Introduction

Welcome to YALE/VACT Podiatric Medicine and Surgery 36 Month Residency Program. In this manual you will find the rules, regulations and requirements of the residency program. If specific rules are not present, the Director of podiatric Medical Education has final authority.

If in doubt about what to do or where to go, please ask.

Please observe the following key rules and regulations:

1. The podiatric resident will conduct himself or herself in a professional and courteous manner at all times during their stay. Patients will be treated with compassion and confidentiality. Patient abuse will not be tolerated. Medical staff and other employees will be treated with respect. Any personal comments regarding patients or staff are to be made in PRIVATE and directed ONLY to podiatric teaching staff. Discussions regarding Podiatry attending staff 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. You must adhere to a uniform dress code. Professional attire or surgical scrubs will be worn at all times while on duty. Correct scrubs are required for each hospital.

4. You must wear your official hospital photo identification badge at all times.

5. 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. Except for sick leave, time off requests must be submitted 30 days in advance.

6. 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.

7. Violation of any of these rules and regulations may result in your being placed on probation, suspended or dismissed from the program. Being placed on probation indicates that the resident’s performance is not satisfactory and that that resident is in jeopardy of being dismissed from the program. A resident on probation must have all Doctor’s Orders, prescriptions, consultation reports and progress notes countersigned by a member of the Medical Staff. 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.
Resident’s Policy Manual

The YALE/VACT Podiatric Medical and Surgical 36 Month Residency Program (PM&S-36) 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, after reading it, agree with the terms and conditions of my appointment as a podiatry resident at the Yale/VACT PM&S-36.

I acknowledge that policies in this manual include but are not limited to:

- Moonlighting
- Logging
- Leave
- Remediation
- Appeals and Grievances
- Residency Competencies
- YNHH Tenets

__________________________________________________________________________
Resident Printed Name

__________________________________________________________________________
Signature Date
FACILITIES

The residency program is primarily sponsored by VACT Healthcare System and is co-sponsored by Yale-New Haven Hospital. Training takes place in 4 main hospitals (VA, YNHH, HSR, THOCC) and there are other facilities in which experiences are obtained. A list of facilities follows. The Director of Podiatric Medical Education (Steven Vyce, DPM) has ultimate authority for all aspects of the program, but cannot set hospital policy at any of the hospitals. The Associate Director (Gerald Gorecki, DPM, MPH) is next in line of control, followed by Site Director for Yale New Haven Hospital (Martin Pressman, DPM). Each of the four major facilities 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>
</tr>
</thead>
<tbody>
<tr>
<td>Director of Podiatric Medical Education and Residency Training</td>
<td>Steven Vyce, DPM</td>
</tr>
<tr>
<td>Associate Director of Podiatric Medical Education and Residency Training</td>
<td>Gerald Gorecki, DPM</td>
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**Rotation Hospitals**

<table>
<thead>
<tr>
<th>Site</th>
<th>Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Hospital of Central CT</td>
<td>Joseph Treadwell, DPM</td>
</tr>
<tr>
<td>The Hospital of St. Raphael</td>
<td>David Novicki, DPM</td>
</tr>
<tr>
<td>VA-CT</td>
<td>Steven Vyce, DPM</td>
</tr>
<tr>
<td>Yale-New Haven Hospital</td>
<td>Martin Pressman, DPM</td>
</tr>
</tbody>
</table>

**Affiliate Facilities**

<table>
<thead>
<tr>
<th>Site</th>
<th>Coordinator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bridgeport Hospital</td>
<td>Howard Harinstein, DPM</td>
</tr>
<tr>
<td>Bristol Hospital</td>
<td>Joseph Treadwell, DPM</td>
</tr>
<tr>
<td>Connecticut Foot Surgery Center</td>
<td>James Krantz, DPM</td>
</tr>
<tr>
<td>Danbury Hospital</td>
<td>Michael Fein, DPM</td>
</tr>
<tr>
<td>Milford Hospital</td>
<td>David Novicki, DPM</td>
</tr>
<tr>
<td>Naugatuck Surgical Center</td>
<td>James DeJesus, DPM</td>
</tr>
</tbody>
</table>
### MALPRACTICE AND FACILITIES

