Introduction

Welcome to YALE/VACT Podiatric Medicine and Surgery/RRA Residency Program. In this manual you will find many of the rules, regulations and requirements of the residency program. If specific rules/policies are not present, the residency program director (aka PD) has final authority.

Resident’s Policy Manual

The YALE/VACT Podiatric Medical and Surgery Residency/RRA Program (PMSR/RRA or simply PMSR ) has been developed to comply with criteria established by:

2. VHA Central Office for Podiatry Services
3. Yale-GME Department

Resident Acknowledgement

I acknowledge receipt of this Resident Policy Manual and I agree with the terms and conditions of my appointment as a podiatry resident at the Yale/VACT PMSR/RRA program. I understand that graduation to the next post graduate year or from the program itself is dependent upon successful completion of each assigned rotation, and progressive development of competence as expected for successive PGY level. Failure to do so may lead to remediation, probation, suspension and/or dismissal from the program. Furthermore, I understand that failure to abide by the policies set forth in this manual, and/or other policies of the residency program and participating facilities may lead to probation, suspension, or dismissal from the program, and I waive my right to legal recourse against the program, administration or attendings.

I acknowledge that I have received the policies in this manual including but not limited to:

- Moonlighting
- Logging and other documentation
- Leave and attendance requirements
- Remediation
- Appeals and Grievances
- Residency Competencies
- YNHH Tenets
- Professionalism
- Privacy, Internet, texting, email and social media
- CPME 320 and CPME 330

Resident Printed Name

Signature | Date
I. FACILITIES

The residency program is primarily sponsored by VACT Healthcare System and is co-sponsored by Yale-New Haven Hospital. Training takes place in 3 main hospitals (VA, YNHH, THOCC) and there are other facilities in which experiences are obtained. A list of facilities follows. The residency program director has ultimate authority for all aspects of the program, but cannot set hospital policy at any of the hospitals. The associate program director is next in line of control. THOCC has a site director; each of the remaining facilities has a site coordinator. See list below:

Directors, Site Directors and Coordinators

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
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<tbody>
<tr>
<td>Residency Program Director</td>
<td>Steven Vyce, DPM</td>
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<tr>
<td>Associate Residency Program Director</td>
<td>Gerald Gorecki, DPM</td>
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<tr>
<td>Residency Program Coordinator</td>
<td>Lillian Figueroa</td>
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Rotation Hospitals

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<tr>
<th>Site</th>
<th>Director</th>
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<tr>
<td>The Hospital of Central CT</td>
<td>Joseph Treadwell, DPM</td>
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Affiliate Facilities

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<tr>
<th>Site</th>
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<tr>
<td>Bristol Hospital</td>
<td>Joseph Treadwell, DPM</td>
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<tr>
<td>Connecticut Foot Surgery Center</td>
<td>Martin Pressman, DPM</td>
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<tr>
<td>Danbury Hospital</td>
<td>Michael Fein, DPM</td>
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<tr>
<td>Midstate Medical Center</td>
<td>John D’Amico, DPM</td>
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<tr>
<td>Milford Hospital</td>
<td>David Novicki, DPM</td>
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<tr>
<td>Naugatuck Surgical Center</td>
<td>James DeJesus, DPM</td>
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<tr>
<td>Norwalk Hospital</td>
<td>Andrew Rice, DPM</td>
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<tr>
<td>Shoreline Surgery Center /SSC II</td>
<td>Peter Blume, DPM</td>
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<tr>
<td>Temple Surgery Center</td>
<td>Nina Babu, DPM</td>
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Program Administration

Attendings involved in the program help guide the program via the attending Residency Academic Council, the Clinical Competency Committee and general input. The residency program director (PD) has ultimate authority for all aspects of the program. The residency program coordinator assists the PD in the administrative functioning of the program, and should be considered to speak for the PD if so denoted in emails, texts, memos or verbally.
Professional liability coverage - facility dependent

Professional liability coverage is provided individually by each of the following hospitals, while you are performing resident duties there: YNHH, The Hospital of Central CT and Danbury Hospital. VA is self-insured and provides liability coverage under the Federal Tort Claims Act (FTCA), Title 28 United States Code Sections 1346(b), and 2671 – 2680. YNHH provides a comprehensive annual policy for coverage at outside facilities that do not provide their own coverage.

II. RESIDENCY

The residency program is both an educational experience and a job. It is important that you consider both aspects of this statement, and act accordingly. Your senior residents and attendings (on all services) should be considered to be your supervisors, and deserve this respect. Patients receiving care by you are patients first and foremost. Treat them as you would like your parent or child to be treated.

Residents are expected to self-direct their learning. They are expected to read medical journals, books and continue to seek out learning environments and experiences. It is expected that JFAS and JAPMA journals are read cover to cover throughout the 3 years of residency. If you do not have subscriptions, they can be read in the libraries.

Residents are also expected to prepare for surgical cases as if they are doing the case on their own. Read about approaches and how to do the procedure the night before, refresh your memory of the anatomy, refresh your memory on appropriate fixation techniques and also consider complications that may occur intra-op and how you would correct for them if they do occur intra-op. Be inquisitive of your senior residents and attendings, but of course, remain respectful. Questions directed to attendings should not be in the form of “pimping” the attending. Often, the best learning experiences are created when residents ask questions. Residents are expected to research pathology, treatment and medications that they may not be up-to-date on, coinciding with patient care for these same pathologies, or with the treatments/medications.

Most importantly, your residency experience will be what you make of it. I encourage you to seek out learning experiences and knowledge. Your residency only last 3 years, but the experiences you gain will last a lifetime.

III. MISCELLANEOUS RESPONSIBILITIES

Residents are expected to abide by the following policies at all times. Failure to abide by the policies set forth by the residency program or hospitals is considered misconduct and can lead to probation, suspension or dismissal from the program.

1. The podiatric resident will conduct himself or herself in a professional and courteous manner at all times. Patients will be treated with compassion and confidentiality. Patient abuse will not be tolerated. Medical staff and other employees will be treated with respect. Discussions regarding Podiatry attending staff or fellow residents are not to be held in front of or with patient, students or other staff members.
2. All hospital telephones and computers are for official use only. No personal or business use other than official hospital business use of the telephones, computers or printers is permitted. Audits are conducted and personal use may result in suspension of computer and/or telephone privileges.

3. Sending and receiving non-business related texts and phone calls while attending to patients is prohibited.

4. You will be provided with a schedule of your required residency rotations. Your attendance is required in order to complete these rotations. Only the Residency Director or the assigned Site Director/Coordinator may excuse your absence.

5. Unless otherwise directed, discussions that are held between you and your attending(s) and/or supervisors are to be considered confidential and must not be repeated to other residents/attendings/staff without prior approval.

6. Residents have a responsibility to report suspected or identified information security incidents (security and privacy) to the attending directly involved with the patient involved.

7. Residents have a duty to report information about actual or possible criminal violations to the appropriate authority.

8. Intentional falsification of *any* residency related records, whether medical records or residency paperwork (including activity logs, surgical logs, vacation requests), will be grounds for immediate suspension from the residency program leading to dismissal.

9. Intentionally misleading or lying to attending staff, senior residents or hospital administrators may be grounds for immediate suspension from the residency program leading to dismissal.

10. Residents have a duty to report falsification of records and other unethical conduct or misconduct by fellow residents to the appropriate attending or residency program director.

11. Violation of any of the rules and regulations found in this manual may result in your being placed on probation, suspended or dismissed from the program. Failure to be removed from probation status prior to the scheduled completion of the program will result in the resident not being issued a residency program certificate.

12. The resident must be familiar with and abide by the rules and regulations of the hospital staff, departments, and committees of all affiliated institutions.

13. Residents are not to accept fees, gifts, or gratuities from patients, their relatives or friends.

14. No alcoholic beverages are permitted in the hospitals. No person who has been drinking alcoholic beverages, or using any illicit drugs may provide patient care.

15. Smoking and use of all other tobacco products in the hospitals, or at residency functions, is prohibited except in designated areas.

16. Provide complete privacy for each patient during examinations, dressing changes, and discussions.

17. Do not have unnecessary or imprudent conversations within the hearing of a patient in clinic rooms, patient rooms, in the OR and even those patients coming out from anesthesia. Sound travels well in hospital corridors and clinic hallways.

18. Never disparage any physician, fellow resident or the hospital to a patient. Avoid inciting damage suits by a patient who thinks he has been the victim of malpractice.

19. Fraternization with patients is prohibited.

**Licenses, DEA #, NPI #, etc.**

1. No CT podiatry license or permit to practice is required in your residency. You act under the license of the attending with whom you work. You may not act independently.

2. No personal DEA # is required (and one cannot be obtained without a license)
3. A personal CT Controlled Dangerous Substance certificate is required. Each resident must apply and maintain the CDS during entire residency program.
4. An NPI (National Provider Identification) number is required. Each resident must apply prior to start of residency.

