Anesthesiology Residency Handbook

2024-2025

Updated 5/17/2024

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Introduction

Welcome to the TidalHealth Anesthesiology Residency Program! Congratulations on completing your medical school journey and on starting another one. Our program is primarily located in the beautiful city of Salisbury, on the Eastern Shore of Maryland and in the Delmarva Peninsula. Our main hospital, previously known as Peninsula Regional Medical Center, was initially established in 1897 and was recently rebranded as TidalHealth Peninsula Regional in 2020. The health system is well known and has been recognized with national awards for clinical excellence. Our community is a friendly and easy place to live, about forty minutes from beaches and 2-3 hours from DC, Baltimore, and Philadelphia.

We will recruit 4 Anesthesiology residents each year in our categorical program. Our Program Director and Faculty are experienced physicians committed to patient care and medical education The TidalHealth system provides high-level care to the 1.4 million residents and visitors of the Eastern Shore of Maryland and the Delmarva Peninsula. Each year, we manage more than 23,000 surgical procedures, 20,000 admissions, 2,700 deliveries, and 2,500 trauma visits.

Clinical rotations will be supported with protected time for didactic learning and training exam review and study. Our TidalHealth Richard A. Henson Research Institute has a robust research infrastructure with collaborative research opportunities for our residents. There is also a well-established Quality Improvement and Patient Safety (QI & PS) program where our residents will participate in a supervised and mentored research program. In addition, we will offer research rotations to residents who excel in patient care and are interested in pursuing fellowship training. Our Director of Research will guide each resident to pursue their research interest and future career goals.

Our program objectives include:

- Recruiting highly motivated and capable physicians from diverse backgrounds with strong clinical knowledge.
- Offering an effective learning environment to ensure high competency levels in evidence-based clinical practice, research, and leadership.
- Fostering a collegial and supportive workplace where we care for our patients and each other.
- Mentoring each resident to fulfill their career goals successfully.

I hope you will consider TidalHealth your home for the next four years as you train to become a compassionate, confident, effective, and trustworthy physician.

Cheers,

Steve Gibson, MD PhD

Program Director

Our Mission Statement

At TidalHealth, all members of our communities are our priority. We treat everyone like a friend, neighbor, or family because that is how we would want our loved ones and ourselves to be treated. TidalHealth's mission and values are to improve the health of the communities we serve guided by quality, service, and community; and we have recognized a need for more primary and continuity care to fully achieve this mission and maintain our values. We appreciate and value the diversity of our communities and plan to instill this same appreciation in our future physicians.

The intention of starting an Anesthesiology residency program at TidalHealth is to embody the mission and values of our institution. We will maintain and increase quality as a team by enlisting outstanding interns, providing phenomenal education, and producing exceptional physicians that will provide much needed, invaluable, extraordinary healthcare to the residents of visitors of the Delmarva Peninsula. We will serve our residents by creating a program that will foster a safe, respectful, and diverse learning environment that will focus on growth and development. Together, we will provide service to our communities by creating everlasting relationships among the residents, patients, faculty, and providers. We will foster community by creating and maintaining mutual trust and respect within the relationship between our communities and TidalHealth. Our program and institution will improve the health of the communities we serve with the addition of the residency program and the new providers that will practice here.

The curriculum has been customized to prioritize the value of long-term meaningful relationships between the patient and their physician. The program's schedule will promote longitudinal management of patients through uninterrupted rotations through our continuity clinic. Residents will have structured clinical patient-centered experiences in each of the Anesthesiology rotations. Our goal is for residents to learn to provide outstanding care for the peri-operative, chronic pain, emergent, or critically ill. Each resident will work alongside our faculty, nurse anesthetists, and physician, nurse, technician, and staff. Each of our faculty brings a diverse skill set to our team and are all committed to guiding and developing our residents into exceptional, caring, diverse, innovative practicing physicians.

Our mission is to guide and develop our residents into professional, productive, capable, compassionate, critical thinking leaders of the medical profession that will take exceptional care of the humans within our communities as if they were their own loved ones. Our program will encourage growth and development in our residents by helping them develop clinical competency, compassion, respect, effective communication, medical knowledge, critical thinking skills, teamwork skills, leadership skills, and encouraging self-care and improvement.