#### Podiatry Residency Facilities 2010

**Yale/VACT PM&S-36**

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Malpractice Supplied via:</th>
<th>Primary Residents Covering</th>
<th>Secondary Residents Covering</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bristol Hospital</td>
<td>PICA</td>
<td>NBG</td>
<td>Any</td>
</tr>
<tr>
<td>Bridgeport Hospital</td>
<td>PICA</td>
<td>VA</td>
<td>Any</td>
</tr>
<tr>
<td>Connecticut Foot Surgical Ct</td>
<td>YNHH</td>
<td>YNHH</td>
<td>None</td>
</tr>
<tr>
<td>Danbury Hospital</td>
<td>Danbury</td>
<td>NBG</td>
<td>Any</td>
</tr>
<tr>
<td>Hospital of St. Raphael</td>
<td>HSR</td>
<td>HSR</td>
<td>VA</td>
</tr>
<tr>
<td>Milford Hospital</td>
<td>PICA</td>
<td>HSR</td>
<td>Any</td>
</tr>
<tr>
<td>Naugatuck Valley Surgical Ct</td>
<td>PICA</td>
<td>THOCC</td>
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<tr>
<td>THOCC/New Britain General</td>
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</tr>
<tr>
<td>Offices of Joseph Treadwell, DPM</td>
<td>THOCC</td>
<td>THOCC</td>
<td>None</td>
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<tr>
<td>VACT- WHV/Newington</td>
<td>VA Tort</td>
<td>VA</td>
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</tr>
<tr>
<td>Yale-New Haven Hospital</td>
<td>YNHH</td>
<td>YNHH</td>
<td>None</td>
</tr>
<tr>
<td>Yale-Temple Surgical center</td>
<td>YNHH</td>
<td>YNHH</td>
<td>None</td>
</tr>
<tr>
<td>Yale-Shoreline Surgical Center</td>
<td>YNHH</td>
<td>YNHH</td>
<td>None</td>
</tr>
</tbody>
</table>

**Legend**

- **PICA**= Podiatry Insurance Company of America.
- **VA**= Dept. of Veterans Affairs
- **YNHH**= Yale New Haven Hospital
- **HSR**= Hospital of St Raphael’s
- **THOCC**= The Hospital of Central CT

Regarding ALL PICA facilities – You must log an H+P or Surgery for EVERY DAY that you have clinical activity at a PICA covered facility. NO EXCEPTIONS. For the malpractice to be active for you, I must report each day each resident is at a PICA facility. If your name appears on
a note/in a chart/ on a nurse’s notes somewhere, you must somehow log it. If you just show up and cases are cancelled- and thus have NO activity, then do not log.

**Miscellaneous Responsibilities**

While your obligation to yourself, your profession, your hospital and patients will be expressed by implication throughout this manual, the following reminders are added as a guide and check list and are intended to summarize many of the details not specifically mentioned. Members of the resident staff are expected to abide by the policies at all times.

1. The resident must be familiar with and abide by the rules and regulations of the hospital staff, departments, and committees of all affiliated institutions.
2. Cooperate in the conservation of supplies.
3. Residents are not to accept fees or gratuities from patients, their relatives or friends. You will not practice your profession or assist any physician outside the affiliated institutions.
4. No alcoholic beverages are permitted in the hospitals. No person who has been drinking may attend a patient.
5. Smoking in the hospitals is prohibited except designated areas.
6. At all times, your patients are to be your first consideration. Visit each of your patients at least once daily, give them such conscientious professional care as the attending physician directs and make progress notes of all significant events in the development the case.
7. Provide complete privacy for each patient during dressings (including those of the foot) and examinations in which he or she might be exposed. Curtains are furnished in the multiple-bed rooms.
8. Do not sit on the patient's bed unless it is necessary for examination.
9. Guard against unnecessary or unwise talking 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. Patients sometimes hear, and remember, surprisingly well.
10. Never disparage any physician or the hospital to a patient. Avoid inciting damage suits by a patient who thinks he has been the victim of malpractice.
11. Never disparage any physician, the hospital or the residency program to visiting externs or students.
12. Fraternization with patients is prohibited.

**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 Director of Podiatric Medical Education. All residents are responsible for returning ALL pages within 20 minutes, even when not assigned to be "on call."
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 Director informed of a current e-mail address for his or herself.

**Didactics / Academic Conferences**

**A. Educational Meetings**

Educational meetings are designed to augment the clinical content of the program. These meetings will be held weekly on Monday afternoons, at VA Donaldson. Attendance is *mandatory*. Attendance conflicts must be brought to the attention of the Director *prior to* the meeting, unless you cannot make contact due to clinical emergencies. Unauthorized absences will lead to loss of vacation/annual leave days.

**B. Journal Club**

On the third Tuesday of each month, a Journal Club will be conducted at VA Donaldson. 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*. Attendance conflicts must be brought to the attention of the Director.

**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*. Attendance conflicts must be brought to the attention of the Director.

**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. A minimum of 2 case presentations is expected at each YNHH Grand Rounds.

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 mandatory for all residents, unless there is conflicting clinical work. On slow clinical days, every effort should be made to schedule patient rounds before or after Ortho Grand Rounds.

**Working Hours**

As physicians, working hours for residents are not banker's 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 8 am to 5 pm. Obviously, rotation specific duties may add to these hours. 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. Residents found to be shirking clinical duties will be docked appropriate leave days and may be placed on probation or suspension leading to dismissal.

**Leave Policy**

There are 3 general types of leaves- vacation, authorized, and sick. All types require approval from the Residency Director, or Ass’t Director if the Director is unavailable.

Unused leave is lost annually and will not be paid at the end of training. Leave taken for any reason that exceeds 30 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 will 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 for the program (third offense).
**Vacation:** Each resident is allotted 10 days of vacation per year.

**Authorized leave:** Each resident will be eligible for 5 days of authorized leave per year. This leave is to be used to attend seminars, conferences, interviews or other authorized podiatry related events.

The resident must request their vacation/authorized leave at least 30 days in advance. The request must be made in writing to the Residency Director, on an approved Leave Request form, a copy of which is included in the appendix of this manual. 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”.

The PGY3 of the rotation involved must approve the leave prior to submission to the Director for final approval.

- Leave may not be taken between June 1 and July 15.
- Leave 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 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 one resident may take leave at a time from rotations with multiple residents, unless specifically authorized by the Residency Director.
- Preference goes to authorized leave requests over vacation leave requests.
- Leave is granted at the discretion of the Residency Director or Ass’t Director if the Director is unavailable.

**Sick leave:** Each resident will be allowed 10 days sick leave per year. 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 Residency Director and Site Director 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.

*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. Time taken may be required to be made up by the resident 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.

**Moonlighting Policy**

Moonlighting is NOT permitted unless approved by the Residency Director and, if authorized, must not interfere with the performance of your primary resident duties. 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.

**Dress Code**

Professional attire should be worn at all times while on duty and at academic events. 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.
Logging Policy

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
- 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.

Clinical Expectations and MAVs

While the program provides ample opportunity for training it is the responsibility of the resident to fulfill the training requirements including but not limited to the number and diversity requirements in CPME 320. If a resident believes they are having trouble meeting the requirements, they need to bring the problem to the attention of the Residency Director.

CPME 320 MINIMUM ACTIVITY VOLUMES

Patient Care Activity Requirements MAV

<table>
<thead>
<tr>
<th>Case Activities</th>
<th>PM&amp;S-36</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient cases (podiatric or non-podiatric)</td>
<td>75</td>
</tr>
<tr>
<td>Podiatric clinic/office encounters</td>
<td>1000</td>
</tr>
<tr>
<td>Podiatric surgical cases</td>
<td>300</td>
</tr>
<tr>
<td>Trauma cases*</td>
<td>50</td>
</tr>
<tr>
<td>Podo pediatric cases</td>
<td>25</td>
</tr>
<tr>
<td>Biomechanical cases</td>
<td>150</td>
</tr>
</tbody>
</table>

* Trauma cases must be capable of being verified by patient name and/or medical record number, diagnosis, and attending’s name in the resident log. In a PM&S-24, trauma cases can be satisfied with podiatric or non-podiatric cases. In a PM&S-36, at least 25 of the 50 required cases must be foot and/or ankle trauma.

Surgical procedures MAV

<table>
<thead>
<tr>
<th>Procedure Activities</th>
<th>PM&amp;S-36</th>
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</thead>
<tbody>
<tr>
<td>B- and C-level procedures (total)</td>
<td>525</td>
</tr>
<tr>
<td>C-level procedures, including (see Appendix):</td>
<td></td>
</tr>
<tr>
<td>Digital procedures</td>
<td>100</td>
</tr>
<tr>
<td>First Ray procedures</td>
<td>80</td>
</tr>
<tr>
<td>Other Soft Tissue Foot Surgery procedures</td>
<td>65</td>
</tr>
<tr>
<td>Other Osseous Foot Surgery procedures</td>
<td>60</td>
</tr>
<tr>
<td>Reconstructive Rear foot and Ankle procedures</td>
<td>50</td>
</tr>
<tr>
<td>Other Procedures</td>
<td>0</td>
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</table>
EVALUATIONS AND REMEDIATION

Rotation evaluations

Each rotation director and other assigned faculty will evaluate resident 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 Residency Director. Residents will sign off on the evaluation, and may add comments disputing the evaluation. The Residency Director will review the evaluation and comments, and take necessary action.

Residents are responsible for assuring that evaluations are completed for all NON PODIATRY rotations. Evaluations should be completed by an attending, but may be completed by a resident on the outside service, so long as an attending countersigns it.

Unsatisfactory rotation evaluations will follow the remediation plan listed below.

Remediation Plan

Unsatisfactory Rotation Evaluation

Directed remediation program development with rotation director/attending

Resident’s self remediation

Reassessment

Successful

Continue Program

Unsuccessful

Remediation program development with program director and rotation directors

Resident remediation

Successful

Continue Program

Unsuccessful

Recommend dismissal
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.

**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.

**Program and faculty evaluation**

Program and faculty evaluations will be completed anonymously by all residents through Podiatry Residency Resource. 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.

**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.

**EXTERN/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.

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 and other such matters should not be discussed in front of the students.

Yale-New Haven Medical Center
Housestaff Association
Tenets of Community Behavior

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.

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**Appendix A- Policy regarding PGY1 residents only. VA Podiatry Residents Dispute Resolution Process:**

**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 or poor performance deemed consistently substandard by the director of podiatric medical education. 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/other meetings.

If the director of podiatric medical education 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 director of podiatric medical education 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 director of podiatric medical education 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 director of podiatric medical education. If the resident does not file a timely written request to respond, the director of podiatric medical education 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.
Any member may chair the committee and will cause a summary of the hearing to be made.

The hearing will be scheduled within fourteen (14) days of the director of podiatric medical education’s receipt of the resident’s request to respond.

The resident may appear at this hearing alone or have an attorney/representative present who may provide advice but cannot participate in the hearing.

The VA may also have an attorney/representative present who may provide advice but cannot participate in the hearing.

At this hearing the resident may present his argument of dispute and have the case considered by the committee members.

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.

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.

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 director of podiatric medical education must be excluded from all levels of the appeal process”.

APPENDIX B Regarding YNHH employed PGY2 and PGY3 residents only

RESIDENT PROBATION, SUSPENSION OR DISMISSEAL

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;
   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;
   f. when reasonably documented legal charges have been brought against a resident which bear on his/her fitness to participate in the training program;
   g. 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; or
   d. dismissed from the program.

**Dismissal**

1. Dismissal from a residency program may occur for reasons including, but not limited to any of the following:
   - failure to meet the performance standards of the program;
   - failure to comply with the policies and procedures of the GME Committee, the Medical Center, or the participating institutions;
   - illegal conduct;
   - unethical conduct;
   - performance and behavior which compromise the welfare and of patients, self, or others;
   - inability of the resident to pass the requisite examinations for licensure to practice medicine in the United States.

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
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 at that step.

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.