IV. HIERARCHY, DUTIES, CALL AND MOONLIGHTING

Although we pride ourselves on being an easygoing residency, the residency structure is one of hierarchy, and varying levels of supervision and responsibilities. Residents are expected to follow direction of those senior to them, within the confines of residency rules and regulations, common ethics and the law. Residents are expected to be respectful of those senior to them. In general, issues or complaints should be brought to the attention of the resident’s supervisors in hierarchical order, without skipping levels, except for cases involving sexual harassment (which is dealt with in a separate section of this manual).

Hierarchy levels are as follows, from low to high:

PGY1 → PGY2 → PGY3 → attending involved (if any) → site director or site coordinator → podiatry section chief at affiliated hospital → residency director (or assoc. director)

When there is a complaint or disagreement between the resident and the attending physician or supervisor, the premise is that the issue will be dealt with as close to the source as possible thereby limiting the number of people involved.

Examples of complaints or disagreements include (but are not limited to):

(a) Perceived inappropriate professional behavior
(b) Perceived inadequate or poor teaching
(c) Perceived inadequate or poor patient care
(d) Perceived inadequate supervision

Procedure for Resolution of Supervision Conflict:

1. The resident consults with the senior residents of the service for assistance or advice. The resident may also consult with an attending, if complaint is about a resident.
2. The resident then consults with the local hospital site director/coordinator about the issue, if not resolved.
2. The local hospital site director/coordinator will speak with the attending physician/supervisor and attempt to resolve the issue.
3. If the resident does not feel that the issue had been resolved, she/he may approach the residency program director.
4. If the issue still remains unresolved, the resident may approach the Department Chairman or the Dean, Graduate Medical Education.

In cases where immediate resolution is required (#1 and #2 above), it is expected the resident will telephone those involved. Regardless of the outcome of the immediate intervention and/or
resolution, there shall be no repercussions to the resident for lodging the complaint. The local hospital site director/coordinator will provide a follow-up written report of the incident to the university program director (academic), and the service chief (hospital). Prior to lodging complaints with department chairmen, deans, chiefs of staff or GME directors, it is required that residents speak to the residency program director or assistant director FIRST. If the complaint is about the residency program director, then a site director for one of the major hospitals should be contacted FIRST, and that person will discuss with the residency academic council.

**Resident Duties**

**Resident Responsibilities**

_All_ residents are responsible for daily rounds, covering surgeries, admitting patients, performing consultations, seeing outpatients and doing what needs to be done to keep the service running in an efficient and appropriate manner. Rounds should be cooperative with all residents participating, unless there are concurrent clinical duties elsewhere (ie. surgery, clinic, ED consults etc.). It is NOT appropriate for senior residents to arrive late while letting junior residents perform rounds or other duties, nor is it appropriate for senior residents to “lounge” while junior residents perform rounds or other duties. PGY1s should be treated as equal team members in that they should not be required to “pre-round” prior to other residents, especially in light of recent duty hour rules protecting PGY1s.

_In general:_

PGY1s- responsible for inpatient patient management and floor work at YNHH and VACT. Must have supervision by senior residents, and should discuss all patient management issues with senior residents and attending’s. Obtain their initial surgical exposure, especially I+Ds, amputations and lesser toe procedures. Cannot do night or weekend call, but may shadow per call schedule below. PGY1s shadowing will be shadowing and assisting _to learn_- not simply a scut monkey.

PGY2s- Back-up for PGY1s regarding inpatient management, and should be broadening surgical experience, concentrating on forefoot and simple rearfoot. Also responsible for teaching PGY1s.

PGY3s- Responsible for the service, keeping abreast of day to day management issues and making sure the rotation and service operate efficiently and effectively. Are expected to concentrate on surgical management of reconstructive rearfoot and ankle. Also responsible for teaching PGY1s and PGY2s, as well as making and distributing the rotation call schedule.

Specifications of call: weekdays (Mon to Fri from 6am to 6pm), weeknight (mon to fri, from 6pm to 6am) and weekends per rotation as noted below:

PGY3s are responsible for creating, distributing and updating rotation call schedules. The schedule should be made as fair as possible, with every effort to provide days off to those that request them, within reason and when possible. The schedule must be sent via e-mail to PD and the residency coordinator for uploading to Amion at least one week prior to the start of a rotation, and the email (not the actual schedule) should provide an accurate tally of # of days each resident listed is on call.

The entire team assigned to each individual hospital will generally complete each weekday’s tasks prior to leaving for the day (taking Duty hour rules into consideration), and will not rely on the on-
call person to complete them, especially at SRC and VA. This includes OR cases that are regularly scheduled cases (such as Fridays at SRC).

**Yale Rotation Call**
- Weekday call - PGY1, assisted by others as needed.
- Weeknight call (Mon-Fri) to be split among the Yale PGY2, PGY3, Yale/SRC PGY2 and the THOCC PGY3.
- Weekend Call (Sat/Sun) to be split among the Yale PGY2 (2 weekends), PGY3 (1 weekend) and Yale/SRC PGY2 (2 weekends).
- Yale PGY1 will shadow/assist the PGY3 on weekend call.

**VA Weekday (daytime) call** – VA PGY1, assisted by others as needed.

**HSR Weekday (daytime) call** - split evenly among HSR assigned residents.

**VA and HSR combined call weeknights and weekends:** will be combined duty, and will be divided evenly between the HSR residents and VA PGY2 and 3. Each will also have one back-up resident assigned and listed on the schedule for instances when the main on call resident is busy (such as weekend surgery- back up can be assigned for an entire week at time).

VA PGY1 and the VA Rotations-3 PGY1 will shadow the SRC PGY 3s on weeknights and each will do shadow call on 2 weekends/month, and this will be divided evenly among the two PGY1s.

**Resident coverage of facilities**

Resident responsibility (resident duties) for patient care, including inpatient, outpatient, ED and surgical care, are primarily to the hospital to which each resident is assigned.

If all duties are completed or appropriately covered by other residents assigned to their primary hospital, residents may seek learning opportunities outside of their primary hospital with the approval of the PGY3. These residents must defer to the residents assigned primarily to the other hospital, unless residents of appropriate PGY level are not available to cover cases (eg PGY3 not available for a PGY3 case). Residents will not be allowed to bump lower level residents from lower level cases in these instances (if lower level resident from that hospital are available). Second scrubbing cases when clinic or other cases are not adequately covered is not acceptable. Residents from another hospital may cover only if all duties are completed or appropriately covered at their facility.

The three core hospitals (VA, YNHH, and THOCC) receive US Government funding in exchange for your training and service to the hospital. Therefore, adequate resident coverage at these facilities is paramount. Affiliated facilities do not receive US Government, and therefore coverage of the three core hospitals supersedes coverage at affiliated institutions, including the surgery centers.
Moonlighting Policy

Moonlighting is not permitted. You are not protected by residency malpractice policies or the Federal Government in the event of malpractice, negligence or any other claim against you arising from the performance of duties not authorized by the Residency Program administration. You will not practice your profession or assist any physician outside the affiliated institutions without written permission from the program director, except where allowed by good Samaritan laws.

V. COMMUNICATION

All residents are issued a pager. All residents must keep their pager with them and in operation at all times, unless on leave (vacation/ sick/authorized) or unless otherwise excused by the program director. All residents are responsible for returning ALL pages within 20 minutes, even when not assigned to be on call, unless they are on authorized leave. This includes pages to the hospital.

It is the responsibility of each resident taking unexpected leave to make certain the hospital is notified of call schedule changes.

It is the responsibility of each on-call resident to make sure his/her pager is functioning, and that they are in an area that receives pages. If the pager malfunctions, is not working or the resident is in an area that the pager has no service, it is the responsibility of the resident to provide for a work around (eg. provide hospital operator, floor and ED with cell #) so as not to miss any potential pages.

Official communications from the residency program will generally occur via e-mail. Each resident is responsible for checking e-mail DAILY, unless on leave. Each resident is responsible for keeping the PD and Yale house staff office informed of a current e-mail address for him or herself.

Attendings and the PD may be contacted per their personal preference (office #, cell, texting, pager #), but contact before and after regular working hours should be made on an urgent or emergency basis only. Regular, non-urgent work related questions should be directed to attendings and the PD during regular working hours or via e-mail after working hours.
VI. BENEFITS

PGY1 residents are considered “Temporary” employees of the US Dept. of Veterans Affairs

Benefits information:
Health Insurance benefits: http://www.opm.gov/insure/health/
Dental and Vision: https://www.benefeds.com/Portal/jsp/LoginPage.jsp

PGY2 and PGY3 residents are employees of Yale-New Haven Hospital
Salary and Benefits information can be found online at :

VII. DIDACTICS

A. Educational Meetings

Educational meetings are designed to augment the clinical content of the program. These meetings will be held weekly on Tuesday mornings or afternoons. Attendance is mandatory. Attendance conflicts must be brought to the attention of the PD or Academic Director prior to the meeting, unless you cannot make contact due to clinical emergencies.
- Acceptable work related reasons for missing include: limb or life threatening emergency with an inpatient, “rare” surgical case type, urgent or emergency ED consult.
- Unacceptable work related reasons for missing include: rounds (even with an attending), routine type of surgical case, clinic, routine patient care that is not urgent or emergent.