AAMC - Compact and Core Tenets

Compact Between Resident Physicians and Their Teachers

Residency is an integral component of the formal education of physicians. In order to practice medicine independently, physicians must receive a medical degree and complete a supervised period of residency training in a specialty area. To meet their educational goals, resident physicians must participate actively in the care of patients and must assume progressively more responsibility for that care as they advance through their training. In supervising resident education, faculty must ensure that trainees acquire the knowledge and special skills of their respective disciplines while adhering to the highest standards of quality and safety in the delivery of patient care services. In addition, faculty are charged with nurturing those values and behaviors that strengthen the doctor-patient relationship and that sustain the profession of medicine as an ethical enterprise.

Core Tenets of Residency

Education Excellence in Medical Education
Institutional sponsors of residency programs and program faculty must be committed to maintaining high standards of educational quality. Resident physicians are first and foremost learners. Accordingly, a resident's educational needs should be the primary determinant of any assigned patient care services. Residents must, however, remain mindful of their oath as physicians and recognize that their responsibilities to their patients always take priority over purely educational considerations.

Highest Quality Patient Care and Safety
Preparing future physicians to meet patients' expectations for optimal care requires that they learn in clinical settings epitomizing the highest standards of medical practice. The primary obligation of institutions and individuals providing resident education is the provision of high quality and safe patient care. By allowing resident physicians to participate in the care of their patients, faculty accept an obligation to ensure high quality medical care in all learning environments.

Respect for Residents' Well-Being
Fundamental to the ethic of medicine is respect for every individual. In keeping with their status as trainees, resident physicians are especially vulnerable, and their well-being must be accorded the highest priority. Given the uncommon stresses inherent in fulfilling the demands of their training program, residents must be allowed sufficient opportunities to meet personal and family obligations, to pursue recreational activities, and to obtain adequate rest.

Commitments of Faculty

1. As role models for our residents, we will maintain the highest standards of care, respect the needs and expectations of patients, and embrace the contributions of all members of the healthcare team.

2. We pledge our utmost effort to ensure that all components of the educational program for resident physicians are of high quality, including our own contributions as teachers.

3. In fulfilling our responsibility to nurture both the intellectual and the personal development of residents, we commit to fostering academic excellence, exemplary professionalism, cultural sensitivity, and a commitment to maintaining competence through life-long learning.

4. We will demonstrate respect for all residents as individuals, without regard to gender, race, national origin, religion, disability, or sexual orientation; and we will cultivate a culture of tolerance among the entire staff.

5. We will do our utmost to ensure that resident physicians have opportunities to participate in patient care activities of sufficient variety and with sufficient frequency to achieve the competencies required by their chosen discipline. We also will do our utmost to ensure that residents are not assigned excessive clinical responsibilities and are not overburdened with services of little or no educational value.

6. We will provide resident physicians with opportunities to exercise graded, progressive responsibility for the care of patients, so that they can learn how to practice their specialty and recognize when, and under what circumstances, they should seek assistance from colleagues. We will do our utmost to prepare residents to function effectively as members of healthcare teams.

7. In fulfilling the essential responsibility, we have to our patients, we will ensure that residents receive appropriate supervision for all the care they provide during their training.

8. We will evaluate each resident’s performance on a regular basis, provide appropriate verbal and written feedback, and document achievement of the competencies required to meet all educational objectives.

9. We will ensure that resident physicians have opportunities to partake in required conferences, seminars, and other non-patient care learning experiences and that they have sufficient time to pursue the independent, self-directed learning essential for acquiring the knowledge, skills, attitudes, and behaviors required for practice.

10. We will nurture and support residents in their role as teachers of other residents and of medical students.

Commitments of Residents

1. We acknowledge our fundamental obligation as physicians—to place our patients' welfare uppermost; quality health care and patient safety will always be our prime objectives.

2. We pledge our utmost effort to acquire the knowledge, clinical skills, attitudes, and behaviors required to fulfill all objectives of the educational program and to achieve the competencies deemed appropriate for our chosen discipline.

3. We embrace the professional values of honesty, compassion, integrity, and dependability.

4. We will adhere to the highest standards of the medical profession and pledge to conduct ourselves accordingly in all our interactions. We will demonstrate respect for all patients and members of the health care team without regard to gender, race, national origin, religion, economic status, disability, or sexual orientation.

5. As physicians in training, we learn most from being involved in the direct care of patients and from the guidance of faculty and other members of the healthcare team. We understand the need for faculty to supervise all our interactions with patients.

6. We accept our obligation to secure direct assistance from faculty or appropriately experienced residents whenever we are confronted with high-risk situations or with clinical decisions that exceed our confidence or skill to handle alone.

7. We welcome candid and constructive feedback from faculty and all others who observe our performance, recognizing that objective assessments are indispensable guides to improving our skills as physicians.

8. We also will provide candid and constructive feedback on the performance of our fellow residents, of students, and of faculty, recognizing our life-long obligation as physicians to participate in peer evaluation and quality improvement.

9. We recognize the rapid pace of change in medical knowledge and the consequent need to prepare ourselves to maintain our expertise and competency throughout our professional lifetimes.

10. In fulfilling our own obligations as professionals, we pledge to assist both medical students and fellow residents in meeting their professional obligations by serving as their teachers and role models.

This compact serves both as a pledge and as a reminder to resident physicians and their teachers that their conduct in fulfilling their obligations to one another is the medium through which the profession perpetuates its standards and inculcates its ethical values.

Contacts

ANESTHESIOLOGY RESIDENCY CONTACTS	Office
Program Director – Steve Gibson, MD, PhD	410-912-2826
Associate Program Director – Biswajit Ghosh, MD	917-392-0433
Program Coordinator – Amy Argot, BA	410-912-2825
Core Faculty – John Hamilton, MD, Chairman	301-922-6772
Core Faculty – David Beardsley, MD	757-572-7040
Core Faculty – Debebe Fikremariam, MD	410-603-3331
Core Faculty – Waleed Shah, MD	410-543-7536
Core Faculty – Richard Stern, MD	302-463-0353

GME CONTACTS	Office
GME Institutional Coordinator – Morgan Marshall	410-912-2795
GME DIO & GMEC Chair – Simona Eng, DIO	410-543-7536
Administrative Director of Medical Education – Awenita (Nita) Hensley	410-912-2828

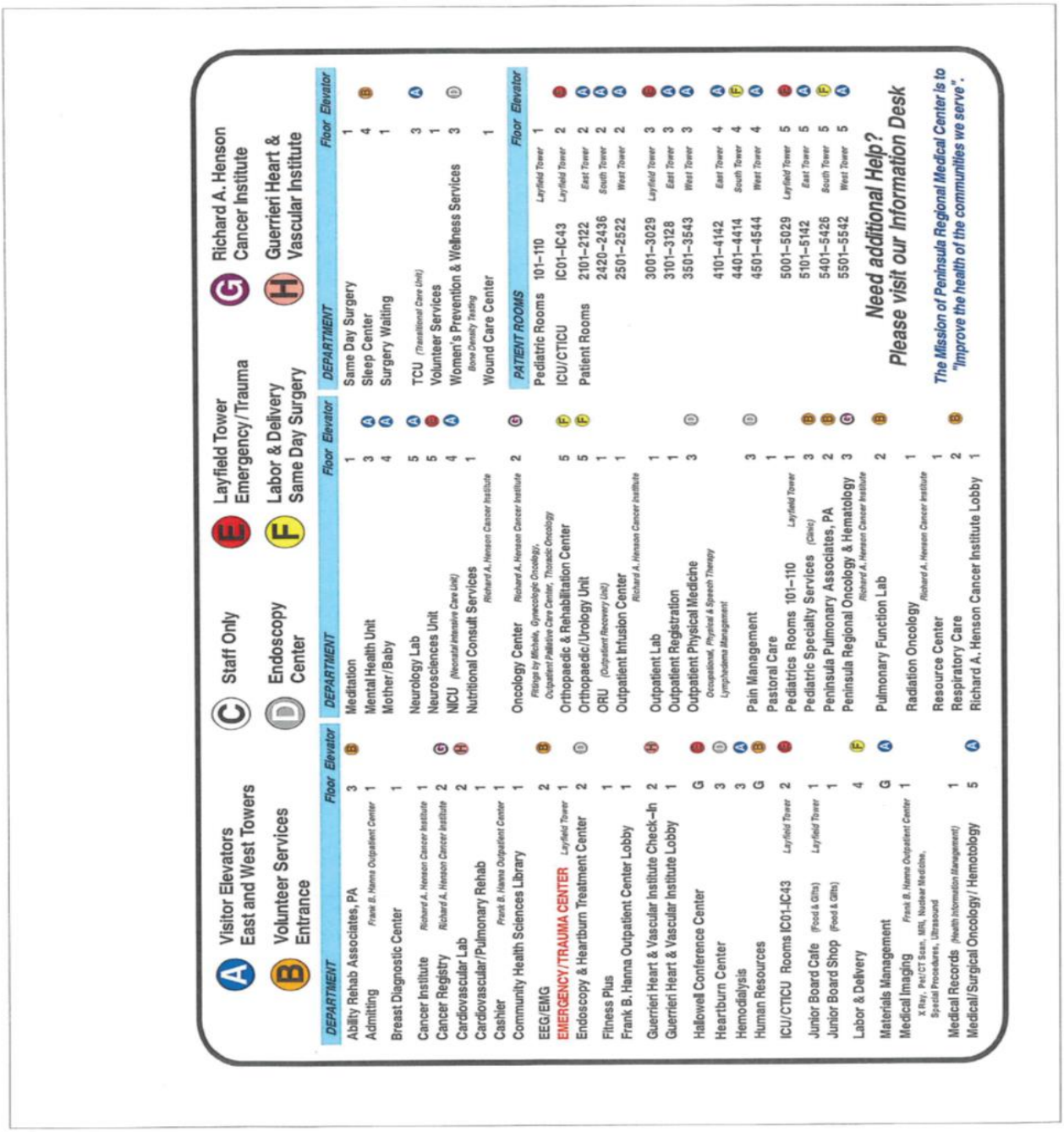
KEY HOSPITAL CONTACTS	Office
Research Institute Director - Robert L. Joyner, Jr, PhD, RRT, RRT-ACCS, FAARC	410-543-7017
Patient Care Management	410-543-7258
Health Information Management (Medical Records)	410-543-7075
Human Resources (People Department)	410-543-7150
Patient Safety (Risk)	410-543-7270
Information Technology (IT) Support	410-543-7777
Non-emergency onsite	410-912-4900
Protection Services	4900
Emergency Number (when dialing from a hospital phone)	***

Key Addresses

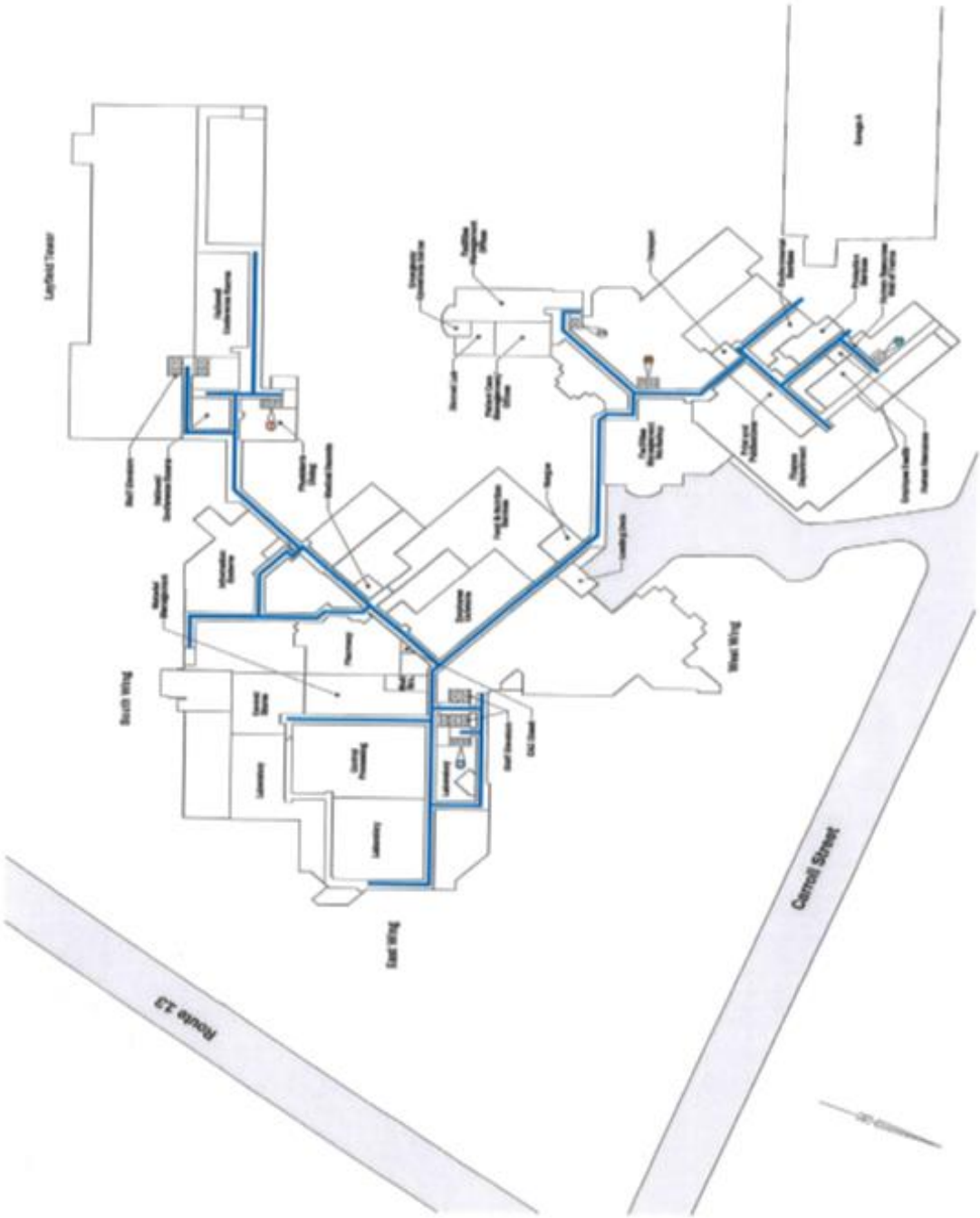
LOCATION	ADDRESS	Phone Number
TidalHealth Peninsula	100 E. Carroll St. Salisbury, MD 21801	410-546-6400
TidalHealth Nanticoke	801 Middleford Rd. Seaford, DE 19973	302-629-6611
Internal Medicine Continuity Clinic	145 E. Carroll St. #101-102 Salisbury, MD 21801	410-543-7717
Employee Health – Peninsula	100 E. Carroll St. Salisbury, MD 21801	410-543-4733

ROTATION LOCATIONS	ADDRESS	Phone Number

Elevator Key – Peninsula



TidalHealth Peninsula Regional Layout



Program Requirements

Definition of Specialty

Anesthesiologists are specialists who care for patients through skilled and safe actions guided by clinical knowledge and experience. They provide care to patients from beginning to the end of medical procedures. This care includes general anesthesia, monitored anesthetic care, neuraxial and regional anesthesia, pre-procedural evaluation, and both critical and routine post-operative management. Anesthesiologists also manage and mitigate pain, both in acute scenarios and for chronic conditions. They are diagnosticians and proceduralists who manage the care of patients who present with complex illnesses, and comorbidities; support health in communities; collaborate with colleagues; and lead, mentor, and serve multidisciplinary teams. Anesthesiologists both personally provide and supervise care across organ systems and disease processes throughout the human lifespan. They are expert communicators, creative and adaptable to the changing needs of patients and the health care environment. They advocate for their patients within the healthcare system to achieve patients' and families' care goals. