led the employee to contact the employee assistance program continues.

3. The employee assistance program will inform the employee of any expenses associated with the employee’s participation in the program. Such expenses are the responsibility of the employee and may be covered by the employee’s health insurance.

4. Unless otherwise approved by the Human Resources Director, if an employee’s participation in the employee assistance program requires time away from work, the time should be charged to available PTO or sick leave.

B. Management Referral

1. Behavioral problems which affect work performance and attendance are legitimate concerns of management. When a supervisor observes changes in an employee’s work habits or behavior which result in unsatisfactory job performance/misconduct, the supervisor should discuss the matter with the employee and remind the employee that the employee assistance network is a confidential resource that may assist him/her. If the problem continues, the supervisor should contact the Human Resources Director to discuss the appropriateness of making a management referral to the employee assistance network. If the supervisor determines that a management referral is appropriate, the Human Resource Director will contact the employee assistance network and notify them that a referral will be made.

2. The supervisor will notify the employee in person and in writing that a management referral is being made and that it is the employee’s responsibility to participate in and cooperate with the recommendations of the employee assistance program. The employee should also be told that failure to do so may result in disciplinary action, up to and including job dismissal.

3. When an employee receives a management referral, the employee assistance program will not share any personal information regarding the referral with MAHEC unless (1) the employee has specifically authorized the employee assistance program in writing to do so; or (2) there is a legal requirement (i.e. fitness for duty) to do so. The employee assistance program will, however, notify MAHEC of the following: (1) the employee’s attendance at required employee assistance program conferences; and (2) the employee’s cooperation with the employee assistance program’s recommendations.

4. The employee assistance program will notify the employee of any expenses associated with participation in the employee assistance program. Such expenses are the employee’s responsibility and may be covered by the employee’s health insurance.

5. Unless otherwise approved by the Human Resource Director, if the employee’s participation in the employee assistance program takes place during work hours, time away from work will be charged to PTO or sick leave.
Nothing in this policy is to be interpreted as a waiver of MAHEC’s right to take appropriate disciplinary action in the case of misconduct or unacceptable work performance. Supervisors may utilize the employee assistance program, in addition to normal disciplinary procedures, to help correct job performance or conduct related problems.

*Residents should also refer to the Counseling and Support Services for Residents Policy*

**The Office of Corporate Compliance & Risk Management**

Contact the Office of Corporate Compliance & Risk Management when you have questions or concerns regarding (1) legal, risk management and corporate compliance issues; (2) workers’ compensation injury or illness claims; and (3) MAHEC insurance such as professional liability, auto, property & casualty coverage.

<table>
<thead>
<tr>
<th>RISK MANAGEMENT IS . . .</th>
<th>COMPLIANCE IS . . .</th>
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<tbody>
<tr>
<td>► A management function aimed at the identification, prevention and evaluation, and removal of risks that could result in a loss.</td>
<td>► Organizational culture that encourages ethical conduct and a commitment to compliance with the law and regulatory standards.</td>
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<tr>
<td>► Necessary to improve the quality of health care through the identification and prevention of potential risks.</td>
<td>► Effective communication of standards and procedures.</td>
</tr>
<tr>
<td>► Is in place to control recognized hazards to attain an acceptable level of risk.</td>
<td>► Reporting concerns in a timely manner to allow investigation and resolution.</td>
</tr>
<tr>
<td>► Is the responsibility of every employee.</td>
<td>► Due diligence to prevent and detect illegal activities.</td>
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**THE GOALS OF RISK MANAGEMENT ARE**

| ► To provide a safe environment for employees, affiliates, patients and visitors. |
| ► To create an awareness of possible risks that represent financial threats or that are potentially harmful to employees, affiliates, patients and visitors. |
| ► To work in conjunction with MAHEC Corporate Compliance to ensure conformity with applicable federal and state laws, regulations, MAHEC policies and standards of conduct. |
| ► To establish reporting procedures and detailed claims investigations for the management of claims and risk financing. |

**THE GOALS OF COMPLIANCE ARE**

| ► Doing the Right Thing Right – the first time! |
| ► To support and assist employees in complying with federal and state laws and regulatory standards. |
| ► To prevent violations, but if errors do occur, provide a pathway to respond immediately to resolve problems. |
| ► To provide consistent education to all employees. |
| ► To assist employees with delivering the highest quality of care/services. |
| ► To demonstrate the highest standard of professionalism and integrity. |

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<thead>
<tr>
<th>CATEGORIES OF RISK</th>
<th>CATEGORIES OF COMPLIANCE</th>
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<tbody>
<tr>
<td>► Employee-related</td>
<td>► HIPAA &amp; Confidentiality</td>
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<td>► Financial</td>
<td>► OSHA Standards</td>
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<tr>
<td>► Legal</td>
<td>► Conflict of Interest</td>
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<tr>
<td>► Regulatory</td>
<td>► Compliance with the Law</td>
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<tr>
<td>► Medical staff-related</td>
<td>► Compliance with Regulatory Standards</td>
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<tr>
<td>SPECIFIC EXAMPLES</td>
<td>SPECIFIC EXAMPLES</td>
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<tr>
<td>► Audit requests</td>
<td>► Accepting or making referrals to a business where an employee has a financial interest.</td>
</tr>
<tr>
<td>► Confidentiality issues</td>
<td>► Offering or accepting gifts for services or payments.</td>
</tr>
<tr>
<td>► Employee injury or accidents: ergonomic issues, needle sticks, exposure incidents, work-related vehicle accidents</td>
<td>► Billing for services that were never rendered or more/less expensive than were actually performed.</td>
</tr>
<tr>
<td>► Equipment malfunction resulting in injury</td>
<td>► Unauthorized disclosure of PHI or confidential information.</td>
</tr>
<tr>
<td>► Lawsuits, claims</td>
<td>► Unauthorized access to electronic medical/dental records including personal or family records.</td>
</tr>
<tr>
<td>► Medication issues, such as adverse side effects, wrong dose, wrong medication, etc.</td>
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<tr>
<td>► Patient/visitor complaints</td>
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<tr>
<th>CRITICAL INFORMATION</th>
<th>CRITICAL INFORMATION</th>
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<tr>
<td>► Incident reports should be completed with the same care given medical records.</td>
<td>► Report any actual or perceived violation to supervisor, Compliance Officer, or by contacting the Compliance Assistance Line at 257-4428 or flounder.mahec.net/publications/anonymousemail.aspx</td>
</tr>
<tr>
<td>► Incident reports should be submitted to Risk Management within 24-48 hours.</td>
<td>► Reports can be anonymous. Be specific and provide details to assist in the investigation process.</td>
</tr>
<tr>
<td>► Critical incidents: call 257-4415 or 771-4219 immediately.</td>
<td>► If in doubt ask questions!</td>
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<td>► The incident report should be completed via form via MAHEC Intranet or paper original and submitted to Risk Management. Copies should not be made or included in the patient’s chart. References to Risk Management or the Incident Report should not be included in the patients chart.</td>
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<tr>
<th>CONTACT INFORMATION</th>
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<tbody>
<tr>
<td>Tammy Wood</td>
</tr>
<tr>
<td>Corporate Compliance Officer</td>
</tr>
<tr>
<td><a href="mailto:tammy.wood@mahec.net">tammy.wood@mahec.net</a></td>
</tr>
</tbody>
</table>
MAHEC adopted its Corporate Compliance Program on December 18, 2002. The Program includes Standards of Conduct, one of which addresses Billing and Coding Standards. In 2005, the Deficit Reduction Act (DRA) of 2005 included changes to reduce the amount of fraud, waste and abuse in the state and federal health care programs. Specifically, section 6023 of the DRA requires providers receiving annual Medicaid payments of $5 million or more to have a specific written policy addressing Federal and State fraud and false claims laws and the whistleblower protections available under those laws.

MAHEC’s policy includes detailed information on the (1) Federal False Claims Act; (2) North Carolina False Claims Act; and (3) accompanying whistleblower protections under those laws, and is intended to effect compliance of MAHEC with section 6023 of the DRA. The purpose of the policy is to inform and educate all MAHEC personnel, including employees, affiliates, volunteers and students on the (1) Federal and North Carolina False Claims Acts; and (2) whistleblower protections available under those laws. Compliance with Section 6023 of the DRA is also a condition of MAHEC’s participation in the Medicaid program.

1. MAHEC has a Corporate Compliance Program with specific efforts to detect and prevent fraud, waste and abuse. All MAHEC personnel, including employees, affiliates, students and volunteers, must conduct themselves in an ethical and legal manner as defined in MAHEC’s Standards of Conduct. This includes complying with the Federal False Claims Act and North Carolina False Claims Act as described in this policy.

2. All MAHEC personnel, including employees, affiliates, students and volunteers, are responsible for reporting potential or suspected incidents of fraud and abuse, and other wrongdoing directly to (1) their supervisor; (2) their Division Director; (3) MAHEC’s Compliance Office directly; or (4) via the anonymous Compliance Assistance Line at 828-257-4428 or anonymous e-mail located on the Compliance webpage on the Intranet.

3. MAHEC is dedicated to creating an environment where employees and others feel safe reporting concerns about fraud. In accordance with the whistleblower protections available under the Federal and North Carolina False Claims Acts, MAHEC will not retaliate against any MAHEC personnel, including employees, affiliates, volunteers, students, agents and contractors due to his/her good faith by (1) reporting of a potential or suspected incident of fraud and abuse; or (2) cooperation or assistance in a fraud/abuse investigation. Anyone who believes that s/he has been subject to any such retribution or retaliation should report this to the Compliance Office immediately.

4. All MAHEC personnel will be educated on this policy through new employee and annual compliance training.
SECURITY

Your security and the security of the organization’s assets are important concerns for MAHEC. For this reason, we have security coverage at various locations, intrusion alarms, and a key control system. These preventative steps are designed to greatly reduce any security incidents that might arise.

Some things you should remember are:

1. Keep personal valuables and confidential information locked in your desk when you are not there. If they are out in the open, someone could take them and be gone before anyone notices.
2. Report any suspicious persons immediately to Facilities Management by calling telephone number (828) 257-4411.
3. File an incident report (available via the MAHEC Intranet) if an issue occurs.
4. If you know you will be working after dark, it is a good idea to move your car closer to the building and to a well-lighted area. The parking policy allows this after 4:00pm. You may also contact the MAHEC security staff at (828) 777-7106 and request an escort to your vehicle.
5. If you have a key or alarm code, never give them to anyone else. Never give your badge to anyone else (see MAHEC policy 5.RM.1005 Identification Badges).
6. If you use the building after hours, be very careful to secure it completely, both while you are here, and when you leave.

If at any time, you become aware of anyone who is acting in a threatening or violent manner in or around one of MAHEC’s facilities, please call 911 immediately. Do not hesitate, do not wait for approval, and do not call maintenance or facilities for help until AFTER you have called the authorities. Your safety and the safety of other employees, patients and constituents are the first priority.
MAHEC INCIDENT REPORT

Any employee can complete and submit the Incident Report and Near Miss Reports. Once the report is submitted, Kristen Bernero, Risk Management Specialist, will contact the employee and/or manager submitting the report if additional information is needed or to provide follow-up.

Reporting of Incidents and Near Misses is not punitive. Incidents and Near Misses are often the result of a system problem or failure. The purpose of timely reporting is to allow Risk Management to investigate the situation, determine the cause(s), and assist in implementing changes to prevent recurrence of errors, events, and system breakdowns which may lead to harm to patients, staff, volunteers, visitors, and program participants.

**What is an Incident?** An undesired outcome or occurrence, not expected within the normal course of care or treatment or delivery of services.

**What is a Near Miss?** An event or situation that could have resulted in an accident, injury, or illness but did not, either by chance or through timely intervention.

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**Electronic Process for Incident and Near Miss Reports**

The Department of Corporate Compliance and Risk Management has an electronic process for completing Incident and Near Miss Reports via MAHEC’s Intranet.

To complete a report, simply log on to the Intranet (http://flounder.mahec.net) and under the “Useful Links” section in the lower right hand corner, click “Risk Management Incident and Near Miss Reporting Form.”

The form consists of 3 tabs:

- **Incident Tab** is a description of the incident or near miss. Once you complete this section click “Create Incident” in the bottom right corner. Once the “Create Incident” button is clicked, changes cannot be made to this screen. Next proceed to the Persons Tab.
**Persons Tab** should list the people involved, for example, staff, patients, or visitors. Once you complete this information Click “Link Person to Incident”. To add additional people, click the “Reset” button.

**Equipment Tab** should list equipment involved, if appropriate. Click on “Link Equipment to Incident” button.

Please include as much information as possible on the report. When the incident is completed click on the **Logout** button on the main menu.

**Work instructions** are included on the upper right side of the form and additional instructions are listed immediately below the form. If you have questions, please contact Kristen Bernero at 257-4415 or Evan Richardson at 771-4219.
RISK MANAGEMENT TOP TEN LIST

TOP TEN REASONS TO CONTACT MAHEC RISK MANAGEMENT

1. subpoenas, court orders, a summons/complaint, and deposition requests
2. request for records or other patient information for purposes other than payment or treatment
3. inquires or requests by governing boards, law enforcement agents for example, NC Medical Board, NC State Board of Dental Examiners, Blue Cross/Blue Shield (investigation/audit), Medicare/Medicaid, Sheriff’s Department, DSS
4. written or verbal complaints/threats by patients or family members
5. errors or delays in diagnosis/treatment, including medication errors
6. anticipated or unanticipated adverse outcomes
7. disease/blood borne pathogen exposure, employee injury
8. informed consent issues; who has authority to sign consent; failure to obtain informed consent
9. breach of confidentiality
10. discharge of patients from practice

CONTACT RISK MANAGEMENT AT
(828) 257-4415 OR (828) 771-4219
CLAIMS/LAWSUITS VS. MAHEC STAFF POLICY

PURPOSE: In the healthcare industry, it is important to recognize that the organization and its personnel may be subject to claims/lawsuits arising out of the delivery or nondelivery of services. The purpose of this policy is to provide a set of guidelines to use when this occurs.

POLICY: It is the policy of the Mountain Area Health Education Center to support current and former staff when they are named in claims/lawsuits arising out of their employment.

PROCEDURE: Below are the guidelines that should be followed when a current or former MAHEC employee is named in a claim/lawsuit arising out of his/her employment.

I. Claim/Lawsuit

A. Notification/Representation
   1. The staff member should notify his/her supervisor and MAHEC Risk Management immediately upon receiving notice that he/she is named in a claim/lawsuit. If the office of the President/CEO or MAHEC Risk Management is served with the claim/complaint, Risk Management shall immediately notify all MAHEC parties involved.
   2. MAHEC Risk Management will discuss the claim/lawsuit with the President/CEO after which other MAHEC staff and appropriate MAHEC insurance/legal representatives may be consulted. Risk Management will also be responsible for coordinating the securing of records and/or requests for information.
   3. The employee named in the claim/lawsuit will be provided legal representation through the appropriate MAHEC insurance coverage unless the act complained of is not covered. In such cases, the President/CEO will determine whether legal representation is to be provided.
   4. Any employee named in a claim/lawsuit may obtain legal/insurance representation from another provider; however, unless otherwise approved by the President/CEO MAHEC will not cover any expenses associated with such representation.

B. Settlement Negotiations
   1. The President/CEO and MAHEC Risk Management will discuss the feasibility of defending/settling the claim/lawsuit with the appropriate MAHEC insurance/legal representatives and MAHEC staff named in the complaint. Other MAHEC staff (i.e. faculty) may also be consulted. The President/CEO will make the final decision.
   2. The President/CEO and Risk Management will discuss the appropriateness of reporting payments to the National Practitioner Data Bank (NPDB) with the appropriate MAHEC insurance/legal representatives and MAHEC staff during settlement negotiations.
II. Professional Review/Licensing Board/Insurance Agencies

1. If a member of the MAHEC staff is requested to appear before or respond to a professional review/disciplinary/licensing board/insurance agency, etc. inquiry, the staff member should notify his/her supervisor and MAHEC Risk Management immediately.

2. Risk Management will discuss the request with the President/CEO after which appropriate MAHEC staff and insurance/legal representatives may be consulted.

3. If the employee is requested to submit a written response or other information, MAHEC Risk Management should review the response/information before it is released.

4. If the employee is requested to appear before a professional review board, he/she may request that MAHEC provide him/her with legal representation. Recognizing that the situation may potentially be adversarial between MAHEC and the employee, the President/CEO will determine if legal representation is appropriate.

5. The employee may obtain legal representation on his/her own; however, unless otherwise approved by the President/CEO, any costs associated with such representation will be the responsibility of the employee.

6. The employee must keep his/her supervisor and Risk Management informed of the status of the request and the ultimate outcome.

III. Other Incidents

1. If a MAHEC staff member receives a subpoena or other formal request for information that involves a patient/customer/employee where unexpected/unintended outcomes have occurred, an incident report should be completed and MAHEC Risk Management consulted before information is released. Examples may include: letters/correspondence from health insurers, attorneys, patients/patient’s family, Department of Social Services.

2. Risk Management will review the request and determine if other staff and/or insurance/legal representatives should be consulted.

IV. Questions

If you have questions about this policy, please call Risk Management at 257-4415 or 771-4219.
CONFIDENTIALITY POLICY

The organization recognizes that employees often come in contact with highly personal and confidential information about patients, employees, students, faculty, vendors as well as the organization. It is important that the organization have standards regarding the release of such information.

Employees are expected to abide by all MAHEC policies and procedures regarding confidentiality, as outlined in the Standards of Conduct and the HIPAA Privacy and Security Regulations as it applies to protected health information; the MAHEC Confidentiality Statement, and all other policies or procedures which relate to confidential issues. This includes employee information, (i.e. salary, insurance, home phone, address, date of birth, social security number, personnel actions) which are also confidential and should not be discussed or released without the employee’s consent or as necessary to perform the responsibilities of your job.

Any unauthorized disclosure or misuse of confidential information may be cause for serious disciplinary action, including immediate termination. This includes all forms of communication, for example, letters, memorandums, facsimiles, electronic mail, conversations in person and by phone.

(Please reference MAHEC policies 3.IT.1005 Master HIPAA Security Policy and 6.HM.1002 Release of Information. All MAHEC policies are located on the MAHEC Intranet under the ‘Publications’ tab.)
CONFIDENTIALITY STATEMENT

PERSONAL INFORMATION

LEGAL NAME (FIRST)          (MIDDLE)          (LAST)

CURRENT EMPLOYER/ SCHOOL/ ORGANIZATION (IF ANY)          HOSTING MAHEC DIVISION/DEPARTMENT

CONFIDENTIALITY ACKNOWLEDGEMENT

MAHEC Patient Information

I understand that, in the course of my work, I may learn information about MAHEC patients including, but not limited to, medical, financial, demographics, and other information considered personal by patients and their families (“Patient Information”). I agree to only use or disclose Patient Information, whether verbal, written or computerized, that is relevant to my job, that I have been authorized to use or disclose, and that I do so in accordance with state and federal privacy and security laws and MAHEC policies and procedures.

I will not access or attempt to access Patient Information unless the information is relevant to my job, and I am clearly authorized to access it. I will not access my own or any family member’s information. I understand that Patient Information access will be monitored. Any improper use or disclosure by me of Patient Information may result in disciplinary action against me including termination of employment with MAHEC, as well as prosecution to the fullest extent of the law.

I understand it is my ongoing responsibility to read and to abide by any and all MAHEC policies and procedures regarding the use and disclosure of Patient Information currently in effect or which may be implemented or revised from time to time.

MAHEC Business Information

I understand that, in the course of my work, I will have access to and learn about confidential and proprietary information, in tangible and intangible form, relating to MAHEC’s business operations, including, but not limited to, contracts, financial information, personnel information, marketing and pricing information (“Confidential Information”). I agree: (i) to treat all Confidential Information as strictly confidential; (ii) not to directly or indirectly disclose, publish, communicate or make available Confidential Information, or allow others to do so, in whole or part, to any entity or person not having a need to know and authority to know and use the Confidential Information in connection with the business of MAHEC; and (iii) not to access or use any Confidential Information, and not to copy or remove any documents, records, files, media or other resources containing any Confidential Information, except as required in the performance of my authorized employment duties. I am obligated to keep confidential the Confidential Information until such time as it has become public knowledge other than as a result of my breach of this Agreement or breach by those acting on my behalf.

SIGNATURE          DATE

PARENTAL CONSENT (IF UNDER THE AGE OF 18)          DATE

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MEDIA AND PUBLIC RELATIONS POLICY

PURPOSE: To define MAHEC’s policy and procedures in working with regional, state, and national television, radio, and print media.

POLICY: MAHEC is committed to the enhancement of excellent working relationships with the media in initiating or responding to requests from the media for information and/or attending programs sponsored by MAHEC.

PROCEDURES: The President/CEO or Director of Marketing will designate institutional representatives to work with the media.

When MAHEC is contacted by representatives of the media:

1. If a MAHEC employee is contacted by the media for an interview, consultation with the Director of Marketing or the President/CEO will be made prior to confirm the interview when possible. When prior consultation is not possible, the MAHEC employee will use his or her best judgment in talking with the media and will inform the Director of Marketing or President/CEO after the interview.
2. When a media representative asks in advance to participate in a MAHEC activity, the President/CEO or the Director of Marketing should be informed of the request, and permission will be obtained from the faculty or consultant providing the program or service for MAHEC and participants involved in the activity, including permission for photographs or videotaping(s).
3. When a media representative attends a MAHEC activity without prior notice, the director or coordinator of the activity will work with the media representative, faculty or consultant, and participant(s) in the most facilitative way possible to obtain permission(s) from those involved, including for photographs or videotaping(s), and to provide the information requested by the media representative.
4. If written information is requested by the media representative, such as evaluations of a MAHEC activity, permission from the faculty or consultant will be obtained before information or documentation is released.

When MAHEC initiates contact with the media:

1. Copies of the press releases will be forwarded to the Director of Marketing and the President/CEO.
2. The Director of Marketing or the President/CEO will be consulted when requesting news coverage of a MAHEC activity and appropriate permission(s) obtained when necessary.
3. 
DRUG & ALCOHOL FREE WORKPLACE POLICY

PURPOSE: As an employer, the Mountain Area Health Education Center, Inc. (MAHEC) is required to adhere to various federal, state, local laws and regulations regarding alcohol and drug use. MAHEC also has a vital interest to protect employees, patients, visitors, and students from risks of accident or injury. As such, MAHEC will provide and maintain a drug- and alcohol-free workplace in keeping with our values and goals.

MAHEC encourages any employee with a substance abuse problem to voluntarily seek help from the employer-provided Employee Assistance Program (EAP).

SCOPE: It is the policy of the Mountain Area Health Education Center (MAHEC) that all employees will abide by the rules and procedures to establish a drug- and alcohol-free workplace.

NON-DISCRIMINATION COMPLIANCE: This drug- and alcohol-free workplace policy complies with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (b) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (c) the North Carolina Controlled Substance Examination Regulation Act (Chapter 95, Article 20 of the North Carolina General Statutes).

1. **Prohibited Employee Conduct**
   The following conduct is prohibited and violations will result in appropriate disciplinary action ranging from a mandatory referral to the Employee Assistance Program (employee assistance network) to termination:

   A. Unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in any MAHEC workplace (i.e. offices, clinics, classrooms, restrooms, vehicles), or while “on duty” as defined by MAHEC policy 3.HR.1002 Drug- and Alcohol-free Workplace.

   B. Being “under the influence” of, or impaired by alcohol or a legal or an illegal drug while performing MAHEC business, while driving a MAHEC vehicle, or while on MAHEC property.

   C. The consumption or possession of alcoholic beverages while “on duty” or on MAHEC property, with the following exceptions:
      a. Consumption of authorized beer, wine, and other alcoholic beverages served to visitors or guests at MAHEC-sponsored events.
      b. Possession of wine or alcohol intended as gifts or for MAHEC-sponsored events.
      c. Storage of alcoholic beverages in a personal vehicle on MAHEC property.
d. Other exceptions specifically authorized in writing through the Corporate Compliance and Risk Management office and/or by the President/CEO of MAHEC or designee.

D. Failing to report an “on duty” accident resulting in damage to property or personal injury.
E. Refusing to be tested when authorized by this policy.
F. Altering or falsifying a screening/testing sample.
G. Refusing to participate or cooperate with a mandatory referral to the employee assistance network.

NOTE: In addition, a conviction or plea of nolo contendere to an alcohol- or drug-related criminal offense may result in appropriate disciplinary action.

2. Reasonable Suspicion Testing/Screening of Employees
A. When the Human Resources Director or designee determines there is reasonable suspicion, as defined in this policy, that any employee “on the job” is under the influence of legal or illegal drugs or alcohol, the employee will be tested.
B. Reasonable suspicion, as defined in this policy, must be based on specific, objective facts, or reasonable inferences drawn from facts, which would cause a reasonable person to suspect that the employee is under the influence of drugs or alcohol.

1. Reasonable Suspicion Testing / Screening of Employees
   a. When the Human Resources Director (or designee) determines there is reasonable suspicion, as defined in this policy, that any employee “on the job” is under the influence of legal or illegal drugs or alcohol, the employee will be tested.
   b. Reasonable suspicion, as defined in this policy, must be based on specific, objective facts, or reasonable inferences drawn from facts, which would cause a reasonable person to suspect that the employee is under the influence of drugs or alcohol.
      a. Any employee or other individual raising an issue of reasonable suspicion should contact the Human Resources Director (or designee). If appropriate,
         i. the completion of at least two (2) independent Reasonable Suspicion Observation Forms verifying behaviors that support a request for drug and/or alcohol testing will be coordinated when possible;
         ii. the employee to be tested and their supervisor will be notified;
iii. drug and/or alcohol testing will be approved/disapproved, and
iv. if approved, the testing will be conducted within two (2) hours of receiving the reasonable suspicion report;
v. transportation of the employee to and from the testing laboratory will be arranged.

2. Random / Pre-employment Screening
   a. It is the general practice that MAHEC does not conduct regular random or pre-employment testing; however,
   b. There may be some positions that require pre-employment screenings as a condition of employment due to an affiliation or contract between MAHEC and another entity that requires such testing.
      i. In these instances, MAHEC may require screening or testing as a contingency of employment for specific positions.
      ii. MAHEC will abide by the screening and testing procedures as outlined below.

3. Screening / Testing Procedures
   a. The screening test of samples for current employees shall only be performed by an approved laboratory. A portion of every sample that produces a confirmed positive examination result shall be preserved by the laboratory that conducts the confirmatory examination for a period of at least 90 days from the time the results of the confirmed positive examination are mailed or otherwise delivered to MAHEC.
   b. In cases of Reasonable Suspicion, after the specimen collection and screening is completed, the employee will be transported to an appropriate location.
   c. Following the specimen collection, the employee may not begin work, or should not return to work, until results of the drug and/or alcohol testing have been received by the Director of Human Resources or designee, reported to the employee and employee’s supervisor, and next steps determined.
   d. The laboratory will report test results directly to the Human Resources Director (or designee). The Human Resources Director
(or designee) is responsible for notifying the employee and the employee’s supervisor of the test results. Appropriate next steps will be determined at that time – provided, of course, that the Human Resources Director (or designee) has been consulted prior to any disciplinary action begin taken.

e. Retesting of positive samples: the examinee shall have the right to retest a confirmed positive sample at the same or another approved laboratory.

   i. MAHEC, through the approved laboratory, shall make confirmed positive samples available to the affected employee, or a designated agent, during the time which the sample is required to be retained.

   ii. The employee must request release of the sample in writing specifying to which approved laboratory the sample is to be sent.

   iii. The employee incurs all reasonable expenses for chain of custody procedures, shipping, and retesting of positive samples related to this request this additional test.

   iv. The written request for a retest of a positive sample must be made with the Director of Human Resources and the approved laboratory within twenty-four (24) hours of the employee receiving the original test results.

f. After-Hours Testing - If reasonable suspicion testing is authorized under Section 2.a of this policy while a MAHEC employee is “on duty” between the hours of 5:00 pm to 8:00 am, Monday – Friday, or anytime during Saturday or Sunday:

   i. the employee will be escorted to the emergency room designated by the Human Resources Director (e.g., Mission Hospitals, Pardee Hospital) for testing;

   ii. following the sample collection for testing, the employee will be escorted home or to another appropriate location; and

   iii. the employee will not return to work until notified.

(Please reference MAHEC policy 3.HR.1002 Drug- and Alcohol-free Workplace)
VEHICLE INSURANCE COVERAGE

FREQUENTLY ASKED QUESTIONS

Definition: Automobile Physical Damage
Loss of or damage to an automobile. Automobile physical damage coverage is provided by comprehensive and collision coverage in an auto policy. Comprehensive provides coverage for losses caused by events, other than collision, including fire, theft, vandalism, and windstorm. Collision provides coverage for losses arising from a collision with another vehicle, object or animal (i.e. a deer).

Does MAHEC’s insurance policy cover me while I am conducting MAHEC business using my personal vehicle?

There are several parts to this question.
• Workers’ compensation covers MAHEC employees who have an accident and are injured in the course of doing business for MAHEC regardless of fault. There are certain exceptions to this coverage (i.e. employee is under the influence of drugs/alcohol at the time of accident, etc.). If your vehicle is damaged in an accident which is your fault: MAHEC’s policy will not cover damage to your vehicle; only your personal insurance will—provided you carry collision/comprehensive.
• If another vehicle is damaged in an accident that is your fault: MAHEC’s policy will not cover damage to another vehicle unless MAHEC is liable as the employer and this would only be for another vehicle or persons injured over and above your personal insurance limits. The same is true for any personal injury to another that results from your negligence.
• If your vehicle is damaged in an accident that is someone else’s fault: The insurance coverage of the person at fault would cover your vehicle. If that person is uninsured or underinsured, your personal insurance would apply—MAHEC coverage would not.

If I am transporting MAHEC equipment/property in my vehicle and my vehicle gets damaged in the process (i.e. the seat gets torn), does MAHEC’s insurance policy cover this?

No, you would need to file a claim for your vehicle’s damage with your personal insurance.

Would MAHEC’s insurance policy cover theft/damage of MAHEC equipment/property in my car?

Yes.
Would MAHEC’s insurance policy cover theft/damage of my personal belongings—out of my car or a MAHEC vehicle?

No, you would need to file a claim with your insurance company.

Does MAHEC’s insurance policy cover me while I am driving a MAHEC vehicle?

Yes. If property damage/personal injury results from an accident that is your fault, you and MAHEC are covered under the liability. If property damage/personal injury result from an accident that is another’s fault and that driver is underinsured or uninsured, you and MAHEC are covered under the endorsement for underinsured/uninsured motorists.

Are passengers covered while riding in MAHEC vehicles?

Yes. MAHEC’s policy has $10,000 medical pay coverage; this covers any passenger up to $10,000 per person. If injuries sustained lead up to more than $10,000 it becomes a bodily injury claim and is covered under MAHEC’s liability insurance if the accident was caused by negligence of MAHEC or the person driving on behalf of MAHEC.

Is my vehicle covered if damage occurs in the MAHEC parking lot?

No, your own automobile/homeowner’s insurance would have to cover this damage. The only exception to this would be if a MAHEC vehicle does the damage.

If I am renting/leasing a vehicle for MAHEC business, should I purchase additional insurance for the vehicle?

No, MAHEC has coverage on any vehicle that you rent/lease for use when conducting MAHEC business but only if it is leased in MAHEC’s name, not your own.

What do I do if I am involved in a vehicle accident?

Below are procedures for MAHEC employees to follow when they are involved in vehicle accidents while conducting MAHEC business. This includes any vehicle (MAHEC, rental, personal)! Questions regarding these procedures should be directed to Risk Management at (828) 257-4415.

 In the case of an accident, if there are no injuries and the vehicle is drivable, move your vehicle to the shoulder of the road or another safe place. Once you have moved your car to the side of the road, contact law enforcement by dialing 911.
 Do not admit fault. Make no commitments and do not argue with anyone at the scene.
 Complete a MAHEC Incident Report within one business day of accident. Attach the police report to Incident Report and send to Risk Management.
If the accident caused a MAHEC employee riding in the vehicle bodily injury, Workers’ Compensation guidelines must be followed.

TRAVEL POLICY AND PROCEDURE

Listed below are the four basic components of travel for which reimbursement will be made.

You may obtain further details and the complete travel policy that includes a list of approved one-way and round-trip mileage totals along with the proper forms by contacting Fiscal Services or your Program Coordinator.

1. Transportation. This includes the use of any common carrier (such as scheduled airline, rail or bus), privately owned vehicle or airplane, or rented vehicle. MAHEC has a fleet of vehicles and encourages all staff to try and utilize a MAHEC owned vehicle FIRST when planning work-related travel and before considering use of your personal vehicle. If use of your personal vehicle is the only alternative, mileage is reimbursed at the current federal allowable standard rate in effect.

2. Meals. This is reimbursed on a standard, per meal basis, limited to the rates established per MAHEC policy 3.AD.1001 Travel & Mileage Reimbursement policy.

3. Registration Fees. Expenses related to registration for education seminars and other education can be paid directly by MAHEC or reimbursed to the employee. Prior authorization is required.

4. Other Expenses. Including parking fees, tolls or other business expenses incurred for more than $3.00 require a receipt attached to the Expense Report form in order to receive reimbursement.

PLEASE REMEMBER THAT ORIGINAL RECEIPTS ARE NEEDED FOR ALL EXPENSES EXCEPT FOR MEALS.

PROGRAM REQUIREMENTS

ACGME Common Program Requirements
http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/CPRs_2017-07-01.pdf

ACGME Institutional Requirements

ACGME Family Medicine Requirements
https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/120_family_medicine_2017-07-01.pdf

ACGME Sports Medicine Fellowship Program Requirements
https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/116-127-333-
ACGME Hospice and Palliative Medicine Fellowship Program Requirements
https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/540_hospice_and_palliative_medicine_2017-07-01.pdf

ACGME Obstetrics and Gynecology Program Requirements
https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/220_obstetrics_and_gynecology_2017-07-01.pdf

CODA General Practice Residency Standards
https://www.ada.org/~/media/CODA/Files/gpr.pdf?la=en