Unauthorized absences will lead to disciplinary action such as additional presentation/lectures, loss of vacation/annual leave days, and probation, suspension, or dismissal from program.

B. Journal Club

On one Tuesday of each month, a Journal Club will be conducted. Residents assigned to the Resident Academic Committee will be responsible for choosing and distributing appropriate articles. Generally, each PGY1 will be responsible for presenting one article each month, but any resident may be called upon to discuss or present any article during each session. Attendance and participation in the Journal Club is mandatory, per policy outline in section VII, A above.

C. PRESENT Courseware

YALE/VACT utilizes the PRESENT Courseware on-line lecture series. Residents are assigned a log-in ID and password so that they can view lectures, and will receive this information via e-mail directly from PRESENT. Quizzes are part of this teaching program and can be used as a self-evaluation tool.

- Weekly use is a MANDATORY part of the didactic training. Lectures shall be logged in the Podiatric Resident Resource didactic log, listing title and lecturer by name.
- The Director is able to view a report of resident lecture viewings/completions to assure compliance with assignments.
• 75% or more of the PRESENT lectures must be successfully completed each year, or residents will not be advanced PGY level/graduated.

D. Yale Podiatry Grand Rounds

The Grand Rounds lecture series will be held in the Yale Medical School’s Brady auditorium, generally at 5:30 pm on the final Monday of each month -September through May. Attendance is mandatory per policy outline in section VII, A above.

E. Yale-New Haven Hospital Morbidity and Mortality

Yale-New Haven Hospital Morbidity and Mortality conference will be presented immediately to follow all Yale Grand Rounds. The PGY-3 on service at Yale shall be responsible for assigning M+M cases to applicable residents to present. Standard case presentation format is expected. Whenever possible, the resident most involved with the M+M shall present the case and be expected to defend the actions taken. Should there be no M+M cases for a given month, then other recent YNHH cases should be presented instead.

F. Yale-New Haven Hospital Orthopedic Grand Rounds

Ortho Grand Rounds are generally held in the Yale Medical School’s Brady auditorium, at 8:00 am each Friday. Attendance is expected unless there is conflicting clinical work.

VIII. LEAVE POLICY

There are 3 general types of leaves:

1. Vacation
2. Authorized/CME
3. Sick

All types require approval from the PD, or Asst. PD if the PD is unavailable. Unused leave is lost annually and will not be paid at the end of training. Leave taken for any reason that exceeds 22 days in any year must be made up (without compensation unless prior arrangements have been made) in order to complete the program.

Any resident failing to abide by these policies may be placed on probation with loss of all leave privileges (first offense), suspended for 30 days without pay with makeup at end of program (second offense) or terminated from the program (third offense).

Steps to take for requesting leave days

• The PGY3 of the rotation involved must approve the leave prior to submission to the Director for final approval, other than for urgent/sick leave. The PGY3 must not approve
any leave that does not follow the rules set forth in this manual. If there are 2 PGY3s on a rotation, and one is requesting leave, the other must approve it.

- Other than sick days, the resident must request the leave at least 30 days in advance via MedHub. All leave days must be entered into MedHub. The request must be entered prior to leave occurring, and an email must also be sent to the Residency Director and the PGY3 in charge of the rotation. If the leave is an authorized leave (for cme, interview etc…- the exact reason for the leave must be entered in MedHub. If it is simply a personal day or vacation day- no specific info is required.)

- Do not enter weekend or official holiday dates, only weekdays. Types of leave should be entered as follows:
  
a. Sick Leave- for medical office visits and days that you are sick
  
b. Vacation Leave- for days on vacation, or other days off
  
c. Conference (Away) Leave- for any days you attend conferences, interviews or other podiatry events.
  
d. Leave of Absence- for official leave of absence days

- The resident must also e-mail the Residency Director a reminder one week in advance of the scheduled vacation. Subject line of the email should state your last name and the word “vacation”.

Specific leave policy rules:

- Leave may not be taken between June 1 and July 15, except for ABPS, ABPOPPM and ACFAS events, or as approved by the Program Director.
- Combined leave types (Vacation, AL, SL) will be limited to 25% of any assigned rotation unless arrangements for making the time up are made in advance.
- No more than 1 week may be taken off consecutively at any one time.
- Unused leave is lost at the end of each year.
- No more than 3 residents may take leave at the same time
- Only 1 resident may take leave at a time per rotation, unless specifically authorized by the Residency Director.
- Preference goes to authorized/CME leave requests over vacation leave requests.
- Leave is granted at the discretion of the PD or Asst. PD (if PD is unavailable).
- Leave for all 15 residents cannot be over-utilized at any one hospital or rotation.
- PGY3 residents are expected to work through their final date of residency (generally June 30th)

*Vacation leave:* Each resident is allotted 10 week days of vacation per year.

*Authorized leave (AL):* Each resident will be eligible for 5 week days of authorized leave per year. This leave is to be used to attend seminars, conferences, interviews or other authorized podiatry related events, and reason for taking the leave must be explained on the leave request. These days
cannot be used as vacation days. These days must be logged in MedHub. The PD reserves the right to grant additional AL on an individual basis.

Sick leave (SL): Each resident will be allowed 7 days sick leave per year. Sick leave is only to be used when the resident is actually sick, needs to go to a doctor’s appointment, or needs to care for a sick family member. These days cannot be used as vacation days. Each resident must report sick days taken to the rotation involved at the beginning of the day of the absence and also must send an email at the beginning of the day sent to the PD’s and Residency coordinator’s attention. Subject line of the email should state your last name and the word “sick leave”. Any continuous sick leave extending beyond 3 days will require a note from a treating physician. Sick days must be logged in MedHub as well.

The Family Medical Leave Act: Leave taken for medical reasons falls under The Family Medical Leave Act of 1993, and up to 12 weeks of leave per year are allowed for eligible employees. To be eligible for FMLA leave, a resident must have been employed for at least 12 months and must be requesting leave for a serious medical condition (birth or adoption of a child; serious medical condition of a spouse, parent, or child; serious medical condition of the employee). Illness which result in a periods of absence longer than a week will be handled under the Family Medical Leave Act. Residents must inform the residency director and the GME Office immediately about any needed medical leave to allow time to arrange clinical coverage. The resident will be required to make up the time taken for FMLA to complete the program.

Unexcused absences: An unexcused absence is defined as anytime a resident is not in attendance at a scheduled rotation, conference or other residency function or is unavailable when on call without prior arrangements being made. If a resident is not at a rotation site during normal hours it is expected that they will be in the library, at another rotation site, visiting offices, or working on the didactic requirements for the program. The resident must leave word with the rotation regarding how they can be reached and be ready and available to return within a reasonable period of time (normally 30 minutes) if they are needed.

AWOL- absent without leave: If a resident takes unapproved vacation or leaves the area while they are supposed to be working or on-call, it is considered AWOL. This is a serious offense, it is considered insubordination and unethical conduct, and the resident is subject to immediate dismissal from the program without recourse.

IX. RESIDENT DUTY HOURS:

Working Hours

Residents are expected to report for surgeries/clinics and other duties in a timely fashion, allowing enough time to get pre-operative work completed pre-operatively. In general, default work hours are 7 am to 5 pm on weekdays. Obviously, rotation specific duties may add to these hours.

Residents without clinical duties between 7am and 5pm at their assigned hospital or rotation (including off service rotations) are expected to contact senior residents (if they are PGY1 or 2) and/or the PD (if they are PGY3) to find out if assistance is needed at any specific rotation site.
Please also see page 8M under section marked “Resident Duties” for additional information on cross covering. Otherwise, time free from clinical duties should be utilized to complete PRESENT, work on research projects, study, read medical journals, watch/assist surgical cases in which the residents are not assigned as primary etc…No resident should leave for the day prior to 5 pm, if there are team duties that they can assist in completing, including ALL clinics, surgeries, consults, H+Ps, rounds etc…the program administration will be spot checking residents from time to time to ascertain their location and current duties. Residents may be asked to provide a hospital number at which they can be called.

- PGY3 residents shall report expected duties of each resident on their rotation to Dr Vyce via e-mail on a daily basis, generally the night before.

- Residents found to be shirking clinical duties or work rules will be docked appropriate leave days and may be placed on probation or suspension leading to dismissal (see also AWOL)

**Duty Hour Rules**

CPME does not currently have specific duty hour language, but the program generally follows some of the duty hours rules from ACGME. (Adapted directly from ACGME VI-G Effective: July 1, 2011, per Yale GME). Therefore, duty hours MUST be logged in MedHub. See logging section above.

1) Duty hours must be limited to 80 hours per week, averaged over a four week period, inclusive of all in-house call activities and didactics.

2) Residents must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks). At-home call cannot be assigned on these free days.

   a) PGY-1
      i) Duty periods must not exceed 16 hours in duration.
      ii) Should have 10 hours, and must have eight hours, free of duty between scheduled duty periods.

   b) PGY-2 and 3
      i) Duty periods may be scheduled to a maximum of 24 hours of continuous duty in the hospital.
      ii) Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m., is strongly suggested. Naps should not be scheduled, but rather should occur based upon patient needs and resident fatigue.
      iii) Should have 10 hours free of duty, and must have eight hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.

3) At-Home Call
   i) PGY-1 residents are not allowed to take at-home call due to absence of supervision.
   ii) Time spent in the hospital by residents on at-home call must count towards the 80-hour maximum weekly hour limit.
iii) 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 duty, when averaged over four weeks.

iv) Residents are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new “off-duty period”.

v) In some programs residents take call for an entire weekend (e.g., Friday through Sunday), to allow them to take the entire next weekend off. This practice is acceptable as long as total duty hours, one-day-off-in-seven, and frequency of call are within the limits specified by the relevant requirements.

vi) Call during Holidays and covering vacation/leave of other residents- residents not on leave/vacation may be scheduled more frequently, but the scheduling for the rotation (generally four weeks of a month) must comply with the common duty hour requirements.

X. PROFESSIONALISM

Residents must remember that they represent the hospital, the program, the attendings and the profession as a whole when they are a facility, or any other residency function. Therefore, residents shall maintain a professional appearance and conduct themselves in a professional, ethical and moral manner when on duty, at residency events, (including academic events) or when representing the residency, hospitals or attendings in any way, including CME trips, interviews trips etc. Professional attire shall be worn, the resident shall be appropriately groomed with good hygiene, and inappropriate behavior and/or language is prohibited. Departure from these standards is considered resident misconduct.

- You must wear your official hospital photo identification badge with your name visible at all times, except when scrubbed in the OR. Clothing must be clean, pressed, in good condition, and fit appropriately.
- Clothing must not interfere with the safe operation of equipment.
- Clean white coats should be worn for all instances involving patient contact, unless otherwise prohibited (OR, isolation etc…)
- Surgical scrubs will be worn for surgical procedures as provided by each hospital. Correct scrubs are required for each hospital, scrubs should fit appropriately and shirts should be tucked in.
- In no instance should sweatshirts, sweaters or clothing other than a white clinic coat be worn over scrubs when involved in patient care (clinic, floor, office, ED, etc.).
- Generally, a minimum of business casual dress is required for academic conferences with absolutely no jeans, sweatshirts, shorts or sweatpants.
- Daily bathing and oral hygiene is expected, with resulting clean body and minimized body odors.
- Hair is to be neatly groomed, off the collar, in a style appropriate for a professional person.
- Male residents are to be clean shaven (unless immediately post-call) or have a neatly trimmed moustache or beard.
- Nails are to be clean, neat and short in length. No artificial nails are acceptable, nail polish is prohibited in the OR.
- Make-up, if worn, is to be applied so a natural look is conveyed.
- Perfume, cologne, after-shave and body sprays must not be so strong as to call attention to yourself in a closed elevator or patient room.
- Limited jewelry and no dangling or large hoop jewelry that might create a safety hazard to self or patients.
- Visible body piercings/jewelry and oral jewelry must be removed when performing patient care (unless demanded by religion in which case documentation from your religious leader shall be provided).
- No dark glasses (unless prescribed by a physician) while on duty.
- Tattoos that are perceived as offensive, hostile or diminish the effectiveness of the employee as a role model for our patients must not be visible to patients and staff.
- No emblems, slogans, symbols, pins, buttons or other insignias connoting or denoting illicit substances, alcohol, tobacco, obscene language, sex, violence, or discrimination are permitted.
- Food and drink is prohibited in clinical areas, including clinic/office rooms, on rounds, in the OR etc. Chewing gum is prohibited when providing patient care.

**XI. DOCUMENTATION, PRIVACY AND TIMEOUTS**

Residents are to complete all required non clinical documentation in a timely manner, as prescribed by the assigner of the documentation (program director, Medical staff office, Hospital Department or Section, house staff office etc).

Residents are to complete all required clinical documentation per individual hospital standards. In general, documentation of Brief Op Notes must occur immediately upon exiting the operating room, documentation of inpatient, ED or outpatient visits and operative reports must occur on the same calendar day, and documentation of other patient encounters should be completed on the same calendar day and must be completed within 24 hours of the encounter or operation.

Any testing performed on in-patients should be followed up (and documented/acted upon) on the day it is ordered. Non urgent testing on outpatients (routine pre-ops, non urgent x-rays/MRIs) must be documented on the next outpatient visit, or within 14 days if the visit is further away than that. Urgent outpatient testing must be followed up within 24 hours of ordering it.

Documentation instructions for VA can be found on the computer under “Documents” at: M:\Surgery\Surgery Common Area\RESIDENT GUIDE BOOK & at: M:\Surgery\Surgery Common Area\Resident Orient. Packet See Resource Book below

**Patient Verifications, Timeout and Consent**

All patient encounters should be initiated by verifying the patient’s identification using two separate identifiers (patient name, MR#, SS#, DOB etc). This is especially important when the patient is not known to the resident, or is a new consultation. An appropriate “timeout” must be performed and documented in the clinical record prior to performing any invasive procedure.
Informed consent must be obtained directly from patients (or the parents/ guardians of minors) prior to any invasive procedure, injection or aspiration, and prior to obtaining laboratory tests for which legal consent requirements exist.

To obtain an informed consent, you must explain the procedure to the patient, including discussing the nature of the procedure, risks and benefits, and reasonable alternative procedures or treatments and their relative risks and benefits (including that of no intervention at all). You do not have to discuss all possible complications and alternatives of a procedure to the patient, but you must discuss the common and most likely ones, and indicate to the patient that your list cannot be exhaustive.

Make sure that the patient is both capable of understanding and actually understands the information explained to him/her, and answer any questions the patient may have about the procedure.

**Privacy and Pictures**

Privacy and protection of personal information is of utmost importance in healthcare. Personal information is protected by many federal and state laws, including the Health Insurance Portability and Accountability Act (HIPAA) and The Privacy Act of 1974, 38 USC 5701, 5705, or 7332. Residents must adhere to all state and federal laws, as well as individual hospital policies and mandates in regard to patient privacy. See below for privacy as related to texts, email etc.

Pictures cannot be taken of patients without proper hospital permission forms filled out. PERIOD.

**XII. INTERNET, TEXTING AND SOCIAL MEDIA**

The internet is increasingly becoming less anonymous and information posted is becoming more permanent. In addition, the ability to trace or track the author of posts exists, whether publicly known or not. Whereas privacy is of utmost importance in the practice of medicine and laws/policies exist protecting personal patient information, and whereas social media, emails, texts and other internet postings are discoverable in courts, administrative hearings and other legal proceedings, residents must use extreme caution in texts, social media, emails and general internet uses (blogs, posts etc).

Therefore, residents may not:

1. Post pictures of patients or diagnostic images, patient names or any other protected health information online.
2. Post verbal accounts, names, descriptions of, or any other information related to or about a patient, a procedure, an admission or any other healthcare encounter (except residency approved logging software).
3. Post denigrating or critical information about or disparage patients, physicians/ podiatrists, hospital staff, administrators or fellow residents.

4. E-mail or text protected health information, unless using encryption software per individual hospital policy.

5. When residents see content posted by fellow residents that appears to violate this policy, they have a responsibility to bring that content to the attention of the individual, so that he or she can remove it. If the individual does not take appropriate action to resolve the situation, the resident should report the matter to the residency director.

In addition to residency counseling and/or discipline, there may be civil and criminal legal ramifications for those who violate these policies.

Sending and receiving non business related texts and phone calls while attending to patients is prohibited.

**XIII. LOGS**

There are three type of logging that you may encounter, see below. Failure to complete logs in appropriate times established by the PD and/or this manual may lead to disciplinary action.

1. Duty Hour logging- to be done via the on-line program (currently MedHub). This is a daily requirement. **Days without duty hours logged will be consider unexcused absences/ AWOL.** Duty hours must be logged truthfully and accurately. Duty hours MUST be input with corresponding activity for each day the residents is actively working, including all weekdays, but only those weekends/ holidays the residents is actively working. On call duty from home need not be logged. Vacation, sick and approved leave days DO NOT need to have duty hours reported, but must have a leave day requested. Duty hours must be logged no later than 3 days after each reportable day.

   For routine hours worked at the hospital or other facility log it as “standard”. Do not include travel time coming or going home.

   For hours when you are called in from home call, log it as “Home call (called in).” Do not include travel time coming or going home.

2. Daily activity logs- only to be done if specifically requested by Program Director.

3. Residency Activity logs: YALE/VACT participates in Podiatry Residency Resource On-Line Case Log System (PRR). You will be assigned a log-in code, and will receive this via email directly from PRR.

   • All didactic and lecture/workshop activities will be documented in this system, with a minimum of 1 activity per week of your residency.

   • Residents should become familiar with MAVs and logging requirements, in **CPME document 320** (starting on page 29 of that document, and in the back of this manual). It is the resident’s responsibility to stay abreast of numbers in anticipation of graduating on time.

   • You are required to complete one month’s entries by the 15th of the following month. Entries into the clinical log will only be allowed and verified with the Director's permission after the 15th of the following month.
• You are required to log total # required of biomechanical exams (currently 75) in your PGY1 year, and should continue to log them even after the minimum number has been met. See Appendix D Proper Logging and Biomechanicals regarding on documentation required for logging biomechanical exams

IV. EVALUATIONS AND REMEDIATION

Developing Competence.

Residency aims to develop the book smart student into the competent podiatric surgeon. Resident progression to each successive PGY level and eventual graduation is based on satisfactory completion of coursework, clinical work and didactic work, as well as progression of appropriate diagnostic, therapeutic and other professional skill sets. Residents may be remediated, held back, suspended or dismissed from the program if not meeting these benchmarks, or for other disciplinary reasons.

Rotation evaluations

Assigned faculty will evaluate residents based on the objectives established for each rotation. These rotation evaluations will serve to evaluate the resident’s knowledge and skills as well as their motivation and attitude. Rotation evaluations will also be shown to each resident, as they are made available to the PD. Residents will sign off on the evaluation, and may add comments disputing negative aspects of the evaluation. The PD will review the evaluation and comments, and take necessary action.

Residents are responsible for assuring that evaluations are completed for all NON PODIATRY rotations. Residents should obtain the name of the attending or fellow they will be working with, and send it to the residency coordinator (Dr Vyce, unless otherwise specified) on the FIRST or SECOND day of the rotation. This should include a valid e-mail address and proper spelling of the attending or fellow’s name. This responsibility rests on you. Failure to do this will result in either 1. You later try to get an attending to sign a paper evaluation or 2. repeat the entire rotation.

Unsatisfactory performance will result in entering the remediation pathway set forth by program administration and loosely follow the plan listed below.

Remediation Plan

Unsatisfactory Rotation Evaluation
↓
Directed remediation program development with rotation director/attending/senior resident
↓
Resident’s self-remediation/ directed remediation
↓
Reassessment Successful Continue Program
↓
Unsuccessful
↓
Remediation program development with program director and rotation directors
↓
Resident remediation Successful Continue Program
Unsuccessful

Recommend dismissal from the residency

Remediation may include assignment of selected readings, viewing lectures/videos, CME courses/conferences, tutorial by attending/resident staff, written homework/papers, and repetition of a portion or all of the rotation. Should additional time be required for remediation, it will be at no cost to the residency. The resident will have additional uncompensated time added to the end of his or her residency program to make up for time lost. A maximum of 3 additional months is permitted per CPME guidelines. If a resident is not successfully remediated by the end of the additional 3 months, the resident will be dismissed from the program.

Program and faculty evaluation

Program and faculty evaluations will be completed by all residents through the online evaluation system. Residents are asked to provide honest and thoughtful answers to the questions posed and also to provide ad lib feedback in areas marked for this. Resident evaluations are a useful tool in determining the value of each rotation. These forms will be completed at the end of each rotation by all residents. The completed forms will be evaluated by Residency Administration.

ABPS In-Training Examination

Each year, residents are required to take the computer-based In-Training exam offered by the American Board of Podiatric Surgery. Application for the exam will be made, and the fee for the exam will be paid for by the residency program. ABPS will contact each resident, who will then be responsible for scheduling and taking the exam. Dates must be coordinated with the PGY3 of the rotation upon which the resident assigned on the expected test day and time. Every effort should be made to ensure minimal loss of resident coverage on any given day.

The scores are sent to the resident and also to the Program Director. The year-to-year difference in performance will be used as an improvement measurement tool for the program. Residents are expected to achieve a score above the mean for their PGY level on 2/3rd of the in trainings exam sections during their residency, and scores may also be used in evaluating individual residents.

Evaluation reviews

Each resident will meet with the PD of his designated representative on a semi-annual basis to review resident performance and evaluations.

Exit interviews

In addition each resident will complete final written evaluations and have a verbal exit interview with the Residency Director in June just prior to graduating from the program. This interview will deal with the resident’s overall evaluation of the program, the programs administration and provide them an opportunity to identify problem areas and suggest improvements.
XV. NEEDLESTICKS AND EXPOSURES

“Needle stick” refers to any minor injury sustained on the job in which the resident may have had body fluid contamination from another person, exposures refers to other potential contamination by another person’s body fluids. This includes but is not limited to: Needle/sharps sticks, blood or body fluids splattered onto mucous membranes or non-intact skin.

Immediately- Wash area with soap and water. If area exposed is eye or mucous membrane rinse with water. Avoid use of betadine, hydrogen peroxide and other agents. There is no known benefit from using such agents and may damage healthy tissue. Scrub out of surgical cases, or excuses yourself from clinical situations to wash the area immediately. Report exposure to attending involved with patient’s care.

Next (within one hour) : During regular business hours report to the Occupational/Employee Health Clinic at the hospital you are currently working in. During the evenings, nights, weekends and holidays, report to the Emergency Department at the hospital you are currently working in. The appropriateness of post exposure prophylaxis will be considered, and necessary paperwork, testing will be initiated.

Within 24 hours (business day): report incident to Residency Program Director or Ass’t Director.

Within 3 business day: Post-exposure follow up will occur with the Employee Health at VA for PGY1 or Yale for PGY 2 and 3 residents. Resident must report to the proper employee health unit within 3 business days for incident reporting, bring all paperwork from non Yale/VA hospital including blood test results.

Yale Occupational Health Phone (203) 688-2462
Location: 1st floor east pavilion

VA Employee Health Phone (203) 932-5711, ext 3147.
Location: 2nd floor, bldg 2, across main hall from Pod clinic.

XVI. RESEARCH

Residents are required to participate in research and other scholarly activities during their three years. Minimum requirements for research include:

- Residents must develop and submit a research proposal (including intro, in depth review of current literature with references, and proposed materials and methods, and proposed data analysis) for a project to be completed during the residency. This is due by April 30th of PGY1 year.
- Residents must develop and submit one suitable case report or small case series to a peer reviewed journal for publication. This must be submitted for publication prior to April 30 of the PGY2 year.
- Residents must prepare, complete and submit a scientific research project suitable for publication to a peer reviewed journal. This must be completed by May 31, of the PGY3 year.

Please note that Institutional Review Board approval will be needed for any project involving hospital patients or records, and this may take a significant amount of time. It is recommended that this submission be done ASAP to prevent delay in research project work.
Failure to meet deadlines for projects will result in the resident not advancing to the next PGY level, or not graduating.

**XVII. SEXUAL HARRASSMENT**

See Yale University policy online at:  http://www.yale.edu/hronline/forms/shbroch.pdf

Sexual harassment consists of nonconsensual sexual advances, request for sexual favors, or other verbal or physical conduct of a sexual nature on or off campus, when: (1) submission to such conduct is made either explicitly or implicitly a condition of an individual’s employment or academic standing; or (2) submission to or rejection of such conduct is used as the basis for employment decisions or for academic evaluation, grades, or advancement; or (3) such conduct has the purpose or effect of unreasonably interfering with an individual’s work or academic performance or creating an intimidating or hostile academic or work environment. Sexual harassment may be found in a single episode, as well as in persistent behavior. Conduct that occurs in the process of application for admission to a program or selection for employment is covered by this policy, as well as conduct directed toward students, faculty or staff members.

Students, faculty and staff should report incidents of sexual harassment. If you believe you may be the victim of sexual harassment, you should take immediate steps to end the behavior. Persons found to have engaged in sexual harassment will be subject to disciplinary action, up to and including termination or expulsion. The program provides both an informal and formal procedure for addressing sexual harassment complaints.

**A. Informal Procedure**

An individual who feels she/he is being harassed may seek to resolve the matter informally (i.e. without a formal investigatory process or disciplinary action being taken against the accused individual). An example of an informal complaint is one where the complainant requests only that a supervisor counsel the accused individual to stop the alleged conduct and requests no other specific action(s) be taken against the accused. The main purpose of the informal procedure is to stop the inappropriate behavior. Informal complaints are not required to be made in writing.

**B. Formal Procedure**

If your concerns cannot be satisfactorily resolved by the informal procedure, you may file a formal complaint. Complaint should be brought to the attention of the residency director, who will then bring it to the attention of Yale GME or VA OAA. Staff members with specific complaints of sexual harassment or general concerns or questions should contact a supervisor or the University’s Director of the Office for Equal Opportunity Programs.

**Student (resident)-teacher relationships:**

The integrity of the teacher-student (resident) relationship is the foundation of our educational mission. This relationship vests considerable trust in the teacher, who, in turn, bears authority and accountability as a mentor, educator, and evaluator. When-ever a teacher is responsible for directly supervising a student (resident), a sexual relationship between them is inappropriate.
Therefore, no teacher shall have a sexual relationship with a student (resident) over whom he or she has or will have a direct supervisory responsibilities regardless of whether the relationship is consensual. Furthermore, students (residents) should not pursue or have a sexual relationship with their teachers.

**XVIII. EXTERNS/STUDENTS:**

Students are with us primarily as learners, and are not to be treated as free labor. They are the future of the profession and the program as well. They should be treated at all times with respect, and common courtesy should be extended to them.

Residents are expected to provide adequate professional supervision of the students, including reviewing clinical exams and findings, proposed treatments and then performance of said treatments, as well as all medical record documentation.

An effort should be made to teach students/externs. "Down time" is perfect for this; files of cases/x-rays should be kept for this purpose. You will find that teaching students reinforces your own knowledge. Pimping is allowed and even expected, but "extreme" or malicious pimping is not acceptable. The same policy applies to attendings, and residents should remind attendings of this should they see any adverse behavior by attendings towards students/externs.

- Despite how friendly you might become with students, remember that they are prospective residents of the program.
- Never disparage any physician, the hospital or the residency program to visiting externs or students.
- Private matters concerning attendings, residents, residency policy issues, residency complaints and other such matters should not be discussed in front of students.
As a community of individuals with the common undertaking of caring for patients, we feel there are principles of behavior toward which we all should strive. These ideals form an honor code of professionalism.

1) **Excellence in Patient Care.** We must continually strive to provide compassionate, wise and skillful patient care through self-education, skill and technique development, comprehensive attention to patients, responsible history taking and examination, respect of patients’ cultural and societal differences and preferences and provision of emotional support. This also includes respect of patient autonomy, adherence to hospital policy, and awareness of counter-transference.

2) **Individual Well Being.** In order to deliver excellent patient care, we have a responsibility to ensure our own physical, mental, emotional and spiritual health. This includes eating well, sufficient rest, and avoidance of intoxicants and dangerous substances, adequate stress relief, devotion to personal relationships and worship or other spiritual fulfillment.

3) **Role as Physicians in Training.** Since our attending physicians bear final responsibility for the care of our patients, we must learn from their experience, keep them informed, follow out their plans, and document their involvement in care.

4) **Interpersonal relations.** As members of a community, we must treat each other with courtesy, respect, and professionalism. This involves recognizing the authority of senior residents, and fair supervision and assignment of duties to junior residents. Consultations between specialties must be conducted with the same professionalism, which involves timely and truthful communication between teams, and respect of the primary specialty’s role to plan care and communicate this to patients. As members of a community, we must safeguard against dangerous situations for other residents, or ourselves and to amend such a situation if we find one.

5) **Education.** As trainees we have a responsibility to strive for the best education and professional development possible in ourselves and in our community of educators and students, as well as to develop skills for a life-long learning.

6) **Assignment of duties.** Working hours, duties, patient responsibilities, free time, and vacations must be assigned in a manner that allows for safe working conditions, adequate rest, and an acceptable burden of patient care and activity for residents. The assignment of duties must also provide an experience that is sufficiently varied and challenging to maximize the educational experience of residency. In times of high demand, residents should exercise a spirit of cooperation to share duties in a manner that ensures patient safety. Schedules must be produced, documented, and distributed in a timely manner that allows for easy identification of responsibilities and a manner of adjusting for schedule changes.

7) **Scholarly Activities.** Scientific and clinical research is highly encouraged, and we should strive for an environment that provides dedicated support for resident research.
8) **Medical Students.** We have a role in the education of medical students. We must accept responsibility for their role in the care of our patients and must assign them duties that function to further their education and development. Medical students must be treated with respect and be given timely evaluation and feedback.

9) **Community service.** We recognize that we are a part of the Greater New Haven community and provide a valuable service. We must contribute to this community and foster good community relations.

10) **Abuse.** Abuse or harassment of any kind must not be tolerated. This includes abuse or harassment of a physical, verbal, emotional, or sexual nature. We are responsible for providing for an abuse-free environment. It is insufficient to merely refrain from this behavior in ourselves, we must stamp it out whenever we find it.

**XX. DISCIPLINARY ACTION**

Residents are expected to follow the rules set forth in this manual, as well as follow other rules, mandates and instruction of those senior to them, as well as maintain a basic level of competence in performing their duties as a resident. Failure to do so may result in disciplinary action. Disciplinary action is per the discretion of the authoritative figure in the hierarchal order previously noted, or per the PD, pending the gravity of the infraction.

The residency program reserves the right to place a resident on probation, suspend or terminate a podiatry resident’s participation in the residency for incompetence, poor performance or other infractions, including the failure to follow program requirements and/or specific objectives stated by resident policy, including this in this manual. This may include but is not limited to the following:

- Incompletion, failure to attend and/or complete minimum requirements for goals and objectives of any of the rotations and/or the program in general.
- Consistently poor performances in any of the rotations.
- Gross incompetence where the resident is deemed dangerous to patients as defined and documented by podiatric and or medical staff.
- Failure to keep medical/surgical logs current
- Failure to conduct inpatient rounds in a timely manner
- Failure to fulfill on call duties satisfactorily by responding to on call pager messages and requests, by being within a vicinity allowing a reasonable response time to the hospital when on call, and assuring hospital coverage when call duties cannot be met.
- Failure to stay well informed and remain prepared with medical and surgical status of both inpatients and outpatients.
- Poor attitude and/or disrespect towards patients, students and/or staff members.
- Failure to complete dictations, orders, progress notes and other medical records in a timely fashion.
- Failure to be prepared for or failure to attend academics, grand rounds, M+M or journal club duties.
- Consistent tardiness to clinic, OR and other meetings.
- Failure to complete specific tasks assigned by hierarchal seniors in the PMSR.
Other disciplinary action may include, but is not limited to: extra learning or presentation assignments, extra call, loss of surgical privileges.

Immediate dismissal can occur at any time without prior notification in instances of gross misconduct (including but not limited to: AWOL, theft of money or property; physical violence directed at an employee, visitor or patient; use of alcohol/drugs while on duty, intentional falsification of records; if the resident is convicted or pleads guilty or nolo contendere to a felony or any crime involving moral turpitude)

APPENDIX A- VA Podiatry Residents Dispute Resolution Process:
(These policies are subject to change without notice per the Dept. of VA)

Due Process and Mechanism of Appeal

The Podiatry resident is a temporary employee of the Department of Veterans Affairs (VA) appointed pursuant to 38 U.S.C. § 7405. As such, the podiatry resident is not entitled to appeal or otherwise dispute the termination of his or her employment. However, the VA will adhere to the following process for resolving disputes relating to the termination of a podiatry resident’s participation in the podiatry residency program.

The VA reserves the right to terminate a podiatry resident’s participation in the podiatry residency program for lack of performance or performance deemed consistently substandard by the program director or faculty. Such actions may include the failure to follow program requirements as identified by the Council on Podiatric Medical Education and specific objectives stated by resident policy. This may include but is not limited to the following:

- Incompletion, failure to attend and/or complete minimum requirements for goals and objectives of any of the rotations and/or the program in general.
- Consistently poor performances in any of the rotations.
- Gross incompetence where the resident is deemed dangerous to patients as defined and documented by podiatric and or medical staff.
- Failure to keep medical/surgical logs and diary current (i.e. within 30-60 days of encounters).
- Failure to conduct inpatient rounds in a timely manner (i.e. within 24 hours of notification or as specifically directed by attending.)
- Failure to fulfill on call duties satisfactorily by responding to on call pager messages and requests, by being within a vicinity allowing a reasonable response time to the hospital when on call, and assuring hospital coverage when call duties cannot be met.
- Failure to stay well informed and remain prepared with medical and surgical status of both inpatients and outpatients.
- Poor attitude and/or disrespect towards patients, students and/or staff members.
- Failure to complete dictations and progress notes as prescribed in VA and Training program policies (i.e. medical center policy usually requires note to be completed within 24 hours of the encounter).
- Failure to be prepared for grand rounds and journal club duties.
- Consistent tardiness to clinic, OR and/or other meetings.
If the program director considers the infractions minor, the resident will be reprimanded verbally and
resolution may be developed to mitigate the deficiency or problem. The remediation process for this
program will guide all academic and training related deficiencies. However, if consistent infractions
are noted and/or the program director considers an infraction significant, the VA will notify the
resident of its intent to terminate his or her participation in the Training program. In most cases, the
resident’s employment will also be terminated at this time. While, as noted above, the resident may
not challenge termination of his or her employment, he or she may dispute the termination of his or
her participation in the Training program pursuant to the following process.

