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Partnering with people to live healthier lives by providing quality graduate medical education

INTEGRIS Health

Graduate Medical Education

Handbook

2026-2027

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Graduate Medical Education
Resident Handbook Introduction

INTEGRIS Health Graduate Medical Education Department publishes this official Graduate Medical Education Resident Handbook* that is revised periodically and distributed to all residents. The Graduate Medical Education Committee, in compliance with institutional policies and procedures and with input from the administration and the Designated Institutional Official (DIO), is responsible for the content of the Handbook.

The Handbook is the official policy manual for residency programs sponsored by INTEGRIS Health. For any policy issue not specifically defined in this Handbook, INTEGRIS Health policies applicable to all other caregivers will apply. The manual includes the policies that govern the residency programs, salary and benefit information and additional information, e.g. medical and osteopathic licensure information for the State of Oklahoma. Residents are required to read the Handbook and abide by the policies, procedures and regulations in the Handbook. These policies must be attached, in summary or in complete form, to the information sent to serious applicants for residency programs and are available on the INTEGRIS Health Graduate Medical Education website Graduate Medical Education | INTEGRIS Health.

The Handbook provides an introduction to the Sponsoring Institution, INTEGRIS Health, and the primary clinical sites INTEGRIS Health Baptist Medical Center and INTEGRIS Health Southwest Medical Center, and the major policies and organizational structure within the institutions related to graduate medical education, and the residency programs. The Handbook is not an exclusive reference and is revised and updated as determined by the Graduate Medical Education Committee (GMEC). It is the responsibility of the resident to determine that he or she is relying on the most current version of any particular policy.

Individual residency programs will have program specific handbooks, which include program specific policies and procedures, curricular material, details concerning program specific resident responsibilities and duties, and other information, which supplements the institutional policies included herein. If there are any inconsistencies between program specific handbooks and the Graduate Medical Education Handbook, the Graduate Medical Education Handbook will be the overriding document.

The INTEGRIS Health Graduate Medical Education Committee approved the Graduate Medical Education Resident Handbook 2026-2027 on May 14, 2026.

*The Graduate Medical Education Handbook is identified variously as the “Handbook”, the “Resident Handbook”, and the “Graduate Medical Education Handbook”, all of which refer to this document. Any reference to “Resident” in the Handbook applies to residents, interns, and fellows unless otherwise indicated.

Graduate Medical Education Structure

INTEGRIS Health is committed to the provision of quality resident education in an environment, which supports safe and effective patient care, and optimum development of the resident as a future medical professional. The INTEGRIS Health Board of Directors defines institutional commitment to Graduate Medical Education through a Letter of Commitment. The Letter of Commitment is updated a minimum of every five years and/or with any change of Institutional Board President or Chief Executive Officer (CEO). The Board provides final oversight for Graduate Medical Education activities through an established reporting structure.

The attached organizational charts demonstrate the structure of graduate medical education at INTEGRIS Health (See Appendices B & C). Diagnostic Radiology, Emergency Medicine, Hand Surgery, and Great Plains Family Medicine Programs are accredited by the Accreditation Council for Graduate Medical Education (ACGME).

All Residency Program Directors report to the Designated Institutional Official (DIO). The DIO provides an annual report, which includes an Executive Summary of the Annual Institutional Review, to the INTEGRIS Health Board. The DIO reports to the Vice President, Medical Affairs, who reports to the Chief Physician Executive, and is a member of the Medical Executive Committees of INTEGRIS Health Baptist Medical Center and INTEGRIS Health Southwest Medical Center. The Chief Physician Executive through the CEO reports to the INTEGRIS Health Board. The Medical Executive Committees and the Boards of Directors provide feedback to the GMEC and the residency programs through the DIO.

The Boards of Directors and Medical Executive Committees of all INTEGRIS Health facilities have final authority and responsibility for the residency programs of INTEGRIS Health.

Information for Applicants

In accordance with ACGME requirements, each Program Director or designee will provide the following information concerning the terms, conditions, and benefits of employment and board eligibility in writing or electronically to all applicants who are invited for an interview:

- Stipends, benefits, professional liability coverage, and disability insurance accessible to residents
- Institutional policy(ies) for vacation and leaves of absence, including medical, parental, and caregiver leaves of absence
- Health insurance accessible to residents and their eligible dependents
- Eligibility information for the relevant specialty board examination(s)
- Program aims (consistent with the Sponsoring Institution's mission)

The same information is available to all applicants on the INTEGRIS Health Graduate Medical Education website.

In accordance with requirements of the National Residency Matching Program (NRMP), a sample contract and the institution's policies on visa status and eligibility for appointment to a residency or fellowship position, as applicable will be available to applicants prior to the rank order list certification deadline. The policies and eligibility criteria are included within this Handbook. The sample contract will be available on the INTEGRIS Health Graduate Medical Education website.

Appointments to Residency Positions

General eligibility and selection criteria for all residency programs are defined below and are consistent with guidelines issued by the Accreditation Council for Graduate Medical Education. Programs may have additional criteria; the criteria should be explicit and communicated in writing or by electronic means to all applicants and individuals in the program who evaluate resident applications and/or are involved in the resident selection process.

Eligibility Criteria

Applicants for graduate medical education programs sponsored by INTEGRIS Health are eligible for appointment if they meet one of the following qualifications:

- Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME) who have passed the United States Medical Licensing Examination (USMLE) Step 1 and Step 2 Clinical Knowledge and Clinical Skills Examinations (CK and CS) and who hold a Special License for Training or regular medical license in the State of Oklahoma.
- Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association who have passed both the USMLE Step 1 and Step 2 (CK and CS) or the COMLEX-USA Level 1 and Level 2-CE and clinical skills examination.
- Graduates of medical schools outside the United States and Canada who meet the following qualifications:
    - Hold a currently valid standard certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) or have a full and unrestricted license to practice medicine in a United States licensing jurisdiction in his or her current ACGME specialty/subspecialty program and
    - Are citizens of the United States OR hold either a J-1 visa or a permanent immigrant visa ("green card"), the requirements for which include passing Step 1 and Step 2 (CK and CS) of the USMLE, or

All applicants for positions at the level of PGY-2 or above must meet the following additional qualifications:

- Allopathic (MD) applicants must have passed Steps 1, 2, and 3 of the USMLE or Steps 1 and 2 and obtain specific approval from the Oklahoma State Board of Medical Licensure and Supervision.
- Osteopathic (DO) applicants must have passed either USMLE Steps 1-3 or the osteopathic examination, COMLEX-USA Levels 1-3.
- Hold a regular medical license, an extension to a Special License for Training, or an osteopathic medical license in the State of Oklahoma.
- Completion of all prerequisite training requirements to enter any program that begins at the PGY2 year or above.

    Examples: 1) Radiology – Applicants must successfully complete PGY1 training in an ACGME, AOA, RCPSC*, or CPFC* accredited residency or transitional year program which meets requirements defined by the Radiology ACGME RRC to be eligible for the first year of the Radiology Program.
    2) Hand Surgery - Applicants must successfully complete a residency in an ACGME, AOA, or RCPSC* accredited Orthopedics, Plastic Surgery, or General Surgery program to be eligible for the Hand Surgery fellowship.

- Program Directors must obtain verification of each residency applicant's or entering fellow's (as applicable) level of competency in the required field using ACGME/CanMEDS Milestones assessments from the prior (resident)/core (fellow) training program.

Appointments to Residency Positions (continued)

Selection of Residents

Residents for graduate medical education programs are selected according to the following criteria:

- Residents are selected from among eligible, qualified applicants on the basis of their academic credentials, abilities, aptitude, preparedness, communication skills, and personal qualities, including motivation and integrity.
- ACGME accredited programs: Positions will be selected through The Main Match of the National Resident Matching Program (NRMP), for programs to which the Main Match applies, and may be selected through the Specialty Matching Program for programs to which the Specialty Match applies.
- It is the policy of INTEGRIS Health to pledge its full support to equal employment opportunity for all persons, regardless of race, color, ethnicity, religion, sex, national origin, marital status, genetic information, sexual orientation, transgender status, gender identity, physical or mental disability, age, service in the uniformed services, status as a disabled veteran, recently separated veteran, other protected veteran, or Armed Forces service medal veteran, or membership in any other protected class as defined by applicable state or federal law.
- INTEGRIS Health is an Affirmative Action Employer and complies with all federal regulations related thereto.
- Programs may elect at the discretion of the Program Director to participate or not in the Supplemental Offer and Acceptance Program (SOAP).

*RCPSC – Royal College of Physicians and Surgeons of Canada
*CFPC – College of Family Physicians of Canada

Appointments to Residency Positions (continued)

Resident Transfer

Applicants requesting transfer into a residency program beyond the first program year are eligible for consideration if:

1. There is an open position at the appropriate training level which the Program Director in consultation with the DIO agrees to fill.

2. The resident meets the following criteria:
    a. All criteria as noted above for PGY2 training.
    b. Satisfactory completion of all requirements of residency prior to the year of transfer documented in a letter from the previous Program Director. The letter must
        i. Verify previous education experiences including specific rotations completed
        ii. Document adequacy and evaluation of performance in each rotation
        iii Document procedural/operative experience
        iv Assess resident's overall competency-based performance in each of the following using ACGME or CanMEDS Milestones (summative evaluation):
            1. Patient Care and Procedural Skills
            2. Medical Knowledge
            3. Practical Based Learning and Improvement
            4. Interpersonal and Communications Skills
            5. Professionalism
            6. Systems Based Practice
    c. Residents defined in 2) below require a letter from the PGY1 Program Director one to two months prior to completion of the year describing the resident's current standing. All documents must be included in the resident file.

The ACGME defines a "transfer resident" for whom the above requirements apply as:

1) A resident who moves from one program to another within the same or a different Sponsoring Institution
2) A resident who enters a PGY2 program requiring a preliminary year even if the resident was accepted into both the PGY1 and PGY2 year programs simultaneously (through the Match)

Employment Requirements

1. Residents must obtain and maintain medical licensure as defined in the Graduate Medical Education Handbook.
2. Residents must be eligible for participation in federally qualified health programs including but not limited to Medicare and Medicaid. A list of individuals with sanctions that would disqualify their participation can be found on the following website- www.oig.hhs.gov.
3. Residents must satisfy background check requirements of INTEGRIS Health.
4. Each Resident must declare that he/she is not currently required to register under the provisions of the Oklahoma Sex Offenders Registration Act or the Mary Rippy Violent Crime Offenders Registration Act. In the event a Resident should be required to register under the provisions of the Oklahoma Sex Offenders Registration Act or the Mary Rippy Violent Crime Offenders Registration Act, he/she must notify the Graduate Medical Education Office immediately and shall not be allowed to participate in any clinical activities at INTEGRIS Health, Inc.
5. Any request for H1B Visa status must be reviewed and approved in advance by the DIO and the INTEGRIS Health Legal Department. Any resident hired under an H1B Visa status or who anticipates transition into an H1B status during the residency program will be responsible to communicate any visa notifications immediately with the Graduate Medical Education Office and will be responsible for all costs related to initiation and/or maintenance of the visa that are not required by law as the responsibility of the institution.
6. Residents must maintain appropriate Social Security cards and provide copies to the institution when requested.

Licensure for Residents

Licensure for Residents

Each Program Director must be aware of the medical and osteopathic licensure requirements. The Oklahoma Board of Medical Licensure and Supervision and the Oklahoma State Board of Osteopathic Examiners have strict guidelines and no tolerance for missed deadlines or incomplete applications. Residents may not participate in direct patient care unless they are properly licensed in the State of Oklahoma. First-year allopathic residents must obtain a Special License for Training before they begin residency. First-year osteopathic residents must obtain a Resident Training License before they begin residency.

The Graduate Medical Education Office and the Program Directors will include licensure information in their communications with residents.

It is the responsibility of each resident to submit all licensure applications and documents in compliance with established deadlines. Failure to comply with the medical licensure laws of the State of Oklahoma or the institutional requirements regarding licensure is sufficient grounds for suspension and/or termination of residency training.

Failure to comply with the medical licensure laws of the State of Oklahoma or the institutional requirements regarding licensure is sufficient grounds for suspension and/or termination of residency training…

Allopathic Physicians (MD Degree)

Allopathic medical graduates must obtain a medical license from the Oklahoma Board of Medical Licensure and Supervision (Oklahoma Medical Board). PGY-1 residents must obtain a Special License for Training. Residents in the PGY-2 year or beyond generally obtain a full license. (In certain situations, determined by the licensure board, PGY-2 residents may renew a Special License for Training).

Residents should contact the licensure board directly for license applications and requirements. The process required to obtain a medical license is time consuming. Residency applicants should begin the process as soon as possible.

A resident may not begin the PGY-1 year and will not be placed on the payroll without an unrestricted medical license.

Osteopathic Physicians (DO Degree)

Osteopathic graduates must obtain a medical license from the Oklahoma State Board of Osteopathic Examiners. PGY-1 residents must obtain a Resident Training License. Residents in the PGY-2 year and beyond must obtain a regular license. Residents should contact the licensure board directly for license applications and requirements. The process required to obtain a medical license is time consuming. Residency applicants should begin the process as soon as possible.

A resident may not begin the PGY-1 year without a Resident Training License and may not begin the PGY-2 year without a full unrestricted license. A resident will not be placed on the payroll without the appropriate unrestricted license.

Licensure for Residents (continued)

Licensure Board Address

At the time of publication of this Handbook the mailing addresses for the Oklahoma State Board of Medical Licensure and Supervision and the Oklahoma State Board of Osteopathic Examiners are as listed below. Users are cautioned to check the current mailing address.

Oklahoma Board of Medical Licensure and Supervision
P.O. Box 18256
Oklahoma City, OK 73154-0256

Or

101 NE 51st Street
Oklahoma City, OK 73105
Telephone: (405) 962-1400
Fax: (405) 962-1440

Oklahoma Board of Osteopathic Examiners State of Oklahoma
5400 N. Grand Blvd. Ste. 130
Oklahoma City, OK 73112
Telephone: (405) 528-8625
Fax: (405) 557-0653

USMLE Step 3

USMLE Step 3 is a joint program of the Federation of State Medical Boards of the United States, Inc. and the National Board of Medical Examiners and must be scheduled through the Prometric website. To be eligible to sit for USMLE Step 3, see https://www.usmle.org/ and applicable Oklahoma Medical Board regulations. Residents should take the examination to obtain scores within time to obtain a full medical license by the beginning of the PGY-2 year.