**Residency Program Termination Dispute Resolution Process**

If it is determined that a resident should be terminated from the program, the resident’s participation
in the program will be immediately suspended and the resident will be placed on administrative
absence with pay until a decision is made regarding his program status.

- A certified letter indicating intent to terminate will be issued by the program director to the
  resident with a list of the act(s) of misconduct and/or infraction(s) which has led to this
  action.

- The resident is given seven (7) days from the date of receipt of the intent to terminate letter to
  file a written request to respond with the program director. If the resident does not file a
timely written request to respond, the program director will issue to the resident, within 10
days of the end of the request-to-respond period, a letter terminating his or her participation
in the Training program (with carbon copy to Chief of Staff, Chief of Service, and Chief,
Human Resources) with an effective termination date. If the resident does file a timely
written request to respond, the following resolution process will be initiated.

- A three-person ad hoc committee will be formed consisting of one or more of the following:
a podiatry staff member(s), the chief of service (surgery, medicine, or as appropriate) and a
non-podiatry member(s) of the surgical or medical staff, for the purpose of hearing the
resident’s dispute.
  
  o Any member may chair the committee and will cause a summary of the hearing to be
    made.
  o The hearing will be scheduled within fourteen (14) days of the program director’s
    receipt of the resident’s request to respond.
  o The resident may appear at this hearing alone or have an attorney/representative
    present who may provide advice but cannot participate in the hearing.
  o The VA may also have an attorney/ representative present who may provide advice
    but cannot participate in the hearing.
  o At this hearing the resident may present his argument of dispute and have the case
    considered by the committee members.
  o After the completion of the hearing and the resident and/or his attorney/representative
    has left the hearing room, a decision of the committee will be brought to vote. All
    committee members maintain one equal vote and no abstentions will be allowed.
  o The committee’s findings/action will be sent to the Chief of Staff (or Acting Chief of
    Staff) who may concur with the committee’s findings/action, request additional
    information if necessary before proceeding with a decision, or decide to take a
different action.
  o The Chief of Staff’s decision will be final. The resident will be notified of the Chief
    of Staff’s decision within ten (10) days after the Chief of Staff makes his decision.
To the extent that any of the foregoing Podiatry Residents Dispute Resolution Process conflicts with VA Handbook 5021, Part VI, paragraph 15, or federal regulation or statute, the VA Handbook procedures, federal regulation or statute shall be controlling.

NOTE: Any individual possessing a conflict of interest related to the dispute, including the program director must be excluded from all levels of the appeal process”.

APPENDIX B- YNHH - RESIDENT PROBATION, SUSPENSION OR DISMISSAL
(These policies are subject to change per YNHH)

Introduction:

This policy is adopted consistent with the hospital mission to educate physicians for a leadership role in clinical and academic medicine as well as to protect and improve the health and maintain the safety of our patients, visitors and staff.

Definitions:

Probation: A trial period in which a resident is permitted to redeem academic performance or behavioral conduct that does not meet the standard of the program

Suspension: A period of time in which a resident is not allowed to take part in all or some of the activities of the program. Time spent on suspension may not be counted toward the completion of program requirements.

Dismissal: The condition in which the resident is directed to leave the residency program, with no award of credit for the current year, termination of the resident’s appointment and termination of all association with the Medical Center.

Policy:

It shall be the policy of Yale-New Haven Medical Center that the decision for probation, suspension and/or dismissal of residents in accredited training programs is the primary responsibility of the program director. This process should be progressive and objective and the final decision must be reviewed and approved by the chair of the department and reported to the Director/Associate Dean of GME prior to the probation, suspension and/or dismissal. The program director must have records, in writing, of discussions, with the resident, involving faculty and the chair of the department concerning the problems that have led to the probation and/or dismissal. A resident involved in any of the actions of probation, suspension or dismissal has the right to appeal according to GMEC policy.

Procedure:

Classification of Progressive Discipline Steps

There are basic steps of progressive disciplinary action, as follows:

Resident Counseling
1. Resident is counseled by the Program Director in an effort to eliminate possible misunderstandings and to explain what constitutes proper conduct or acceptable job/academic performance.

**Verbal Warning (oral reprimand)**

1. Following unsuccessful attempts (number of attempts is proportionate to the level of the problem) to correct the problem through repeated counseling, the resident should be verbally warned that further discipline may follow if the resident continues to commit the offense in question, or does not otherwise correct the academic/performance problem.

**Written Warning**

1. Resident receives written notice of discipline on following intentional or repeated offenses. The purpose of a written warning is to make certain that the resident is fully aware of the misconduct he/she has committed and what is expected, thereby enabling the resident to avoid a recurrence of the incident. A written warning requires prior approval by the department Chair or appropriate residency review committee in the Department.

**Probation**

1. A resident may be placed on probation by a Program Director for reasons including, but not limited to any of the following:
   a. failure to meet the performance standards of an individual rotation;
   b. failure to meet the performance standards of the program;
   c. failure to comply with the policies and procedures of the GME Committee, the Medical Center, or the participating institutions;
   d. misconduct that infringes on the principles and guidelines set forth by the training program;
   e. when reasonably documented professional misconduct or ethical charges are brought against a resident which bear on his/her fitness to participate in the training program.

2. When a resident is placed on probation, the Program Director shall notify the resident in writing in a timely manner, usually within a week of the notification of probation. The written statement of probation will include a length of time in which the resident must correct the deficiency or problem, the specific remedial steps and the consequences of non-compliance with the remediation.

3. Based upon a resident’s compliance with the remedial steps and other performance during probation, a resident may be:
   a. continued on probation;
   b. removed from probation;
   c. placed on suspension; or
   d. dismissed from the residency program.

**Suspension**

1. A resident may be suspended from a residency program for reasons including, but not limited to any of the following:
   a. failure to meet the requirements of probation;
   b. failure to meet the performance standards of the program;
   c. failure to comply with the policies and procedures of the GME Committee, the Medical Center, or the participating institutions;
misconduct that infringes on the principles and guidelines set forth by the training program; when reasonably documented professional misconduct or ethical charges are brought against a resident which bear on his/her fitness to participate in the training program; when reasonably documented legal charges have been brought against a resident which bear on his/her fitness to participate in the training program; if a resident is deemed an immediate danger to patients, himself or herself or to others.

2. When a resident is suspended, the Program Director shall notify the resident with a written statement of suspension to include:

a. reasons for the action;
b. appropriate measures to assure satisfactory resolution of the problem(s);
c. activities of the program in which the resident may and may not participate;
d. the date the suspension becomes effective;
e. consequences of non-compliance with the terms of the suspension;
f. whether or not the resident is required to spend additional time in training to compensate for the period of suspension and be eligible for certification for a full training year.

A copy of the statement of suspension shall be forwarded to the Director/Associate Dean for Graduate Medical Education and the Director of House Staff Office.

During the suspension, the resident will be placed on “administrative leave”, with or without pay as appropriate depending on the circumstances.

3. At any time during or after the suspension, resident may be:

a. reinstated with no qualifications;
b. reinstated on probation;
c. continued on suspension;
d. dismissed from the program.

Dismissal

1. Dismissal from a residency program may occur for reasons including, but not limited to:

• failure to meet the performance standards of the program;
• failure to comply with the policies and procedures of the GME Committee, the Medical Center, the residency program or the participating institutions;
• unethical conduct;
• performance and behavior which compromise the welfare and of patients, self, or others;
• illegal conduct;
• incapacity of the resident to pass the requisite examinations for license to practice medicine in the United States.

2. When a resident is suspended, the Program Director shall notify the resident with a written statement of suspension to include:

a. reasons for the action;
b. appropriate measures to assure satisfactory resolution of the problem(s);
c. consequences of non-compliance with the terms of the suspension;
d. whether or not the resident is required to spend additional time in training to compensate for the period of suspension and be eligible for certification for a full training year.

A copy of the statement of suspension shall be forwarded to the Director/Associate Dean for Graduate Medical Education and the Director of House Staff Office.

During the suspension, the resident will be placed on “administrative leave”, with or without pay as appropriate depending on the circumstances.

3. At any time during or after the suspension, resident may be:

a. reinstated with no qualifications;
b. reinstated on probation;
c. continued on suspension;
d. dismissed from the program.
2. The Program Director shall contact the Director/Associate Dean for GME and provide written documentation which led to the proposed action.

3. When performance or conduct is considered sufficiently unsatisfactory that dismissal is being considered, the Program Director shall notify the resident with a written statement to include:
   - reasons for the proposed action,
   - the appropriate measures and timeframe for satisfactory resolution of the problem(s).

4. If the situation is not improved within the timeframe, the resident will be dismissed.

5. Immediate dismissal can occur at any time without prior notification in instances of gross misconduct (e.g., theft of money or property; physical violence directed at an employee, visitor or patient; use of alcohol/drugs while on duty; intentional falsification of records).

6. When a resident is dismissed, the Program Director shall provide the resident with a written letter of dismissal stating the reason for the action and the date the dismissal becomes effective. A copy of this letter shall be forwarded to the Director/Associate Dean for GME and the Director of Housestaff Records.

7. If a contract is not to be renewed, and the resident dismissed, the program will provide the resident with written notice of intent not to renew the agreement no later than four (4) months prior to the end of the resident’s current agreement. If the primary reason for non-renewal occurs within the four months prior to the end of the agreement, the program will provide the resident with as much written notice of the intent not to renew as the circumstances will reasonably allow, prior to the end of the agreement.

8. At that time, the resident will also be given a written copy of the grievance process.

GRIEVANCES

Introduction:

It is the policy of Yale-New Haven Medical Center to foster sound communications between Specialty and Subspecialty Residents programs (hereafter known as Residents) in ACGME accredited, ABMS accredited and GMEC approved training programs and their respective Chiefs of Service and to ensure that problems arising within the programs are appropriately discussed and resolved. This policy is intended to address those situations in which a trainee may have a disagreement with an action taken or treatment received within the program.

Application and Definitions:

This policy shall apply to all Specialty and Subspecialty Residents in ACGME accredited, ABMS accredited and GMEC approved training programs who are employed under a contract with Yale-New Haven Hospital or Yale University School of Medicine. This policy does not apply to research postdoctoral fellows.
Residents: Specialty and Subspecialty (Clinical Fellows) Residents in ACGME accredited, ABMS accredited and GMEC approved training programs.

Grievance: A grievance is defined as an expression of dissatisfaction regarding any of the following:

a) the Resident’s written contract
b) duties assigned to a Resident
c) application of Hospital or University policies
d) unfair or inequitable discipline or performance reviews or evaluations
e) an issue regarding non-renewal of a Resident’s appointment
f) termination of a Resident’s appointment prior to the end of the contract term
g) discrimination

Complaints related to sexual harassment must be made pursuant to the Hospital’s Policy or the University policy, depending on the salary source of the Resident.

Complaints of academic fraud/scientific misconduct must be brought under the Policies and Procedures for Dealing with Allegations of Academic Fraud at Yale University” (see http://www.yale.edu/grants/acadfraud.html) and will be referred to the Special Advisor to the Dean of the School of Medicine.

Violations of Title VII (acts of discrimination against protected classes under federal law) may be directed to the Hospital or University Compliance Officer.

Grievance Panel: A standing panel will be selected consisting of 4 Chief Residents, three Program Directors, three Chiefs/Associate Chiefs of the Medical Staff, three administrative officials (from both Hospital and Medical School). These individuals will serve for a period of two years. Upon submission of a grievance, the Director/Associate Dean of GME will select with the Resident pursuing the grievance a panel consisting of 2 Chief Residents not from their specialty. The Director/Associate Dean will select one Program Director not from the trainee’s specialty, one member of the Medical Staff not from their specialty and an administrative officer. The Chair of each panel will be selected by the panel members.

Working Days: Monday through Friday, excluding Hospital holidays.

Policy and Procedure:

A. When an incident forming the basis for a grievance arises, the grievant must follow the procedure outlined below. Each grievance shall be handled promptly and impartially, without fear of coercion, discrimination or reprisal. Each participant in a grievance shall do his or her part to protect this right.

B. All time limits specified in this policy refer to working days. To achieve a prompt resolution of Resident’s grievances, the action at each step of the Grievance Procedure should be taken as rapidly as possible, but not later than the prescribed time limits. In the event of extenuating circumstances, a time limit may be extended by mutual agreement of the parties.
C. Grievance meetings shall be scheduled at times which are mutually satisfactory to all parties concerned. No resident, faculty member, member of the Grievance panel, administrator, or witness shall suffer loss of compensation or leave time for the time spent in any step of this procedure.

D. A Resident may obtain the assistance of another Hospital or University employee of his/her choice in preparing and presenting a grievance at any step, including a member of the Human Resources Department. In the latter case of a Hospital employee, notification should be made to the Manager, Employee Relations. Other outside individuals, including attorneys, are not permitted to participate directly in the grievance process, though consultation with an attorney is permitted.

E. All issues to be raised in a grievance must be raised from the first step and may not be introduced for the first time in Step 2 without having been previously raised.

F. At each step of the grievance, the Resident must prepare a written summary of the complaint, facts, information accumulated, and the remedy or outcome being sought. This must be forwarded to the Chairperson of the Graduate Medical Education Committee (GMEC), as well as to the individual/panel hearing the next level of the grievance.

G. The Chairperson of the GMEC will serve to ensure that the procedure for the grievance is adhered to at each step.

H. At the conclusion of each step of the Grievance Procedure, the involved Resident and the Chief of Service and/or Section Chief, as appropriate, shall both receive a copy of the written decision which includes an explanation of the reasoning behind the decision.

I. All information, whether provided in writing or through interviews, obtained in connection with a grievance shall be treated in a confidential manner by all parties involved. Only the final outcome and disposition will be recorded and maintained in the Resident’s file, while the detailed information referred to in paragraph F above shall be discarded by the Chief of Service or Section Chief and others hearing the grievance. However, the complete record will be maintained in the Program Director’s file.

J. Data regarding numbers of grievances, their general subject matter and their departments, as well as their final outcomes will be an agenda item at each scheduled meeting of the GMEC, when applicable. Annually the GMEC shall summarize the number of grievances, the Department and type of grievances for the committee. Trends in this data may be used by the GMEC to provide specific feedback to the Departments.

Administrative Procedures

A. General Conflict Resolution

Every effort should be made to resolve all questions, problems and misunderstandings as soon as they arise. Accordingly, Residents are encouraged to initiate discussions with their Chief of Service, and
when appropriate, Section Chief, at the time the dissatisfaction or questions arise. In addition, the Director/Associate Dean GME may be asked to facilitate this discussion.

B. Step 1 – Grievance Panel

If a Resident is unable to resolve his/her problem, a grievance may be initiated through the Director/Associate Dean of GME. A written statement setting forth the basis for the grievance and the outcome or remedy sought shall be submitted to the GME Coordinator, who will give it to the Chairperson of the GMEC. To be accepted for consideration, a grievance must be initiated by the Resident within ten (10) working days of the time he/she first had knowledge of the incident that gave rise to the grievance. The Chair of the GMEC shall then arrange a meeting with the House Officer to select the grievance panel. The panel will be immediately notified and shall meet with the resident within fourteen (14) working days after receiving the Step 1 appeal. The panel shall conduct a review of the grievance, shall develop the facts and information which are relevant to the grievance, shall meet with all other relevant parties and shall issue a written decision. The panel’s decision shall be issued within fourteen (14) working days of the meeting. A copy of the decision shall be given to the Resident and to the GME Coordinator, who shall give it to the GMEC Chairperson.

C. Step 2 - Chief of Staff or Dean’s Representative

If the Resident is not satisfied with resolution of the Grievance at Step 1, the Resident may appeal to Step 2 of the Grievance Procedure. This appeal must be in writing and comply with the requirements of paragraph F under Policy above, 2 copies must be submitted to the GME Coordinator, within seven (7) working days after receiving the Step 1 decision. He/she will deliver the appeal to individuals who will hear the Step 2 grievance. In the event a grievance is not appealed to Step 2 within the seven (7) working day time frame, the Step 1 decision shall be considered final.

A second step grievance will be reviewed by one of the following, depending on the salary source of the Resident: 1) Chief of Staff/Senior Vice-President for Medical Affairs of Yale-New Haven Hospital, 2) Representative of the Dean, Yale University School of Medicine.

Either the panel or the Chief of Staff, as applicable, shall meet with the resident within fourteen (14) working days after receiving the Step 2 appeal. The Chief of Staff/Representative of the Dean shall conduct a review of the grievance and reach a written decision promptly. The Chief of Staff’s/Representative of the Dean’s decision shall be issued within ten (10) working days of his/her meeting with the Resident. Either decision shall be deemed final and binding on all concerned parties.