COMLEX USA 3

The National Board of Osteopathic Medical Examiners administers Step 3 of the COMLEX USA examination. See https:/www.nbome.org/exams-assessments/comlex-usa/. Osteopathic residents usually take the COMLEX examination in December of the PGY 1 year and must pass the examination to be eligible for full Osteopathic licensure at the end of the PGY 1 year. Residents should take the examination to obtain scores within time to obtain an osteopathic license by the beginning of the PGY-2 year.

Resident Contracts

INTEGRIS Health will provide each resident with an employment agreement outlining the terms and conditions of appointment including but not limited to resident responsibilities and salary and benefit information, requirements for contract renewal, or contract termination and any additional contract terms/conditions as defined by the ACGME. This Handbook and the policies herein are incorporated into each Resident Employment Agreement by reference. A copy of the signed Employment Agreement will be maintained in each resident's file.

Salaries

Resident salary schedule for: 2026-2027

PGY-1	$65,839
PGY-2	$68,250
PGY-3	$70,350
PGY-4	$74,676
PGY-5	$80,457
PGY-6	$83,888
PGY-7	$87,823
PGY-8+	$92,071

Residents must complete all training requirements of the 2025-2026 academic year to transition to the 2026-2027 salary schedule.

This page will be revised annually.

Resident Benefits

Insurance Benefits

Residents who are caregivers of INTEGRIS Health are provided group health, dental, disability, professional liability and life insurance on the same terms as any other full-time caregivers of INTEGRIS Health, with exceptions as noted below. (See Appendix D for links to online Benefits Handbook). If there are any differences between this document and the Benefit Plan Documents, the Benefit Plan Documents including any updates thereto will override.

Health:	INTEGRIS Health Caregiver Benefit Plan as outlined in the INTEGRIS Health Benefits Handbook.
Dental:	INTEGRIS Health Caregiver Benefit Plan as outlined in the INTEGRIS Health Benefits Handbook.
Benefit Reimbursement Accounts:	INTEGRIS Health Caregiver Benefit Plan as outlined in the INTEGRIS Health Benefits Handbook.
Group Term Life And Accident:	INTEGRIS Health Caregiver Benefit Plan as outlined in the INTEGRIS Health Benefits Handbook.
Group Short-Term Disability:	INTEGRIS Health Caregiver Benefit Plan as outlined in the INTEGRIS Health Benefits Handbook.
Group Long-Term Disability:	INTEGRIS Health Caregiver Benefit Plan as outlined in the INTEGRIS Health Benefits Handbook.
Professional Liability:	For INTEGRIS Health employed residents, minimum coverage shall be consistent with and meet the requirements of INTEGRIS Health and the Medical Staff Bylaws of the Primary Clinical Site.
Workers' Compensation:	Provided pursuant to state statutory requirements.

Retirement Benefits

Retirement Savings Plans:	INTEGRIS Health Caregiver Benefit Plan as outlined in the INTEGRIS Health Benefits Handbook.

Resident Benefits (continued)

Paid Time Off (PTO): See INTEGRIS Health Policy SYS-HR-250 for definitions of and acceptable uses for PTO.

a. Physician is credited with the frontloaded PTO hours into physician's PTO bank on his or her date of hire and annually each January as outlined in the PTO – Caregivers Policy.

b. Physician can carry forward a maximum of 40 hours PTO at the end of the calendar year.

c. Physician is not eligible to receive payment of PTO balance at the time of physician's termination or change to ineligible status.

Family Leave - Federal Guidelines:

Federal law mandates that after one (1) year of employment with INTEGRIS Health residents may take up to twelve (12) weeks (combined paid and unpaid) leave during a twelve (12) month period for the birth or adoption of a child, or placement of a foster child, in order to care for the child. This time must end not later than twelve (12) months after the day of birth or placement of the child. Similarly, such leave can be used for medical reasons or to care for a seriously ill spouse, child or parent consecutively or on an intermittent or reduced time basis with acceptable documentation from a physician.

INTEGRIS Health Graduate Medical Education Leave of Absence Policy:

INTEGRIS Health will allow up to six (6) weeks of time away from training paid at 100% for purposes of parental, caregiver, and medical leave once during training without exhausting all other allowed time away from training and without automatic extension of training. The Program Director and Clinical Competency Committee will determine during the spring Milestones review whether a resident has met training requirements to progress to the next level of training, or if progression will be delayed.

Residents must submit a leave of absence request to the institutional leave specialist for review at least 30 days prior to the first day of leave requested. Exceptions will be granted for emergent circumstances. Request must be approved before a resident may utilize this source of paid leave. It is the resident's responsibility to notify the GME Office and Program Director of requested leave so adjustments to schedules can be made as necessary.

Resident is not permitted to participate in moonlighting while on leave.

Resident Benefits (continued)

Educational Leave:

Days used for travel to and from meetings and attendance at the meeting must be defined in advance of the meeting as professional leave or other type of leave. As defined by Program and Institutional policy, expenses may be reimbursed or subject to limited reimbursement. Travel and lodging arrangements must be made in advance and are subject to the approval of the DIO or his/her designee, if reimbursement is to be allowed.

Other Leave:

Other leave may be granted as available per INTEGRIS Health Policies.

Counseling Services:

Residents that are INTEGRIS Health caregivers are provided counseling services through the Caregiver Assistance Program.

Other Benefits:

Call Quarters:	Call quarters and amenities are available as needed.
Library/Internet Access and Education Materials:	Access to library facilities, including books, journals, online databases, computer programs, online educational programs, and medical librarian assistance is available for clinical decision-making and research as required by the individual program. Professional expenses for additional education items are available per the individual program's budget.
Parking:	Free parking is available in the Primary Clinical Site parking areas and at designated locations for certain external rotations, or as designated by the DIO, Program Director, or his/her designee. The DIO, Program Director, or his/her designee will make parking assignments depending on the location of a specific rotation. Residents must abide by all rules of INTEGRIS Health, Inc. and other rotation sites regarding parking registration, parking cards, parking stickers, etc.
Meals:	Meals are furnished at no charge, if a resident is on call.
Scrubs:	Scrubs and lab coats are available per individual program.

Employment Policies

Unless this Graduate Medical Education Handbook defines otherwise, INTEGRIS Health Institutional policies that apply to all other caregivers also apply to residents.

The following policies, which apply to caregivers of INTEGRIS Health including residents are available on the INTEGRIS Health Policies webpage which is referenced in Appendix A. These policies are referenced because of their particular relevance to residents and/or the residency programs.

• Parking	SYS-ADM-250
• Social Media	SYS-ADM-704
• Non-Retaliation	SYS-CMP-108
• Non-Monetary Compensation and Incidental Benefits to Referring Physicians	SYS-CMP-109
• Caregiver Gifts and Awards	SYS-CMP-111
• Emergency Operations Plan	SYS-ESOP-4000
• Severe Weather Response (Code Black)	SYS-ESOP-4002
• Overnight Travel	SYS-FIN-103
• Business Expense Reimbursement	SYS-FIN-110
• Dress Code	SYS-HR-131
• Employee Incident Reporting	SYS-HR-150
• Bereavement Leave	SYS-HR-151
• Equal Employment Opportunity	SYS-HR-204
• Accommodations for Disability or Religion	SYS-HR-206
• Leaves of Absence (Family, Medical, Personal and Military)	SYS-HR-210
• Harassment	SYS-HR-213
• Paid Time Off (PTO) – Caregivers	SYS-HR-250
• Workplace Violence Prevention Program	SYS-HR-320
• Solicitation and Distribution	SYS-HR-606
• Drug and Alcohol-Free Workplace	SYS-HR-609
• Hand Hygiene	SYS-IP-0190
• Caregiver Immunizations	SYS-IP-0202
• Influenza Vaccination Program	SYS-IP-0203
• Tuberculin Screening	SYS-IP-0205
• Information Security	SYS-IM-100
• Email Security	SYS-IM-106
• Record Retention and Destruction	SYS-LGL-109
• Vendor Relationships	SYS-MAT-105

The Human Resources Department will provide each resident with a copy of "Code of Conduct" prior to Orientation. The resident is expected to sign confirming receipt of the document and to read the document.

Employment Policies (continued)

Caregiver Health Policies

Caregiver Health telephone numbers: On Call Nurse……...570-0112 IHBMC……951-2903 IHSMC……636-7336

Residents are expected to comply with all applicable INTEGRIS Health caregiver health and infection control policies and procedures. The following immunizations (or documentation of same) are required:

Measles – 2 doses

Mumps – 2 doses

Rubella – 1 dose

Varicella – 2 doses

Seasonal Flu as required by system policy

Tuberculosis as required by system policy

COVID vaccine as required by system policy

Hepatitis B vaccine strongly encouraged

TDaP vaccine as required by system policy

Hepatitis A vaccine as required by system policy

Compliance with universal precautions and institution-provided OSHA training is required. Blood or body fluid exposures should be reported immediately to the Program Director, Supervisor on duty and/or INTEGRIS Caregiver Health.

Residents are expected to comply with all institutional Infection Control Policies including hand washing policies. Personal Protective Equipment will be provided; the Environmental Health and Safety Department will fit test applicable residents for appropriate respirator masks.

Employment Policies (continued)

Leave of Absence

The ACGME, and/or certification boards define maximum allowed leave during resident training and may define minimum leave which must be provided. Program Directors are required to monitor resident leave to ensure all leave meets requirements of the ACGME and the applicable certification board. In addition, any leave taken must be in compliance with federal and state laws and regulations, INTEGRIS Health Policies, Employment Agreements, and policies defined by individual programs, to ensure residents meet all educational requirements for program completion, and all requirements for eligibility to sit for specialty board examinations. The Program Director must provide the resident with a written statement of the effect of the leave of absence on completion of the training program and a similar statement or documents issued by the applicable certifying board of the effect of the leave on the resident's eligibility to sit for the specialty certification examination. A copy of the written statements/certifying board documents must be included in the resident file. Programs must establish leave policies, which are in compliance with the requirements of the appropriate Residency Review Committee of the ACGME.

Any request for leave outside the program specific policy limits must be approved in advance and in writing by the Program Director. Arrangements must be made to complete all educational requirements of the program. Maternity leave, military leave, or other unanticipated extended leave may require program adjustment or extension and must be developed and approved in advance (when possible) by the Program Director (see INTEGRIS Health Graduate Medical Education Leave of Absence Policy on page 12). The DIO must approve in advance extensions beyond the standard program time limits.

Computer Policy

Each resident will be assigned an INTEGRIS Health email address. The resident is expected to check his/her email daily. All computer use must comply with Information Security Policy. All e-mail use must comply with the Email Security Policy.

See Information Security (SYS-IM-100) and Email Security Policies (SYS-IM-106): Appendix A

Medical Records

Residents are expected to comply with all institutional policies related to electronic and/or paper medical record documentation and completion. Details are documented in the Medical Staff Rules and Regulations of the applicable hospital which are available electronically to all residents. Training for software programs: Epic and PACS (radiology) is provided during resident orientation. Additional training can be provided if requested.

Vendor Relationships

It shall be the responsibility of the Program Director to establish policies and/or guidelines for resident interactions with vendors. Such policies/guidelines should provide a model for ethical development for residents. The policies/guidelines must at a minimum comply with INTEGRIS Health policy "Vendor Relationships" (SYS-MAT-105) (See Appendix A) and any subsequent or related policies and must be consistent with the principles and standards of conduct defined in the INTEGRIS Health Caregivers "Code of Conduct".

Program Directors are responsible to ensure residents and fellows are provided education concerning the "Sunshine Act", and to remain cognizant of the fact that faculty physicians, fellows in training, INTEGRIS Health and each INTEGRIS facility including the two primary clinical sites IHBMC and IHSMC are subject to manufacturer reporting requirements under the "Act".

Resident Orientation

The Graduate Medical Education office will conduct a general orientation for residents at the beginning of each academic year in late June or July. The orientation will include caregiver orientation information required by INTEGRIS Health. The Program Directors will provide program specific orientation as appropriate. The Graduate Medical Education Office will notify residents of the date, time, and place of the orientation. Attendance is mandatory.

General Orientation (Graduate Medical Education Office)

The general orientation will provide residents with an overview of INTEGRIS Health and the primary clinical sites INTEGRIS Health Baptist Medical Center and INTEGRIS Health Southwest Medical Center and the policies of the institutions, which apply to all residents. The Graduate Medical Education Staff will make a current copy of the Resident Handbook available. Speakers will discuss the following topics and may provide handouts at their discretion:

- Introduction to INTEGRIS Health mission, vision, and values
- Introduction to various hospital departments which provide support services to residents and other personnel (examples: Pharmacy, Information Technology, etc.)
- Hospital policies that affect residents (medical records, confidentiality, and compliance including HIPAA, Code of Conduct, on call quarters, meals, conferences, etc.)
- Parking and Security
- Infection prevention and methods to address exposures
- Environment of care (safety hazards in the hospital setting), and emergency codes
- Patient care responsibilities, graded supervision, relationships with attending physicians, other residents, and allied health care personnel
- Information systems
- The Learning and Work Environment requirements and methods to monitor and address resident fatigue, and the effects of sleep deprivation
- Graduate Medical Education and other committees
- Resident Forum
- Resident participation in Quality and Performance Improvement activities
- Stress management, counseling resources available, and services available to address physician impairment
- Disciplinary and Grievance Procedures and methods available to address issues confidentially
- Introduction to accreditation agencies and their requirements with particular focus on the six ACGME competencies

Caregiver benefits will be reviewed, and arrangements made for residents to sign up for benefits.

Resident Orientation (continued)

Program Specific Orientation (Program Directors)

Each Program Director will provide a program specific orientation; the orientation will include an overview of the topics listed below as each topic relates to the specific program. Resident attendance is mandatory.

- Organization and conduct of the training program, including any changes made in the last year
- Introduction to the key persons in the program
- Rotation and call schedules
- Vacation requests and scheduling
- Distribution of program policies and/or a program handbook
- Distribution of program educational goals and objectives and training program requirements
- Patient care responsibilities, graded supervision, relationships with attending physicians, other residents, and allied health care personnel
- Documentation requirements, including electronic and/or paper procedure logs requirements
- Medical record documentation requirements
- Call coverage responsibilities
- Expectations for residents' participation in lectures, conferences, journal clubs, and other educational sessions, including attendance requirements
- Expectations concerning participation in scholarly activity including any requirements for research and/or publication
- Resident evaluations including specific assessment tools or procedures used to evaluate the six ACGME competencies
- Introduction to the ACGME Milestones tracking process
- Faculty and program evaluations
- Moonlighting

Resident Orientation (continued)

The Graduate Medical Education Committee will monitor the following program specific educational sessions which will be required for each Residency Program annually. Resident attendance is mandatory.

- Harassment in the Workplace
- Medical Marijuana
- HIPAA/Advance Directives/EMTALA/Fraud and Abuse
- Sleep Deprivation and Fatigue
- Pain Management
- Risk Management
- Introduction to the IRB and for programs which perform scholarly activities that require IRB review and/or approval
- Hand-offs/Care Transitions
- AMA GME Competency Education Program curriculum
- Physician Impairment/Substance Abuse
- Teamwork
- AIDET (Interpersonal Skills)

The Graduate Medical Education Office will arrange, as part of orientation, for training for the electronic medical record (Epic) and the residency tracking system (New Innovations).

Curriculum

The Program Director is responsible for oversight of all educational activities of the residency program. Each program must comply with common and specialty specific requirements of the applicable Residency Review Committee of the ACGME. Each program's curriculum must contain the following educational components:

1. A set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates;
2. Competency-based goals and objectives for each educational experience designed to promote progress in a trajectory to autonomous practice;
3. Delineation of resident responsibilities for patient care, progressive responsibility for patient management, and graded supervision;
4. A broad range of structured didactic activities; and,
5. Formal educational activities that promote patient safety-related goals, tools, and techniques.

Each program must integrate the following ACGME Competencies into its curriculum:

1. Professionalism
2. Patient Care and Procedural Skills
3. Medical Knowledge
4. Practice-based Learning and Improvement
5. Interpersonal and Communication Skills
6. Systems-based Practice

The Program Director is responsible to ensure:

1. Faculty guide residents in the development of a program of ongoing professional growth and development.
2. Residents participate fully in scholarly and educational activities of the program.
3. Residents complete all documents provided directly by the accreditation agencies including but not limited to procedure logs and resident surveys.
4. Senior residents assume increasing responsibility for patient care and oversight/teaching of other residents and students.

Scholarly Activity

Resident and faculty requirements for participation in scholarly activity and off-site educational programs are specialty specific and are defined by the respective ACGME-RRC.

The Program Director is responsible to ensure appropriate resident participation in the required scholarly activity and off-site educational program requirements and to notify the GME office and/or DIO sufficiently in advance to prepare appropriate legal documents for and to budget for the training.

International Training Experiences

Any request for an international training experience must be submitted in sufficient time to review all documents and any questionable issue. The DIO must personally approve each request. The training experience must include appropriate supervision, educational goals and objectives, an appropriate evaluation of resident performance, and oversight of the experience by a reputable organization as determined by INTEGRIS Health. The resident is responsible for costs of the experience e.g. travel, lodging, any professional liability coverage beyond that provided by INTEGRIS Health coverage and the costs and management of documents, immunizations, etc. required for international travel.

Evaluation Forms

The following evaluations can be located in New Innovations:

Evaluation of the Resident
Evaluation of the Faculty
Evaluation of the Rotation
Evaluation of the Program
Program-Specific Evaluations, including Milestones
Summative Evaluation of Resident
Final Evaluation of Resident

https://www.new-innov.com/login/

Evaluation of Resident

Purpose of Evaluations

The purpose of resident evaluations is to provide information on resident performance:

1. To assess resident competence, and the acquisition of the knowledge, skills, and behaviors required to enter autonomous practice.
2. To determine whether the resident's acquisition of knowledge, skills, and behaviors progresses on a trajectory adequate to demonstrate competency at the time of anticipated program completion.
3. To identify resident deficiencies and initiate corrective measures to enhance professional development.
4. To make decisions on promotion.
5. To provide data to specific boards for certification.
6. To write letters of recommendation.
7. To identify strengths and weaknesses in the program that may require modification.

ACGME Requirements

Each specialty's Residency Review Committee (RRC) establishes specific guidelines for evaluation of residents. These guidelines are found in the Program Requirements for each residency training program available on the ACGME web site. The ACGME requires the Graduate Medical Education Committee provide oversight of the evaluation process to ensure the process meets general ACGME and specific Program requirements. Resident evaluations required of all programs include:

1. **Rotation/Assignment Evaluation**
   Evaluations designed to assess resident competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communications skills, professionalism and system-based practice as defined in the Program Requirements. Evaluations must be performed and documented at the completion of each rotation or similar educational assignment. For block rotations of greater than three months in duration, evaluation must be documented at least every three months. Appropriate and timely feedback to the resident is required. Evaluations must be maintained in the resident's file and must be available only to the resident and other authorized personnel.

   The evaluation tools must provide an accurate assessment of the resident's competence in each of the areas listed above and should relate to specific educational objectives for individual rotations or other educational experiences as often as possible. Results of resident assessments should be used to develop learning plans for each individual resident and to develop improvements in the overall training process. The program must use multiple evaluators (e.g., faculty members, peers, patients, and other professional staff members).

2. **Semi-Annual Evaluation and Milestones**
   The ACGME, in coordination with each individual RRC, the applicable certification board, specialty society, and Program Director organization has developed specific training expectations, which residents must accomplish to be considered competent to enter autonomous practice. These expectations are delineated in the specialty specific Milestones. The Milestones detail the progress of a resident in attaining skill in each competency domain.

   Each Program Director will be responsible to establish a Clinical Competency Committee (CCC) consisting of a minimum of three faculty members, at least one of whom is a core faculty member, and may include others as defined by the ACGME. The CCC must review all aspects of resident performance semi-annually, determine each resident's progress on achievement of specialty-specific Milestones, submit reports to the ACGME electronically, and meet prior to the resident's semi-annual evaluations and advise the Program Director concerning resident progress including promotion, remediation, and dismissal. The Program Director is responsible to ensure there is a written description of the responsibilities of the CCC. The GMEC will provide oversight of the process through the Annual Institutional Review in accordance with ACGME requirements.

   Evaluations are communicated to the resident by the Committee and/or Program Director. The evaluations and any associated counseling must be documented, maintained permanently in the resident's file and be available only to the resident and other authorized personnel.

3. **Summative Evaluation**
   At least annually, each resident must receive a summative evaluation that includes their readiness to progress to the next year of the program, if applicable.

4. **Final Evaluation**
   The Program Director must provide a final evaluation for each resident upon completion of the program, which must include a review of the resident's performance in the final period of the residency and must verify the resident has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice. Specialty-specific Milestones, and when applicable the specialty-specific Case Logs, must be used as tools to ensure residents are able to engage in autonomous practice upon completion of the program. Recommendations from the Clinical Competency Committee should also be considered. The final evaluation must be shared with the resident upon completion of the program and maintained in the resident's permanent record.

Institution Requirements

INTEGRIS Health and the Graduate Medical Education Committee have established basic institutional requirements for evaluation of residents.

Evaluation of residents by attending physicians on a standardized program-specific form should be completed and submitted to the Program Director within two weeks of the end of the designated rotation (or evaluation period). Each faculty member has as part of his/her basic responsibility appropriate and timely completion of resident evaluations. INTEGRIS Health uses New Innovations software to document and track monthly resident evaluations. Faculty members should submit evaluations using the online software as determined by the GME office. The Program Director should discuss any failure of faculty members to cooperate with this requirement with the DIO.

Evaluation of Resident (continued)

At designated intervals determined by the ACGME Residency Review Committee, each resident must be given a summary of his/her performance evaluations and advised regarding his/her progress in residency training. Program Directors should discuss with the resident, carefully and in detail, any deficiencies that could place the resident on probation or in any way delay the resident's progression through the training program and must provide an opportunity to improve. The content of such discussions must be documented and included in the resident file. Coaching, counseling, and follow-up of remediation plans must comply with ACGME Residency Review Committee requirements and timelines and with INTEGRIS Health GME policies.

Program Directors must document educational and assessment techniques used for each of the competencies on the ACGME ADS system. The ADS information will be used during accreditation site visits.

Promotion of Residents

Promotion from one Graduate Medical Education level to the next is contingent upon the resident satisfactorily meeting the program's and accreditation agency's performance standards for all six ACGME defined competencies and satisfactorily completing the requirements stipulated by the residency program and/or specialty certifying board. The program should establish criteria or standards the resident must achieve to earn promotion to the next level of training. Such standards should include knowledge, skills, and behaviors defined in a graded, progressive fashion. ACGME programs should base requirements on specialty-specific Milestones but should make final decisions on information that includes but is not limited to the Milestones. The specialty certifying board, or the major professional society in the specialty may also have guidelines or specific requirements for resident promotion. Requirements for promotion must be incorporated into the general educational goals and objectives provided in writing to residents beginning the program.

A resident's continuation in the program is dependent, not only on academic progress but also, upon demonstration of appropriate communication skills and professional and ethical standards, in the care of patients and in interactions with others on the health care team. The resident's evaluations will include an assessment of interpersonal and communication skills, professionalism and ethical standards, as demonstrated by the resident's behavior.

The Program Director and Clinical Competency Committee utilize a variety of methods to determine whether a resident will be promoted. A decision *not* to promote a resident to the next level of training is a serious issue. It is the responsibility of the Program Director to inform the resident orally (at a meeting) and in writing of the reasons for the decision to deny promotion and to include in the resident file both the documentation of reasons for the decision and the process of communication with the resident. The resident must be given the opportunity to request review of the decision through the grievance process.

A decision *not* to renew the appointment of a resident for the next year should be made as early as possible during the training year. Communication with the resident should be verbal (a meeting) and must also be in writing. Any and all meetings and discussions with the resident and reasons for decisions made should be documented in the resident's file. The resident must be given the opportunity to request review of the decision through the grievance process.

Certificate of Completion

INTEGRIS Health will provide a certificate of completion at the end of the training program to each resident who successfully completes all program requirements, for whom the Program Director can verify the resident has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice. A copy of the certificate will be maintained permanently in the resident file.

Evaluation of Faculty

Faculty Evaluation

Evaluation of the faculty is required for accreditation; it is the Program Director's responsibility to ensure residents evaluate faculty annually, at a minimum, and that evaluations remain confidential. Faculty evaluations must be performed consistently, effectively, and confidentially.

The program should review the evaluation form annually. The form may include resident assessment of:

1) Effectiveness in serving as a role model of professionalism
2) Availability including frequency of rounds and responsiveness on call
3) Demonstration of commitment to delivery of safe, quality, cost-effective, patient-centered care
4) Demonstration of interest in education of residents
5) Participation in organized clinical discussions e.g., rounds, journal clubs, and conferences
6) Effectiveness in establishing an environment of inquiry and leading and/or mentoring scholarly activities as defined by the applicable ACGME RRC
7) Participation in and effectiveness in teaching/mentoring/modeling participation in institutional and/or program specific patient safety and quality improvement activities

The program must establish a process to review and must review the results of all evaluations annually. The form and evaluation process will be reviewed during the Annual Institutional Review when indicated, and by the ACGME during accreditation site visits.

Evaluation of Program

Program Evaluation

The Program Director must appoint a Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. The Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one resident.

The Program Evaluation Committee responsibilities must include:

1) review of the program's self-determined goals and progress toward meeting them;
2) guiding ongoing program improvement, including development of new goals, based upon outcomes; and,
3) review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims.

The Program Evaluation Committee should consider the outcomes from prior Annual Program Evaluation(s), aggregate resident and faculty written evaluations of the program, and other relevant data in its assessment of the program.

Other data to be considered for assessment include:

1) Curriculum
2) ACGME Letters of Notifications, including citations, Areas for Improvement, and comments
3) Quality and safety of patient care
4) Aggregate resident and faculty well-being; recruitment and retention; engagement in quality improvement and patient safety; and scholarly activity
5) ACGME Resident and Faculty Survey results
6) Aggregate resident Milestones evaluations, and achievement on in-training examinations (where applicable), board pass and certification rates, and graduate performance
7) Aggregate faculty evaluation and professional development

The Annual Program Evaluation, including the action plan, must be distributed to and discussed with the residents and the members of the teaching faculty, and be submitted to the DIO.

The GMEC will determine the timeline for submission of the Annual Program Evaluations. Annual Program Evaluations must be available for:

1) Special Reviews (as applicable)
2) ACGME Self-Study and Site Visit (as determined by the ACGME)

Action plans and progress to address actions identified should be tracked in an ongoing document (e.g., a spreadsheet).

Coaching & Counseling/Remediation Procedure

The purpose of this Coaching and Counseling/Remediation Procedure is to improve Resident and Fellow performance and behavior; to promote the quality and safety of care for patients and a professional and appropriate working environment. This procedure sets forth the general processes for INTEGRIS Health regarding resident coaching, counseling, and remediation.

These procedures are designed to assist Program Directors in establishing consistent processes for the provision of coaching, counseling and remediation. The procedures that follow include a step approach to encourage positive change in resident behavior and clinical and academic performance. The initial step (coaching) should be an ongoing part of the training program. Each step thereafter should be documented using the attached documentation form and should be included in the resident file. Any resident who fails to demonstrate appropriate improvement as defined in this Coaching and Counseling/Remediation Procedure may, at the discretion of the Program Director and/or DIO, be advanced for further management according to the Disciplinary Procedure. The Graduate Medical Education Office and the DIO should be notified of any resident entering the formal disciplinary process. The process may proceed in the order defined below; however, depending on the severity of the circumstances, the Institution reserves the right to combine, shorten, or eliminate any steps in the process.

1) Coaching – Coaching is an ongoing part of resident training. There should be continual feedback to residents concerning their performance with documentation accordingly in the resident's file. (See section "Resident Evaluation and Feedback").
2) Counseling/Remediation – Counseling/Remediation is appropriate when coaching sessions do not result in acceptable performance and behavior. The Program Director should review all information available including but not limited to semi-annual assessments by the Clinical Competency Committee and progress documented through the Milestones, investigate any outstanding questions or issues, assess all competencies relevant to the issues under consideration, and determine necessary improvements in performance and/or behavior. The Program Director should then meet with the resident, discuss the issues and, with the resident, develop an action plan to accomplish the necessary improvements. The issues, the needed improvements, and the action plan should be documented. The action plan should include expected timeframes to accomplish the needed changes and a planned formal reassessment date which should occur at a minimum within the subsequent two months. The Program Director and the resident should both sign and date the document, the original of which will be maintained in the resident file. The Program Director and the resident should both receive a copy of the document. If the Program Director elects to have another faculty member or another Institutional representative present during the discussion, that person should also sign and date the document.
3) Progressive Counseling/Remediation – If the Counseling/Remediation provided above does not result in the needed improvement in behavior and performance, the Program Director at his or her discretion may elect to repeat the Counseling/Remediation process with an advanced action plan that requires more specific or frequently measured performance standards, closer monitoring by faculty and/or Institutional officials, or other forms of more intense management. Evaluations of the issues, development of an action plan, meetings with the resident, and documentation requirements should follow the same guidelines as those listed under Counseling/Remediation above.

Disciplinary Procedure

The purpose of this Disciplinary Procedure is to encourage consistent and equitable treatment of Residents and Fellows; to promote the quality and safety of care for patients and a professional and appropriate working environment; and to ensure resident adherence to acceptable and reasonable standards of performance and conduct. This procedure sets forth the general practices, policies, and procedures of INTEGRIS Health regarding resident discipline.

These procedures are designed to assist Program Directors in determining when and how to impose discipline and to inform residents of the Institution's policies and practices concerning discipline. The procedures that follow include a step approach to encourage positive change in resident behavior and clinical and academic performance. This Discipline Procedure should be implemented if/when residents fail to show appropriate improvement as defined in the Coaching and Counseling/Remediation Procedure. The initial step (coaching) should be an ongoing part of the training program. Each step hereafter is considered part of the formal disciplinary process, should be documented using the attached documentation form, and should be included in the resident file. The Graduate Medical Education Office and the DIO should be notified of any resident entering the formal disciplinary process. The process may proceed in the order defined below; however, depending on the severity of the circumstances, the Institution reserves the right to combine, shorten, or eliminate any steps in the process, and if appropriate to initiate the process without prior coaching, counseling, or remediation.

1) Probation – If a resident fails to meet the necessary improvements defined in the Coaching and Counseling/Remediation Policy by the Program Director following the Counseling/Remediation sessions and action plans; if the resident repeats the same unacceptable behavior in spite of Counseling/Remediation sessions provided recently or in the past; or if the initial behavior or performance issue is egregious, the Program Director may at his/her discretion place a resident on Probation. As above, the Program Director should review all information available, investigate any outstanding questions or issues, assess all competencies relevant to the issues under consideration, and determine necessary improvements in performance and/or behavior required for the resident to be removed from Probation. The issues, the needed improvements, and the action plans should be documented on the attached form (Appendix E). The Program Director should notify the DIO prior to placing any resident on Probation, and should discuss the issue(s), the investigation, and the plan of action prior to discussion with the resident. A witness should be present during the Program Director discussion with the resident. The reasons for the Probation, the requirements for the resident to be removed from Probation, and time frame for the next assessment of resident performance and behavior which must occur at a minimum within the subsequent two months should be specifically stated and included on the attached documentation form (Appendix E). The Program Director, the resident, and the witness should each sign and date the document. The original will be maintained in the resident file. The Program Director and the resident should both receive a copy. At the discretion of the Program Director, the witness may also keep a copy.

   The resident may appeal the Probation using the Grievance Procedure. The Probation will remain in force pending completion of the Grievance Procedure proceedings.

2) Suspension – The Program Director may at his/her discretion, suspend a resident from patient care activities at any time if needed to ensure the safety and quality of care for patients. The resident may be suspended from the Program for any of the following:
   a. Failure to meet the requirements of the Probation corrective action plan
   b. Resident actions that present a danger to patients, in the opinion of the Program Director or the DIO following consultation with the Program Director
   c. Legal or regulatory, professional or ethical charges brought against the resident deemed to be of a serious nature by the Program Director or the DIO in consultation with the Program Director
   d. Failure to comply with any specific Institutional Policy or practice for which the Institution includes specific disciplinary action that may include suspension.

The Program Director should notify the DIO prior to suspending any resident from the Program. The DIO will notify Human Resources and/or the Legal Department, as appropriate. The Program Director and the DIO in consultation with Human Resources and/or the Legal Department will review all information available, investigate any outstanding questions or issues, assess all competencies relevant to the issues under consideration, and determine necessary improvements in performance and/or behavior required for the resident to be removed from Suspension. The Program Director will document the issue(s), the investigation, and the plan of action on the attached forms (Appendix E), then discuss the document with the resident. A witness should be present during the Program Director discussion with the resident. The reasons for the Suspension, the requirements for the resident to be removed from suspension, and time frames should be specifically stated and included on the attached documentation form (Appendix E). The Program Director, the resident, and the witness should each sign and date the document. The original will be maintained in the resident file. The Program Director and the resident should both receive a copy. At the discretion of the Program Director, the witness may also keep a copy. The resident may appeal the Suspension using the Grievance Procedure. The Suspension will remain in force pending completion of the Grievance Procedure proceedings. During Suspension, the resident will be placed on "administrative leave" and may not participate in regular duties, rounds, or educational conferences. Subsequent to a Suspension, a resident may be:

a. Reinstated with no qualifications
b. Reinstated on Probation
c. Continued on Suspension pending further review
d. Terminated from the program

3) Termination – Any termination of a resident will occur only following Program Director consultation with the DIO, with Human Resources, and with the Legal Department. If the resident performance and/or behavior do not improve following, or the performance and/or behavior recurs in spite of, corrective action steps as defined above; if the investigation of the Suspension reveals conduct or performance of such severity that termination is deemed appropriate by the Program Director; or if the original behavior and/or performance that precipitated the disciplinary procedure is of such severity that termination is appropriate whether or not prior corrective action has been implemented, the Program Director in consultation with the DIO, Human Resources, and the Legal Department may terminate a resident from the Residency Program and from employment by INTEGRIS Health. The Program Director with a witness should meet with the resident and provide to the resident in writing the reasons for the termination. A copy of the Grievance Procedure should be provided with the termination notice. The resident may appeal the termination using the Grievance Procedure.

4) Reasons to invoke the Disciplinary Procedure may include but will not be limited to any of the following list. The degree of discipline will be determined by the individual circumstances of each case and may include any of the steps defined above up to and including termination.

1. Failure to meet the performance standards of an individual rotation.
2. Failure to meet the performance standards of the Program.
3. Failure to successfully complete a rotation.
4. Failure to perform assigned duties so as to meet stated or implied standards of performance.
5. Failure to seek help when needed.
6. Failure to carry out rotation or call responsibilities.
7. Failure to be present and on time for required educational activities, including conferences, clinics and rotations.
8. Documented and recurrent failure to complete records in a timely fashion.
9. Misrepresentation in any fashion of clinical work documentation.

10. Misrepresentation on attendance forms, procedure or other activity logs, or any other performance or behavior-related residency documents.
11. A breach of Program or Institution rules or regulations.
12. Misconduct that infringes on the principles and guidelines set forth by the Program.
13. Failure to pass licensure or board examinations.
14. Moonlighting without prior written approval of the Program Director.
15. Failure to inform the Program Director of any professional employment outside the residency program or to comply with limitations established by the Program.
16. Conduct which the resident should know to be unacceptable behavior without specific notice from the Program or Institution, including, but not limited to, dishonesty, illegal or unethical conduct, or any conduct that bears on the resident's fitness to participate in the Program or places the Institution or other facility to which the Program Director may assign the resident in violation of any state or federal law or court order.
17. Breach of confidentiality or misuse of confidential information, including patient identifiable health information.
18. Any use of electronic communication including but not limited to the electronic medical record, INTEGRIS Health email, the internet or intranet, and/or social media sites that is considered unprofessional, illegal, or not in compliance with INTEGRIS Health policies.
19. Unprofessional conduct as defined by the applicable licensure board.
20. Failure to obtain or maintain appropriate unrestricted medical/osteopathic licensure.
21. Failure to obtain or maintain appropriate Drug Enforcement Administration and/or Oklahoma Bureau Narcotic and Dangerous Drug registrations.

Non-renewal. In the event that the Program Director decides not to renew a resident's appointment, the resident will be provided notice that will include a statement specifying the reason(s) for non-renewal. The resident may appeal the non-renewal using procedures as defined in the Grievance Policy. All efforts should be made to provide any non-renewal notice as soon as possible. The Program Director and the DIO will determine, depending on the reason for non-renewal, the resident's status pending completion of a requested Grievance review.

Confidentiality

Actions taken and recommendations made pursuant to the Disciplinary Procedure shall be treated as confidential in accordance with such policies regarding confidentiality as may be adopted by the Institution and to the extent permitted by applicable laws and regulations, including any peer review law.

Grievance Procedure

I. Purpose

INTEGRIS Health encourages early, equitable resolution of disputes that may arise in the residency program(s). Residents are encouraged to resolve disputes through open discussion and dialogue with each other and the faculty. Residents are further encouraged to exercise their right to use this procedure freely, as needed, without fear of retaliation, retribution or other adverse consequences.

The Institution, through designated officials, retains the right to make final determination as to the academic qualifications, performance evaluations, professional conduct, promotion, suitability for continued training, and competency to enter autonomous practice as required to complete the residency program of resident physicians participating in the Institution's graduate medical education programs. This section defines the policies and procedures for resident grievances if a dispute arises.

Prior to invoking the grievance procedures described herein, the resident is strongly encouraged to discuss his/her grievance with the person(s) alleged to have caused the grievance. If the resident decides against discussing the grievance with such person(s), he/she may access this Grievance Procedure.

II. Grievances

A. Grievance Defined. A grievance is defined as any circumstance in which a resident believes that any decision, act or condition affecting his/her program of study is arbitrary, illegal, unjust, or creates unnecessary hardship. Such grievance may concern, but is not limited to:

1. Academic progress
2. Promotion
3. Non-renewal of contract
4. Dismissal
5. Clinical work concerns
6. Inadequate supervision by faculty
7. Discrimination
8. Mistreatment by any Institutional caregiver, other resident or faculty, or program staff
9. Discontinuation of services by the Institution which may significantly impact the training experience
10. Program termination
11. Any other actions that could significantly threaten a resident's intended career or professional development

All complaints of hostile work environment and harassment of a sexual, racial, or other nature shall not be subject to review pursuant to this Grievance Procedure. Such complaints shall be addressed through the INTEGRIS Health, Inc. System Policy on Harassment, SYS-HR-213.

B. The following are not subject to Grievance Procedure consideration or review:

1. Loss of/or failure to obtain medical or osteopathic licensure, as applicable.
2. Loss of eligibility to participate in federally-qualified health programs, including but not limited to Medicare and Medicaid.
3. Inability to maintain professional liability insurance.
4. Failure to comply with registration requirements under the provisions of the Oklahoma Sex Offenders Registration Act or the Mary Rippy Violent Crime Offenders Registration Act.

Grievance Procedure (continued)

III. Grievance Process

A. Residents who exercise their right to use this procedure agree to accept its conditions as outlined.

B. A resident may submit a grievance only on the matters stated in Section II A.1 through A.11 above.

C. The resident shall first discuss his/her grievance with the training Program Director and attempt to resolve the issue within the program. In order to pursue the right to file a grievance, the resident must discuss the issue with the Program Director within seven (7) working days of the date on which the resident either (i) was notified by the Program Director of the action in question, or (ii) became aware of the issues that gave rise to the grievance.

D. If the resident is unable to resolve the matter with the Program Director and intends to file a formal grievance hearing, the resident must request a meeting with the DIO for the purpose of discussing his/her grievance. In order to pursue the right to file a grievance, this request must be in writing and must contain the specific grounds for filing the grievance. The request must be submitted within seven (7) working days of the failed attempt to resolve the issue with the Program Director.

E. The DIO shall meet with the resident to discuss his/her grievance.

F. The DIO shall attempt to resolve the grievance between the parties involved. Both parties will be notified in writing by the DIO of the resolution, or if he/she determines that the matter cannot be resolved.

G. Within seven (7) working days of notification of the resident by the DIO that the matter cannot be resolved, the resident may request a grievance hearing by a Resident Appeals Committee. The request for a hearing shall be written and submitted to the Chief Physician Executive. If no appeal is filed within the seven (7) working day period, the case is considered closed.

H. Upon receipt of a properly submitted request for a hearing, the Chief Physician Executive shall appoint an ad hoc Resident Appeals Committee for the purpose of considering the specific grievance(s) of the resident physician.

I. The Resident Appeals Committee shall be composed of six (6) members: three (3) selected from the faculty of the Institution's residency programs, other than the program in which the complainant is a resident and three (3) selected from residents within residency programs in the Institution, other than the program in which the complainant is a resident. The Chair of the Appeals Committee shall be selected by the Chief Physician Executive from the faculty members appointed and is a voting member. The parties shall be notified of the membership of the Committee. Committee members with a conflict of interest will be replaced by the Chief Physician Executive.

J. The Chair of the Appeals Committee or the DIO shall notify the parties of the date, time, and location of the hearing. Parties are responsible for (i) giving such notice to any witnesses whom they wish to call for testimony relevant to the matters in the grievance, and (ii) arranging for participation of witnesses in the hearing. The hearing shall be scheduled to ensure reasonably that the complainant, respondent, and essential witnesses are able to participate.

Grievance Procedure (continued)

K. The resident may be advised by legal counsel at his/her own expense. If the resident intends to have legal counsel present at the hearing, the resident must notify the DIO in writing at least fifteen (15) working days prior to the Appeals Committee hearing. Legal counsel for the complainant and the respondent may advise their clients at the hearing but may not directly address the Appeals Committee or witnesses. Legal Counsel for the Institution may advise the Appeals Committee at the request of the Chair or the DIO.

L. If the resident is accompanied by legal counsel at the hearing or, if permitted by the DIO at any prior steps where the resident and Institution official(s) meet, the Institution's legal counsel shall also be present.

M. The parties shall each submit a list of the witnesses to be called and the actual exhibits to be presented at the hearing to the DIO at least seven (7) working days in advance of the hearing. The parties are responsible for acquiring evidence and requesting witnesses' attendance. The list of witnesses and copies of exhibits from each party will be provided to the other party and to the Appeals Committee Chair. In the event either party objects to the listed witnesses or exhibits, it shall make such objection to the Appeals Committee Chair in writing at least three (3) working days prior to the hearing. The Chair shall make a determination regarding any objections and shall notify the parties prior to the hearing.

N. In the event the grievance is resolved to the satisfaction of all parties prior to the hearing, a written statement shall indicate the agreement that has been reached by the parties and shall be signed and dated by each party and by the Chair of the Appeals Committee. This agreement shall be filed with the Chief Physician Executive. A copy of the final decision shall also be forwarded to the DIO for the administrative file maintained in the Graduate Medical Education Office.

O. The Resident Appeals Committee shall hear the grievance. The Committee shall determine the procedure and conduct of the hearing. The hearing shall be closed unless all principals in the case agree to an open hearing. The DIO shall arrange audio tape recording of the hearing and copies will be provided to the parties upon request.

1. Witnesses will be asked to affirm that their testimony will be truthful.

2. Witnesses other than the complainant and the respondent shall be excluded from the hearing during the testimony of other witnesses. All parties and witnesses shall be excluded during the deliberations of the Appeals Committee.

3. Burden of proof is upon the complainant and must be by a preponderance of the evidence.

4. Formal rules of evidence shall not apply.

5. The parties will have reasonable opportunity to question witnesses and present information and argument deemed relevant by the Appeals Committee Chair. Committee members may also question parties and witnesses.

6. Final decisions by the Appeals Committee shall be by majority vote of the members present and voting. In the event of a tie, the Chief Physician Executive shall have the tie-breaking vote.

Grievance Procedure (continued)

P. The Appeals Committee shall render to the Chief Physician Executive a signed, written report of its findings and recommendations regarding the dispute in question. The Committee's report shall be prepared by a member of the Committee and properly transmitted within seven (7) working days after conclusion of its deliberations.

Q. The Chief Physician Executive shall review the findings and recommendations of the Appeals Committee and render a final decision regarding the grievance and appropriate action. Within fifteen (15) working days of receipt of the Appeals Committee's findings and recommendations, the Chief Physician Executive shall inform the resident and the Program Director of the findings of the Appeals Committee and of the Chief Physician Executive's decision. A copy of the Chief Physician Executive's decision shall be transmitted to the Chair of the Appeals Committee and to the DIO to be placed in the resident's file maintained in the Graduate Medical Education Office.

IV. Confidentiality

Actions taken and recommendations made pursuant to the Grievance Procedure shall be treated as confidential in accordance with such policies regarding confidentiality as may be adopted by the Institution and to the extent permitted by applicable laws and regulations, including any peer review law.

Processes to Discuss Issues Confidentially

Purpose:

The Graduate Medical Education Committee desires to establish processes, which will allow residents to present issues of concern confidentially, and in a manner which will allow resolution of issues without resident fear of intimidation and/or retaliation. The Committee therefore established the following processes, which are available for residents to use, as the resident deems appropriate.

Process:

Any resident may voice a concern related to

a) The educational process or content,
b) The work environment,
c) The conditions of employment,
d) Unprofessional behavior (including but not limited to mistreatment, abuse and/or coercion),
e) The quality of patient care or service, or
f) Any other issue related to the residency experience

CONFIDENTIALLY to whichever person or group listed below he/ she feels would most appropriately address the issue. The resident may address the issues initially and directly with any one of the persons/groups listed.

a) The Chief Resident (for programs with a chief resident)
b) A faculty member of the resident's choice of the Residency Program
c) The Program Director
d) The DIO
e) An ad hoc Subcommittee of the Graduate Medical Education Committee, which would specifically include at least one resident from a different program unless the resident presenting the issue specifically requested all residents, be excluded from the ad hoc Subcommittee.

Processes to Discuss Issues Confidentially (continued)

The person/group will hear the resident issue, address the issue informally if possible and appropriate, or if indicated address the issue formally in accordance with other INTEGRIS Health policies and procedures previously established to address the particular issue identified. The person or group chosen by the resident will maintain at all times confidentiality concerning the issues addressed; such confidentiality will be maintained in accordance with Institutional policy and to the extent permitted by applicable laws and regulations, including any peer review laws.

The express purpose of the policy is to provide a variety of forums at various levels in the Institution(s) among which residents may choose to present issues. It will be the responsibility of the resident to choose the person or group with whom he or she feels most comfortable and to raise the issue to that person or group. Issues to be discussed by a Subcommittee of the Graduate Medical Education Committee may be presented to the Chair of the Graduate Medical Education Committee, the Chief Physician Executive, or the Chief Hospital Executive of the appropriate hospital (or designee).

Accreditation Agency Services:
The accreditation agencies maintain processes for residents to address major issues, including issues related to clinical work, that the residents feel programs and/or institutions have not adequately addressed.

ACGME

Procedures for Addressing Complaints Against Residency Programs and Sponsoring Institutions (see www.acgme.org)

The Joint Commission

Any caregiver who has concerns about the safety or quality of care provided in the institution may report the concern to The Joint Commission at www.jointcommission.org/. Comments may remain anonymous if requested.

Institutional Services:
INTEGRIS Health maintains confidential reporting processes for all caregivers. Specifically

- INTEGRITY Line (1-888-243-9597) to report legal, regulatory, compliance, or Code of Conduct concerns. The Corporate Compliance Department reviews reports and investigates as appropriate.
- Event Reports –The Source --> Safety Event Reporting (at top of page) or through the link available in Epic to report clinical or other events of concern. The Risk Management Department reviews reports and investigates as appropriate. The GME Department reviews all events involving residents.
- Caregiver Assistance Program (CAP): See "Counseling and Mental Health Services for Residents" below.

Resident Forum

All residents and fellows within and across the Sponsoring Institution's ACGME-accredited programs will be allowed to participate in the Resident Forum, a Forum designed to provide resident-specific input into activities of the institutions, which affect the residency programs and/or residents. Residents will be encouraged to address educational, work environment, programmatic or other issues which affect their training or professional development. Residents and fellows will have the opportunity to directly raise a concern to the forum. The format of the forum will vary over time depending on identified needs of the residents, programs, and institutions. A representative of Resident Forum will have the option to provide a report of each meeting to the Graduate Medical Education Committee.

The Learning and Working Environment

The Sponsoring Institution and each of its ACGME-accredited programs must provide a learning and working environment that emphasizes the following principles:

1) Excellence in the safety and quality of care rendered to patients by residents today
2) Excellence in the safety and quality of care rendered to patients by today's residents in their future practice
3) Excellence in professionalism
4) Appreciation for the privilege of caring for patients
5) Commitment to the well-being of the students, residents, faculty members, and all members of the health care team

The Sponsoring Institution is responsible for oversight and documentation of resident/fellow engagement in the following:

Patient Safety and Quality Improvement

Patient Safety – Culture of Safety

A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.

Patient Safety – Patient Safety Events

Reporting, investigation, and follow-up of safety events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities.

Residents and faculty members receive training on their responsibilities in reporting patient safety events and near misses. Graduate Medical Education provides instruction on how to access and complete the INTEGRIS Health online event reporting form. Graduate Medical Education investigates each resident or faculty submitted event report and provides feedback. Quarterly summaries of event reports involving residents are provided to respective programs for dissemination.

Quality Improvement

All residents will participate in program specific and institutional quality improvement and patient safety activities. Activities should be interdisciplinary. The institutional activities will include participation in formal Medical Staff Committees, including the Graduate Medical Education Committee. The program specific activities will include among others a review of complications and deaths. Both institutional and program activities may be incorporated into educational plans related to practice-based learning and improvement and system-based practice.

A cohesive model of health care includes quality-related goals, tools, and techniques that are necessary in order for health care professionals to achieve quality improvement goals. The Resident Quality Committee provides opportunities for residents to become directly involved in quality and safety improvement efforts through collaboration with the institution. The Committee is comprised of resident representatives, Graduate Medical Education sponsors, and institutional leaders (as needed). The Committee reports to the GMEC and when requested to the IHBMC and IHSMC Medical Quality Committees.

Quality Improvement – Quality Metrics

Residents and faculty members must receive data on quality metrics and benchmarks related to their patient populations.

Supervision and Accountability

It is the responsibility of the Program Director to ensure that faculty members provide appropriate oversight and supervision of resident activities in compliance with program specific, institutional, and accreditation agency requirements.

Levels of Supervision are defined as follows:

Direct Supervision

- The supervising physician is physically present with the resident during the key portions of the patient interaction; or
- The supervising physician and/or patient is not physically present with the resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology, if permitted by specialty.
- PGY-1 residents must initially be supervised directly

Indirection Supervision

- The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident for guidance and is available to provide appropriate direct supervision.

Oversight

- The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

The Program Director and the faculty are responsible to determine the appropriate level of supervision for an individual resident based on the resident's prior experience and demonstrated competence; the details and complexity of the specific patient and/or procedure; the availability of support services and the need to maintain safe quality patient care. The level of supervision and the degree of independence should be determined based on demonstrated competence using specific criteria, guided by the Milestones, and national guidelines when available. Upper-level residents who have demonstrated competency for the specific patient care activity/procedure and have demonstrated appropriate supervisory skills may supervise junior residents.

PGY-1 Residents: Initially, PGY-1 residents must be supervised directly with the supervising physician physically present with the resident during key portions of the patient interaction.

The appropriate level of supervision must be available during regular work hours and during nights, weekends, and holidays.

The Program Director and faculty are responsible to define conditions when residents must contact the supervising attending physician.

Residents and fellows can report inadequate supervision and accountability to their Program Director or DIO in a protected manner that is free from reprisal.

The resident is responsible to:

1. Comply with established levels of supervision and independence as determined by the Program Director and faculty.
2. Ask for assistance when an issue arises with which he/she lacks knowledge or experience.
3. Contact the supervising attending according to criteria established by the individual residency program.
4. Contact the supervising physician concerning any other significant patient care issues that occur, including but not limited to clinical, legal, ethical, and administrative issues and any transitions in care.

The Program Director and/or applicable supervising faculty member is responsible to review and evaluate care provided by residents during regular work hours and during nights, weekends, and holidays.

Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care. It is the responsibility of the attending and supervising physicians and the resident to inform the patient of their respective roles in patient care and to obtain a required formal consent according to institutional policy. Residents may not admit, discharge, or transfer any patient. It is the responsibility of the attending physician to determine the need for admission, discharge, or transfer.

See Appendix G for

1. Medicare requirements concerning faculty supervision of residents and related documentation requirements for billing.
2. Medical record attestation statements compliant with Medicare requirements will be included with the electronic health record, Epic.

Supervision and Accountability – Residents in Surgery

The following shall be the policy of INTEGRIS Health concerning residents and/or fellows in the operating room.

1) Residents may not act as primary surgeons.
2) Fellows may not act as primary surgeons unless specifically individually credentialed and privileged to function independently and to perform the procedure in question at the specific facility.
3) Residents may not start a procedure unless the supervising/responsible physician is in the operating room area.
4) Fellows may start independently only those procedures for which they have specific staff privileges; fellows may not start other procedures unless the supervising/responsible physician is in the operating room area.

5) The intensity of the supervision provided to residents and/or fellows will be determined by the level of training of the particular resident/fellow, the proficiency of the particular resident/fellow, and the complexity of the particular procedure to be performed. The level of supervision provided must be consistent with levels determined by the Program Director and faculty as defined in "Supervision and Accountability" above. Direct must be provided to PGY-1 Residents.
6) For any resident rotating from an outside institution, it will be the responsibility of the supervising/responsible physician to obtain competency information from the respective Program Director and to determine the needed supervision. Supervision must comply with terms of the applicable affiliation agreement.
7) The attending physician remains at all times the responsible physician.
8) Any questions related to resident/fellow supervision should be directed to the Program Director and/or the DIO.

Supervision and Accountability – Residents in Labor and Delivery

The following shall be the policy of INTEGRIS Health concerning residents in labor and delivery.

1) Residents may not act as primary obstetricians.
2) An attending physician will be present for every delivery; exceptions will be made only for true emergencies.
3) An attending physician will be available by telephone during every labor and will supervise the management of any complication. The attending physician and contract terms will determine the level of supervision required as in (6) and (7) below.
4) Residents will assess and manage non-laboring pregnant and post-partum patients under the supervision of an attending physician. Residents may not admit, discharge, or transfer any patient. It is the responsibility of the attending physician to determine the need for admission, discharge, or transfer.
5) Residents may start a surgical procedure only if the supervising/responsible physician is in the labor and delivery area.
6) The intensity of the supervision provided to residents will be determined by the level of training of the particular resident, the proficiency of the particular resident, and the complexity of the particular procedure to be performed. The level of supervision provided must be consistent with levels determined by the Program Director and faculty as defined in "Supervision and Accountability" above. Direct Supervision must be provided to PGY-1 Residents.
7) For any resident rotating from an outside institution, it will be the responsibility of the supervising/responsible physician to obtain competency information from the respective Program Director and to determine the needed supervision. Supervision must comply with terms of the applicable affiliation agreement.
8) The attending physician remains at all times the responsible physician.
9) Any questions related to resident supervision should be directed to the Program Director and/or the DIO.

Professionalism

Programs, in partnership with their Sponsoring Institutions, must educate residents and faculty members concerning the professional and ethical responsibilities of physicians, including but not limited to their obligation to be appropriately rested and fit to provide the care required by their patients.

The learning objectives of the program must:

1) be accomplished without excessive reliance on residents to fulfill non-physician obligations;
2) ensure manageable patient care responsibilities; and,
3) include efforts to enhance the meaning that each resident finds in the experience of being a physician, including protecting time with patients, providing administrative support, promoting progressive independence and flexibility, and enhancing professional relationships.

The program director, in partnership with the Sponsoring Institution, must provide a culture of professionalism that supports patient safety and personal responsibility.

Residents and faculty members must demonstrate an understanding of their personal role in the safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and safety events.

Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is psychologically safe and that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, residents, faculty, and staff.

Programs, in partnership with their Sponsoring Institutions, should have a process for education of residents and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns.

Well-Being

In the current health care environment, residents and faculty members are at increased risk for burnout and depression. Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician. Self-care is an important component of professionalism; it is also a skill that must be learned and nurtured in the context of other aspects of residency training. Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as they do to evaluate other aspects of resident competence. This responsibility must include:

1. attention to scheduling, work intensity, and work compression that impacts resident well-being;
2. evaluating workplace safety data and addressing the safety of residents and faculty members
3. policies and programs that encourage optimal resident and faculty member well-being; and,
    a. residents must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours.
4. education of residents and faculty members in:
    a. identification of the symptoms of burnout, depression, and substance use disorders, suicidal ideation, or potential for violence, including means to assist those who experience these conditions;
    b. recognition of these symptoms in themselves and how to seek appropriate care; and,
    c. access to appropriate tools for self-screening.
5. providing access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week.

Each program must allow appropriate length of absence for residents unable to perform their patient care responsibilities due to but not including illness, family emergencies, and parental leave. Programs are responsible for policies and procedures to ensure coverage of patient care. Policies must be implemented without fear of negative consequences for the resident who is or was unable to provide the clinical work.

The Sponsoring Institution must oversee its ACGME-accredited programs' fulfillment of responsibility to address well-being of residents/fellows and faculty members, consistent with the Common and specialty-/subspecialty-specific Program Requirements, addressing areas of non-compliance in a timely manner.

Well-Being – Counseling and Mental Health Services for Residents

Counseling is available to residents through a variety of resources provided through INTEGRIS Health.

The Program Director, faculty, DIO, and staff of the Graduate Medical Education office may provide counseling concerning questions related to professional development and management of issues within the residency programs.

Residents who are INTEGRIS Health caregivers are provided limited counseling services through the Caregiver Assistance Program (the "CAP"). The purpose of the CAP is to provide professional assessment, counseling and referral to the appropriate community resources. The CAP is provided by SupportLinc and offers 12 no-cost counseling sessions. If the resident needs counseling beyond what the CAP offers, the CAP counselor may refer the resident outside of the CAP to (i) resources covered by the resident's benefit plan; (ii) free resources in the community; or (iii) resources that base their fees on ability to pay. The CAP can provide assistance with many issues, including:

- Parenting concerns
- Emotional stress
- Balancing family and work
- Alcohol or substance abuse problems
- Addictive behaviors
- Relationship or marital concerns
- Domestic violence
- Legal and financial difficulties (A CAP counselor may refer the resident to a lawyer or financial counselor)
- Work stress or other work issues
- Anxiety and depression
- Illness or a change in health status
- Developmental life/family changes

Residents may voluntarily seek and accept assistance from the CAP by calling 1-888-881-5462 or visiting supportlinc.com with the group code integris.

A resident may be referred to the CAP by the Program Director to obtain assistance with a personal problem that may affect work performance. Residents may be mandatorily referred to the CAP as part of the reasonable suspicion drug-testing procedures. The investigation of the suspected violation of the INTEGRIS Health Substance Abuse Policy will be evaluated according to the INTEGRIS Health Substance Abuse Policy (See Appendix A Substance Abuse Policy SYS-HR-609).

The CAP services are strictly confidential. The CAP records do not become part of INTEGRIS Health files, and no one at INTEGRIS Health may look at the resident's CAP records for any reason. Participation in the CAP will not affect the resident's employment or career advancement.

Well-Being – Physician Impairment

INTEGRIS Health, and the residency programs recognize the importance of identification of, intervention for, and treatment of, physician impairment. INTEGRIS Health and the residency programs actively support appropriate attempts by residents who have impairment, including alcohol or chemical dependency, to obtain appropriate care.

INTEGRIS Health encourages any physician or resident with a chemical impairment, potential chemical impairment, or disruptive or behavioral issue to use the services available through the Oklahoma Health Professionals Program, "a confidential, effective, compassionate approach to recovery and treatment for physicians and medical professionals who are experiencing difficulty with substance abuse and/or behavioral issues".

The purpose of the Oklahoma Health Professional Program (OHPP) is to assist chemically impaired health professionals and/or health professionals with disruptive or boundary problems:

1. To address their specific problems
2. To maintain their ability to practice their profession (for physicians, medicine)
3. To maintain their licensure
4. For residents/fellows to complete their training to prepare for a career in medicine

Oklahoma Health Professionals Program

The Oklahoma Health Professionals Program is an outreach program designed to support and monitor medical and allied health professionals throughout Oklahoma who are experiencing difficulty with substance abuse, as well as disruptive and boundary issues. The program provides the following:

1. Referral to treatment and counseling
2. Recovery monitoring and documentation
3. Support groups for health professionals, residents, medical students, and their families
4. Consultation for stress related to practice issues
5. Networking opportunities with colleagues experiencing similar issues
6. Educational programs and presentations for hospitals, and medical groups including residency programs
7. Guidelines, statutes, and regulations to hospitals and health care organizations for handling matters of physician health

The Oklahoma Health Professional Program works with allopathic physicians, osteopathic physicians, physician assistants, dentists, veterinarians, and psychologists. It also provides services to residents in graduate medical education programs and to medical students. The Oklahoma Board of Medical Licensure and Supervision and the Oklahoma State Board of Osteopathic Examiners recognize the Health Professional Program for its activities, and the Boards allow the Program to supervise physicians who voluntarily commit to participation and ongoing monitoring. The Boards generally respect the confidentiality of the Health Professionals Program.

Referral to the Oklahoma Health Professionals Program

1. Residents who identify a personal problem are encouraged to self-refer to the Health Professionals Program. The 24-hour Hotline telephone number is (405) 601-2536.

2. If a Residency Program Director identifies a concern, the Residency Program Director in consultation with the DIO contacts the Director or Associate Director of the OHPP to discuss options for dealing with a resident who is discovered to have dependency related impairment or potential impairment or a significant disruptive, behavioral, or boundary problem. Referral Telephone number (405) 601-2536.

3. The OHPP Director/Associate Director will assess the situation and provide guidance to the resident and/or reporting party.

4. As appropriate and determined by the OHPP Director/Associate Director, the Health Professionals Program will meet with the resident and others with collaborative information. The meeting is a pre-evaluation, which normally leads to a formal multi-disciplinary evaluation, but may lead directly to a treatment program. Multi-disciplinary evaluations usually result in recommendations for a treatment program.

5. The resident must follow the Oklahoma Health Professionals Program's recommendations as a condition for continuing in the residency program.

6. The Program Director will obtain periodic verification that the resident continues in the OHPP and continues to follow the OHHP recommendations. Failure to continue in and cooperate with the OHHP will result in termination from the residency.

7. The Oklahoma Health Professionals Program includes post treatment monitoring. Residents who participate in the OHPP must submit to the program's testing schedule. A "miss" in monitoring testing is considered a positive test unless the individual scheduled for testing provides a satisfactory explanation. The OHPP will designate the acceptable testing laboratories.

8. After participating in the Oklahoma Health Professionals Program, an individual can generally transfer to another state's physician recovery program.

9. The expense of evaluation and a treatment program(s) is the responsibility of the resident but may be covered partially by health care insurance.

Educational Program

The Institution will provide residents with education concerning physician impairment and the Oklahoma Health Professionals Program. Information is available on the Oklahoma Health Professionals website www.okhpp.org. For specific questions concerning the Health Professionals Program physicians may contact the Director John Kuhn, MD (405) 601-2536.

Fatigue Mitigation

It shall be the responsibility of the Program Director to monitor residents for the effects of sleep loss and fatigue, and to respond when fatigue may be detrimental to resident performance and well-being or may affect patient care. Back-up support and/or schedule changes must be implemented to address undue resident fatigue. The supervising faculty member, in consultation with the Program Director, as indicated, may adjust downward an individual work schedule of a resident who appears excessively fatigued. Taxi or rideshare reimbursement is available through the Residency Supervisor/Specialist of the applicable residency program upon request. Call Rooms are available at all times and may be used for "strategic napping" as defined by the ACGME during call when appropriate and following clinical work periods when a resident is too tired to drive.

Teamwork

The Program Director and faculty must establish educational and clinical care experiences whereby residents learn to work effectively in interprofessional teams applicable to the specialty and the specific location of care. Residents must care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based care in the specialty and larger health system.

Transitions of Care

Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-off processes to facilitate both continuity of care and patient safety. Programs must ensure that residents are competent in communicating with team members in the hand-off process.

Clinical Experience and Education

It shall be the responsibility of the Program Director to establish program specific policies, rotations, and call schedules consistent with the requirements of the ACGME and the applicable Residency Review Committee. The clinical experience and education requirements must apply to all institutions through which residents rotate. Appropriate back-up support must be available when patient care responsibilities are especially difficult and prolonged. Clinical assignments must be designed to minimize transitions in care.

The ACGME Common Program Requirements include the following Clinical Experience and Education requirements:

1) Maximum Hours of Clinical and Educational Work per Week
    a. Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting.
2) Mandatory Time Free of Clinical Work and Education
    a. Residents should have eight hours off between scheduled clinical work and education periods.
    b. Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.
    c. Residents must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days.
3) Maximum Clinical Work and Education Period Length
    a. Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments.
        i. Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education.
            - Additional patient care responsibilities must not be assigned to a resident during this time.
4) Clinical and Educational Work Hour Exceptions
    a. In rare circumstances, after handing off all other responsibilities, a resident, on their own initiative, may elect to remain or return to the clinical site in the following circumstances:
        i. to continue to provide care to a single severely ill or unstable patient;
        ii. humanistic attention to the needs of a patient or family; or
        iii. to attend unique educational events.
    b. These additional hours of care or education must be counted toward the 80-hour weekly limit.

5) Moonlighting
    a. Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program, and must not interfere with the resident's fitness for work nor compromise patient safety.
    b. Time spent by residents in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit.
    c. PGY-1 residents are not permitted to moonlight.
6) In-House Night Float
    a. Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements.
        i. The maximum number of consecutive weeks of night float, and maximum number of months of night float per year may be further specified by the Review Committee.
7) Maximum In-House On-Call Frequency
    a. Residents must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period).
8) At-Home Call
    a. Time spent on patient care activities by residents on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks.
        i. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.

The Graduate Medical Education Committee will oversee the implementation of Clinical Experience and Education requirements noted above and will perform additional activities as noted below to promote patient safety and an appropriate educational and work environment for residents.

1) Monitor, through a structured process, program specific clinical experience and education compliance. Review program adjustments needed/made to remain in compliance with clinical and educational work hour requirements.
2) Provide an annual report, including the Executive Summary, to the Medical Executive Committees of INTEGRIS Health Baptist Medical Center and INTEGRIS Health Southwest Medical Center; the Boards of Directors of these facilities and the Board of Directors of INTEGRIS Health. The report will include program specific compliance with clinical experience and education requirements and any recommendations concerning actions needed to bring specific programs into compliance with the requirements.
3) Establish and oversee the implementation of a moonlighting policy. (See the Moonlighting Policy below).
4) Oversee program specific monitoring of the effect of moonlighting on resident performance. (It shall be the responsibility of the Program Director to establish and maintain the program specific monitoring of moonlighting and to withdraw approval for moonlighting if resident performance is negatively affected).
5) Evaluate home call requirements as needed to avoid unnecessary service demands and resident fatigue.
6) Establish a system to educate faculty and residents concerning the effects of sleep deprivation, the signs of fatigue, and process changes possible to prevent and /or manage fatigue. It shall be the responsibility of the Program Director to adopt fatigue mitigation processes appropriate for the specific residency program.
7) Review the availability of faculty to provide supervision / consultation for residents as needed specifically to avoid undue fatigue and to provide safe patient care.
8) Establish any needed additional institutional policies and procedures required to monitor and support the physical and emotional well-being of residents, to promote an educational environment and associated patient safety.

All resident clinical and educational work hours, including all moonlighting hours and all variances and Program Director variance reviews, will be tracked using New Innovations software. The Program Directors and Graduate Medical Education Office staff will provide program specific details. Residents must comply with all clinical and educational work hour documentation requirements. Failure to comply with the requirements will be addressed through the Disciplinary Procedure.

Exceptions to Clinical Work Requirements:

The Graduate Medical Education Committee adopted a policy to make **NO** exceptions to the 80-hour limit.

For clarification of and details concerning clinical and educational work hours including for example journal club time spent, research, or at away conferences, the Program Director should review the most current version of the Common Program Requirement FAQ's.

Clinical Experience and Education – Moonlighting

Moonlighting is defined as "any professional or other activity performed outside the residency program for which the resident receives reimbursement separate from any salary received through employment in the residency program". Moonlighting is a privilege.

It shall be the responsibility of the resident to discuss with and obtain permission in advance and in writing from the Program Director to participate in any moonlighting activity. The Program Director at his/her discretion may approve or disapprove any resident request to moonlight. Moonlighting that in any way interferes with or may interfere with the training experience is prohibited. The Program Director will monitor resident performance for any effects of moonlighting. Adverse effects, determined by the Program Director, will result in withdrawal of permission to moonlight. Any resident on probation or experiencing any academic difficulty may not moonlight. PGY-1 osteopathic and allopathic residents and any other residents with supervised medical licenses may not moonlight.

As applicable, it shall be the responsibility of the resident who plans to moonlight to

1. Obtain and maintain an appropriate unsupervised medical license for the state in which the resident plans to moonlight
2. Obtain and maintain a professional liability insurance policy including the appropriate amount of liability coverage
3. Obtain any needed credentialing and privileges at any facility where the resident plans to moonlight
4. Negotiate and execute any required contracts with any outside entity.

Neither INTEGRIS Health, nor the residency program nor any persons associated with either may require any resident to moonlight. Any and all moonlighting activities will be documented; such documents shall be signed by the Program Director or designee and maintained in the resident's individual file. The document shall include details concerning any restrictions to moonlighting and any maximum time or schedule limits.

Time spent moonlighting must be included in the 80-hour/week limit and must be included in all clinical and educational work hour documentation.

Violation of the INTEGRIS Health Graduate Medical Education Moonlighting Policy may be grounds for termination for any resident employed by INTEGRIS Health.

Educational Travel

INTEGRIS Health Graduate Medical Education provides financial support for required away rotations, program-specific educational conferences, and approved scholarly activity presentations. Residents must adhere to the guidelines and processes outlined below in addition to those included in the system Overnight Travel Policy (SYS-FIN-103).

Travel Reimbursement Guidelines

Travel funds can cover:

- Registration (if necessary)
- Flight (or mileage depending on conference location)
- Hotel for approved nights only
- Transportation
    - To and from the airport; to and from the hotel and conference center
- Meals up to $75/day on approved days only
    - If conference provides complimentary meals, INTEGRIS Health may not cover outside meal costs of respective meals provided
    - Itemized receipts must be provided without alcohol and include your meals only
        - Receipts provided with alcohol or meals for others will only receive reimbursement for subtotal of your food and non-alcoholic drinks (no tip or tax)
- Airport parking
- Baggage fees (one checked bag each way)

Travel funds do not cover:

- Flight upgrades or early boarding fees
- Alcoholic beverages
- Valet
- Snacks
- Personal items

If you have dietary restrictions (allergies or intolerances), please contact your program coordinator prior to travel.

If you are uncertain of reimbursement eligibility, please contact your program coordinator.

Effective July 1, 2023, receipts for reimbursement must be submitted within 30 days of purchase. Receipts submitted outside of that window will not be approved for reimbursement. Exceptions include licenses and required materials prior to employment date and conference/travel expenses that must be paid in advance.

Scholarly Activity Presentations at National Conferences

If you plan to request travel funds for a conference presentation, you must receive approval for travel funds prior to submitting your research to the conference. If you apply and have not received approval beforehand, funding may not be granted.

This funding is intended to cover expenses related to your presentation, not conference attendance. Travel funds will only be approved to cover the days you are required to be at the conference for the purpose of presenting your scholarly activity. Conference registration is not covered unless conference attendance is required for your scholarly activity presentation.

Information on scholarships or special funding received from the conference must be shared with your program coordinator along with requirements of the funding (ex: attendance at certain sessions).

Educational and Related Allowances

Educational and related allowances must be used in compliance with INTEGRIS Health policies. The lists below itemize acceptable and unacceptable purchases. The resident should discuss any item not listed in advance with the Graduate Medical Education Office. Purchases must be approved by the Graduate Medical Education Office and comply with Internal Revenue Service regulations and INTEGRIS Health financial policies.

Acceptable
Texts Journals
Meetings/Conferences Exams
Subscriptions to electronic "journals/texts" e.g. Up-To-Date
Approved educational e-books
Surgical Scrubs/Lab Coats
Stethoscopes
Oto-ophthalmoscopes
Medical/Osteopathic License/DEA/OBNDD renewal
Formal standardized educational programs e.g. ACLS

Unacceptable
Clothing including jackets and vests
Computers including PC's and laptops
Cell phones
Flash Drives
iPAD's
Pagers
Printers
Other "devices"
Hardware upgrades
Interactive software

A good question to ask: Is the item required as part of the educational or training program or similar to another acceptable/deductible expense?

Effective July 1, 2023, receipts for reimbursement must be submitted within 30 days of purchase. Receipts submitted outside of that window will not be approved for reimbursement. Exceptions include licenses and required materials prior to employment date and conference/travel expenses that must be paid in advance.

Restrictive Covenant

Neither INTEGRIS Health nor any participating facility may at any time require any resident to sign any non-competition guarantee.

Substantial Disruptions in Patient Care or Education

In the event of a disaster or other substantial disruption that significantly alters the ability of INTEGRIS Health, the primary participating facilities, and/or any of the Residency Programs to provide continuous patient care and education consistent with ACGME and applicable RRC requirements, the DIO, another individual designated by the Chief Physician Executive and/or the CEO will notify the ACGME.

The DIO will work with Institutional officials responsible for Disaster Management and will determine from the Incident Command Center the extent and anticipated duration of the disaster. Within ten days the DIO will:

1) Determine the immediate and anticipated long term effect of the disaster or disruption on individual training programs
2) In conjunction with Program Directors, reconfigure programs within the capacity and capability of facility (ies) affected by the disaster or disruption
3) Determine needs for temporary and/or permanent resident transfer to alternative training programs.
4) Communicate with residents immediately that plans will be made to address their educational needs and as soon as possible inform residents of the educational plans, including any related requirements for transfer and document completion as that information becomes available.
5) Communicate with the ACGME as soon as possible. If the ACGME invokes the Extraordinary Circumstances policy, the DIO will revise within 30 days the Sponsoring Institution educational programs to comply with Common Program, Specialty Specific, and Institutional requirements; and will contact the ACGME to receive timelines to submit program reconfigurations to the ACGME and to notify residents of reconfiguration or the need for temporary or permanent transfer to another training program.
6) In conjunction with the ACGME determine appropriate and available sites for resident transfer.
7) Arrange for temporary and/or permanent resident transfer using information obtained from the ACGME. (When more than one transfer option is available, resident's individual preferences will be considered).
8) In conjunction with the institutional Legal and Financial Reporting Departments, complete all Medicare required affiliation agreements and resident capitation transfer documentation.
9) For temporary transfers, determine and communicate with transferring resident(s) and accepting institution(s) the anticipated duration of the transfer(s). Provide periodic updates concerning the duration to the resident(s) and accepting institution(s).
10) In conjunction with the institutions and the Program Directors develop short- and long-term plans to re-establish training programs and communicate plans with the ACGME, according to timelines established by the ACGME, and with the residents and faculty.
11) Communication with the ACGME will be completed via telephones and email in accordance with ACGME guidelines. The DIO will communicate with the Institutional Review Committee Executive Director, the Program Directors with the applicable Residency Review Committee Executive Director, and the residents with the Residency Review Committee Executive Director or the Office of Resident Services.

Substantial Disruptions in Patient Care or Education (continued)

In the event of a disaster or other substantial disruption in patient care or education, INTEGRIS Health will provide the following assistance to residents/fellows in its ACGME-accredited programs:

Salary. Residents/fellows will continue to receive their salary [for the duration of any temporary transfer / through the end of the current academic year / until transfer to another program is complete]. Residents/fellows temporarily transferred to another institution remain employees of their employing entity and continue to be paid by it, unless a written agreement with the receiving institution provides otherwise and the resident/fellow is notified in advance.

Benefits. Health, dental, disability, and life insurance benefits will continue on the same terms during the period above.

Professional liability coverage. Coverage will continue for activities within the scope of the training program, including at a receiving institution during a temporary transfer, unless the receiving institution provides equivalent coverage documented in writing. Coverage for acts or omissions during training, including tail coverage, remains in effect.

Assignments. Resident/fellow assignments, reconfiguration, and transfers will be handled as described in items 1–10 above.

Notification. Residents/fellows will be informed in writing, as soon as possible, of their salary, benefits, and liability coverage status, and of any change before it takes effect.

INTEGRIS Health and the primary participating facilities to the best of their financial, facility, equipment, and human (personnel) resources and as are reasonable considering patient scope and volume, will assist residents in continuing their education following a disaster or disruption.

Any adjustments to program size for any program accepting residents from another program experiencing a disaster or disruption must be approved by the ACGME, INTEGRIS Health, and the DIO.

Program Closing / Program Size Reduction

1) INTEGRIS Health will inform affected residents as soon as possible following any decision to close or reduce the size or number of positions of a residency program, or of any decision to close the sponsoring institution.
2) INTEGRIS Health will:
    a. Notify the DIO, the Graduate Medical Education Committee, and in accordance with the ACGME requirements, the ACGME and
    b. Arrange that any resident in a program/institution that is closing or in a program to be reduced in size can complete his/her training prior to the program closing or
    c. Through the Graduate Medical Education Office and/or the applicable Program Director assist any such resident in finding a position at another ACGME accredited institution where the resident can continue his/her residency training.
3) Provide a severance package consistent with applicable accreditation agency requirements and institutional policy for any resident who cannot complete the program and/or be placed in a geographically proximate alternative program.

Graduate Medical Education Committee

The Graduate Medical Education Committee, hereinafter called the "GMEC" is responsible for monitoring and advising on all aspects of resident education affecting all Residency Programs sponsored by INTEGRIS Health, for the development of all policies and procedures affecting the Residency Programs, including compliance with ACGME Institutional Requirements, Common Program Requirements, Policies and Procedures, and Residency Review Committee Program Requirements. The GMEC meets at least quarterly, as scheduled by the Graduate Medical Education Office. The Graduate Medical Education Office will maintain minutes of all GMEC meetings. The membership of the GMEC will include the following:

- Designated Institutional Official
- Program Directors of all ACGME accredited programs
- Representatives from the teaching faculty
- Peer-selected residents/fellows – a minimum of two residents/fellows from ACGME accredited programs
- Institutional representatives including a quality improvement or patient safety officer or designee
- One or more individuals who are actively involved in GME, are outside the program, and are not the DIO or the quality improvement or patient safety member

At least one Resident must attend each GMEC meeting.

A faculty member may represent the Program Director for a limited number of meetings each year as determined by the GMEC.

Residency Supervisors and Specialists and/or other Residency office staff may be invited to attend GMEC meetings or participate as members of the GMEC at the discretion of the GMEC.

The GMEC may establish ad hoc subcommittees at its discretion. Any ad hoc subcommittee will include a peer-selected resident. Any ad hoc committee action defined by the ACGME as the responsibility of the GMEC will be forwarded to the GMEC for final review and approval.

The responsibilities of the GMEC will be documented in meeting minutes and include:

Oversight of:

1. ACGME accreditation and recognition statuses of the Sponsoring Institution and each of its ACGME-accredited programs;
2. the quality of the GME learning and working environment within the Sponsoring Institution, each of its ACGME-accredited programs, and its participating sites;
3. the quality of the 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;
4. the ACGME-accredited program(s)' annual program evaluation(s) and Self-Study(ies);
5. ACGME-accredited programs' implementation of institutional policy(ies) for vacation and leaves of absence, including medical, parental, and caregiver leaves of absence, at least annually;
6. all processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the Sponsoring Institution; and,
7. the provision of summary information of patient safety reports to residents, fellows, faculty members, and other clinical staff members. At a minimum, this oversight must include verification that such summary information is being provided.

Review and approval of:

1. institutional GME policies and procedures;
2. GMEC subcommittee actions that address required GMEC responsibilities;

3. annual recommendations to the Sponsoring Institution's administration regarding resident/fellow stipends and benefits**;
4. applications for ACGME accreditation of new programs;
5. requests for permanent changes in resident/fellow complement;
6. major changes in each of its ACGME-accredited programs' structure or duration of education, including any change in the designation of a program's primary clinical site;
7. additions and deletions of each of its ACGME-accredited programs' participating sites;
8. appointment of new Program Directors;
9. progress reports requested by a Review Committee;
10. requests for exceptions to clinical and educational work hour requirements;
11. voluntary withdrawal of ACGME program accreditation or recognition;
12. requests for appeal of an adverse action by a Review Committee;
13. appeal presentations to an ACGME Appeals Panel; and,
14. exceptionally qualified candidates for resident/fellow appointments who do not satisfy the Sponsoring Institution's resident/fellow eligibility policy and/or resident/fellow eligibility requirements in the Common Program Requirements.

Annual Institutional Review (AIR) and Executive Summary

The GMEC must demonstrate effective oversight of the Sponsoring Institution's accreditation through an Annual Institutional Review (AIR) in compliance with ACGME Institutional Requirements. The report will include but not be limited to institutional performance indicators which will include but not be limited to:

1. Most recent ACGME institutional letter of notification;
2. Results of ACGME surveys of residents/fellows and core faculty members;
3. Review of each ACGME-accredited programs' ACGME-accreditation information, including accreditation statuses and citations;
4. A monitoring program and procedures to address individual action plans developed in response to issues identified through the Annual Institutional Review; and,
5. Any other action plans determined by the GMEC to require ongoing monitoring.

The DIO provides the AIR, including a written executive summary, to the INTEGRIS Health Board. The report will include but not be limited to a summary of the content of the Annual Institutional Review (see 1-5 above).

Special Review

The GMEC must demonstrate effective oversight of underperforming program(s) through a Special Review process. The Special Review process must include a protocol that:

1. Establishes a variety of criteria for identifying underperformance that includes, at a minimum, program accreditation statuses of Initial Accreditation with Warning, Continued Accreditation with Warning, and adverse accreditation statuses as described by ACGME policies; and,
2. Results in a timely report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes, including timelines.

*** Funding is reviewed annually with the administration during the annual budgeting process. Positions are funded in accordance with institutional financial considerations and Medicare IME and GME reimbursement requirements. The institution is committed to Graduate Medical Education and to the support (through the completion of the program either at INTEGRIS Health or through assistance in transfer to another ACGME accredited residency program in the same specialty) of each resident who begins a program and meets the ongoing requirements of the program.*

INTEGRIS Health
Special Review Committee

The Graduate Medical Education Committee will monitor each ACGME accredited residency/fellowship program for consistent and ongoing compliance with accreditation requirements and for any areas of underperformance related to the requirements or other criteria as determined by the institution and/or the GMEC.

The GMEC has established a Scorecard to document, track, and monitor program performance, and criteria for each indicator which the GMEC considers underperformance, and which would thereby trigger review by a Special Review Committee. In addition, any citation by and/or special responses of any kind required by the ACGME or any other applicable accreditation or regulatory body will trigger an immediate Special Review Committee assessment.

The GMEC will determine membership of and timelines for activation of reports by the Special Review Committee. Membership will include at a minimum:

a) DIO
b) Program Director from a different program or faculty member from a different program with special knowledge in the area of concern
c) Resident from a different program
d) Director for Graduate Medical Education who will be a non-voting member and who will manage the committee process, maintain minutes, and be responsible for ensuring all related documents and follow up reports are submitted to the GMEC within required timelines.

The committee members will determine the committee chairman who will be responsible to lead all meetings and to present the committee report to the GMEC.

The Special Review Committee may

1) Review any residency, institutional, accreditation or other applicable documents, reports, surveys, logs, contracts, or other information applicable to the area of concern as needed.
2) Interview the
    a. Program Director
    b. Faculty Members
    c. Residents
    d. Residency Coordinator or Supervisor
    e. Institutional Officials or
    f. Others as needed to further clarify the status of the area of concern, opportunities of the area of concern, opportunities for improvements, actions needed, potential and perceived barriers to these actions, and options to address the barriers.

The Committee will prepare and present a report to the GMEC within timelines established by the GMEC at time of committee activation. Exceptions to the pre-established timelines must be approved by the GMEC or the DIO. The report will include:

a) Statement of criteria which triggered the Special Review Committee
b) Brief summary of Committee's review process including but not limited to a list of documents reviewed and persons interviewed
c) Assessment of Program's current performance relative to criteria that triggered the review
d) Quality improvement goals
e) Corrective actions recommended
f) Timelines for the Program Director or another designated person to report to the GMEC results of actions taken

INTEGRIS Health
Special Review Committee
(continued)

At the discretion of the DIO, a representative of the Special Review Committee may meet with the Program Director of the program under review to discuss committee findings, assessment, and recommendations before presentation to the GMEC.

The GMEC may approve, not approve, and/or request modification to or additional information be added to the Special Review Committee Report and the Action Plans recommended.

The Program Director may respond at the meeting when the Special Review Committee submits the report and must respond within Action Plan timelines approved by the GMEC. Exceptions to the pre-established timelines must be approved by the DIO. The GMEC will determine at the time the Program Director responds whether further action(s) is/are necessary and related timelines. After the GMEC accepts the corrective action as complete, the GMEC will monitor the program performance using the GMEC Scorecard.

The Sponsoring Institution recognizes a Program may be making progress toward improvement goals yet trigger a repeat Special Review. If the Program triggers the same or a closely related criteria, the GMEC will review and make a determination to either continue appropriate monitoring of previously defined corrective action outcomes or reactivate the Special Review Committee and require a more extensive and in-depth review of the issue and/or a more comprehensive detailed Action Plan. The Committee process will otherwise proceed as described.

Graduate Medical Education Department

The Graduate Medical Education Department is located on the second floor of Building "A" at INTEGRIS Health Baptist Medical Center, with an office which services programs at INTEGRIS Health Southwest Medical Center in the Medical Office Building, Room 306; and an office which serves the Great Plains Family Medicine Residency at the INTEGRIS Health Great Plains Family Medicine Center, 3625 NW 56th Street, Suite 200. The DIO directs the offices and staff.

The Graduate Medical Education Department maintains all graduate medical education related documents either in hard copy or electronically including all ACGME required or related documents, affiliation agreements and program specific letters of agreement, resident portfolios and/or logs, and records utilized to verify residency training.

Responsibilities of the Graduate Medical Education staff include but are not limited to the following:

1. Provision of support for the DIO and the Program Directors to ensure efficient, effective and compliant management of the residency programs.
2. Management of the daily activities of the residency programs including but not limited to:
    a. Preparation and distribution of resident call schedules and any other schedules required to manage the residency programs
    b. Arrangement for rooms, electronics including but not limited to computer, or other equipment for regular resident conferences and meetings
    c. Coordination with other hospital departments and services as needed to manage on call rooms, parking, etc.
3. Management of the resident application process, including but not limited to completion of all activities related to ERAS, NRMP, and interview scheduling and management
4. Preparation for annual resident orientation
5. Implementation and management of documentation of all required residency activities in New Innovations, the online residency management platform
6. Annual revision of Graduate Medical Education and Residency Handbooks and other policy updates as appropriate
7. Completion of credentialing documents related to past and present residents
8. Preparation of all materials required for the Graduate Medical Education Committee and any subcommittees or ad hoc committees
9. Preparation of the Graduate Medical Education Department and residency specific annual budgets, review of monthly financial statements, and communication as required concerning program funding
10. Communication with state medical and osteopathic licensing boards, and other regulatory agencies as needed
11. Management of residents and medical students rotating from outside facilities
12. Management of office files including but not limited to:
    a. Past and present resident files
    b. Resident portfolios, logs, scholarly activity reports and others as applicable
    c. Financial files
    d. Program specific files
    e. Participating and affiliated facility agreements
    f. Program specific letters of agreement
    g. Correspondence with the ACGME, ACGME Review Committees, licensure boards, or other regulatory or accreditation agencies as needed
    h. Any other files required for the maintenance of ACGME accreditation

13. Retention of resident files including but not limited to:
    a. Evaluations
    b. Corrective action plans
    c. Documents generated as defined in the Disciplinary Procedure and Grievance Procedure policies
    d. Leave of absence documents
    e. Certificate of completion of training (copy only)
    f. Documents of approval and disapproval of moonlighting and any other professional activities performed outside the training program
14. Management of all processes required for the maintenance of ACGME accreditation including but not limited to:
    a. Performance of all routine communications with agencies
    b. Update and submission of all documents including paper documents and electronic databases
    c. In coordination with the Program Directors, management of the Clinical Competency Committee and the Program Evaluation Committee and completion of related documents including but not limited to committee minutes and the Annual Program Evaluation
    d. Preparation of documents required for all accreditation site visits
    e. Active participation in program changes required to comply with changes in accreditation requirements

Graduate Medical Education
INTEGRIS Health Baptist Medical Center
3435 NW 56th St, Building A Suite 206 #701-4396
OKC OK 73112

Great Plains Family Medicine Residency
3625 NW 56th St, Suite 200 #102-9965
OKC OK 73112

Emergency Medicine Residency
INTEGRIS Health Southwest Medical Center
4200 S. Douglas Ave, Suite 306 #200-3490
OKC OK 73109

Glossary of Abbreviations

ACGME	Accreditation Council for Graduate Medical Education
AIR	Annual Institutional Review
APE	Annual Program Evaluation
CAP	Caregiver Assistance Program
CCC	Clinical Competency Committee
COMLEX	Comprehensive Osteopathic Medical Licensure Examination
DIO	Designated Institutional Official
GME	Graduate Medical Education
GMEC	Graduate Medical Education Committee
GPMF	Great Plains Medical Foundation
HIPAA	Health Insurance Portability and Accountability Act
IHBMC	INTEGRIS Health Baptist Medical Center
IHSMC	INTEGRIS Health Southwest Medical Center
NRMP	National Resident Matching Program
OSBMLS/OMB	Oklahoma State Board of Medical Licensure and Supervision/Oklahoma Medical Board
OSBOE	Oklahoma State Board of Osteopathic Examiners
OSMA	Oklahoma State Medical Association
PEC	Program Evaluation Committee
PGY	Postgraduate Year
PTO	Paid Time Off
OHPP	Oklahoma Health Professionals Program
RRC	Residency Review Committee
USMLE	United States Medical Licensing Examination

Appendix A

Policies

Policies

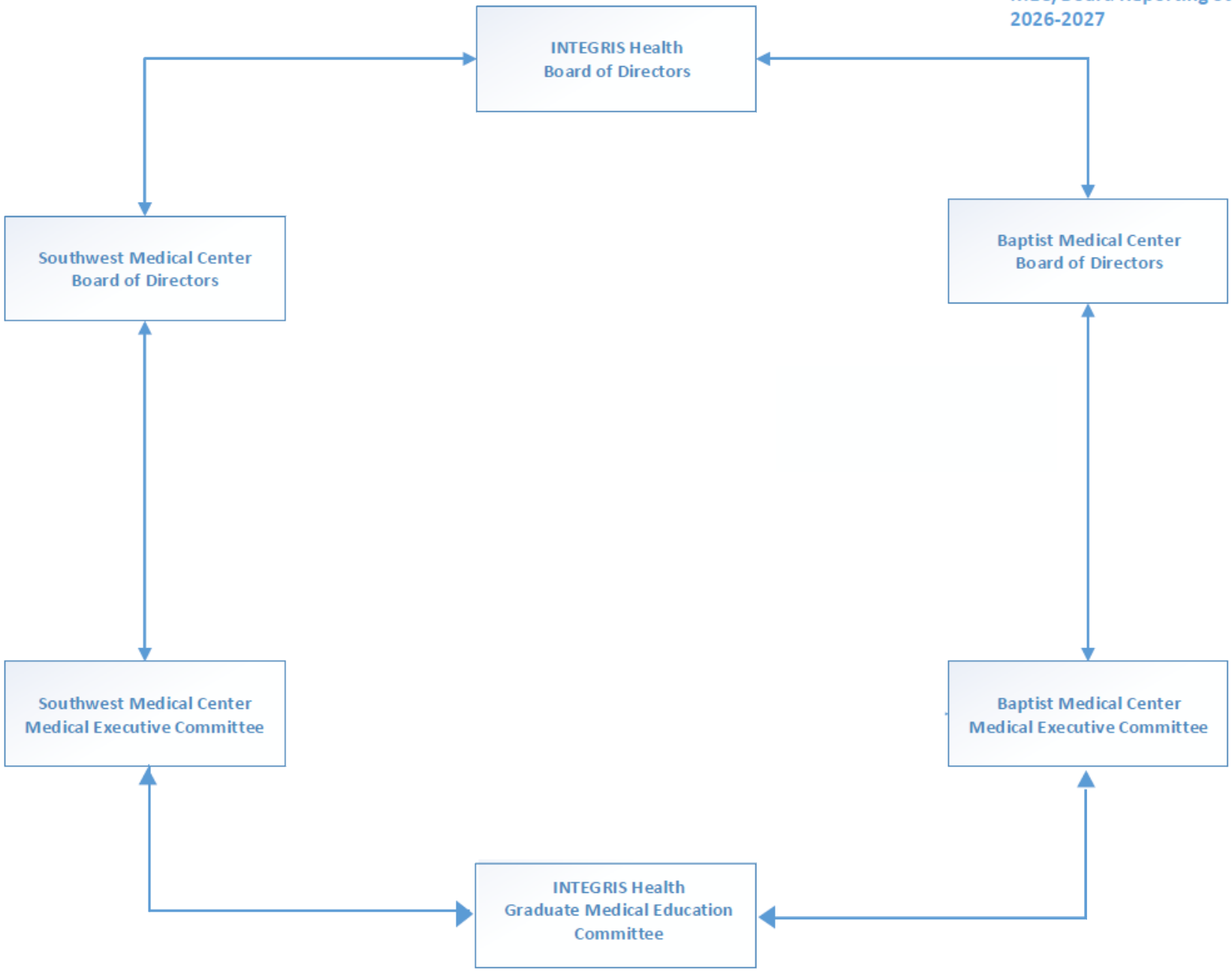
For a complete list of INTEGRIS Health policies, please view the link given below.

https://integris-allsearch.policystat.com/

Appendix B
GMEC Organization Chart

INTEGRIS HEALTH

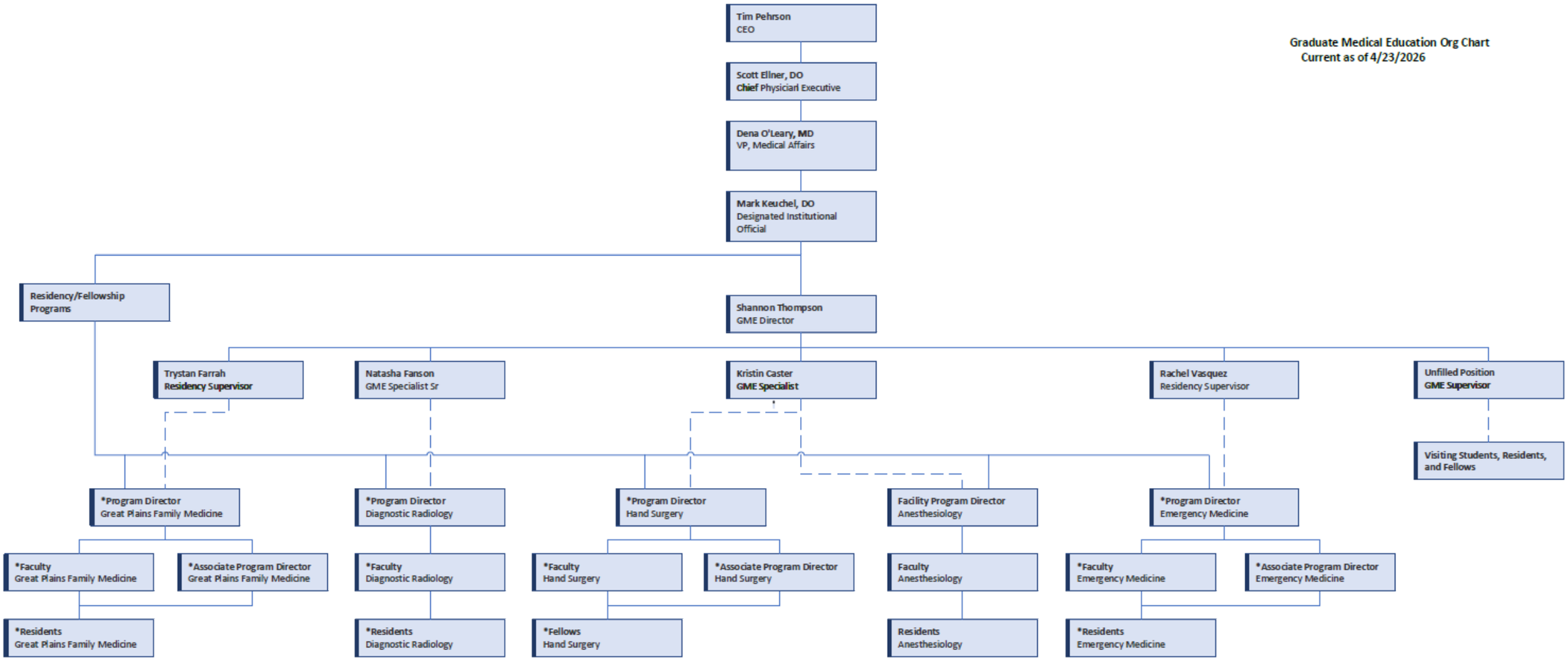
Graduate Medical Education – GME
MEC/Board Reporting Structure
2026-2027



Appendix C

GME Personnel Organization Chart

Graduate Medical Education Org Chart
Current as of 4/23/2026



* ACGME-accredited programs sponsored by INTEGRIS Health

Appendix D

Benefits

Benefits

For information regarding resident benefits, please view the link given below.

https://integris.service-now.com/hr

Appendix E

Behavioral and Performance Assessment Document with Corrective Action Plan

Behavioral and Performance Assessment Document

with Corrective Action Plan

Competency	Performance/ Behavioral Issue	Improvement Goal (Required)	Action Plans	Reassessment Date
Medical Knowledge				
Patient Care and Procedural Skills				
Interpersonal and Communication Skills				
Professionalism				
Practice-Based Learning and Improvement				
Systems-Based Practice				

Behavioral and Performance Assessment

Document with Corrective Action Plan

Comments:

Program Director:

Resident:

Program Director	Signature/Date
Resident	Signature/Date
Witness	Signature/Date

Appendix F

Medicare Requirements

Medicare Requirements

For information regarding Medicare requirements, please view the link given below.

Home - Centers for Medicare & Medicaid Services | CMS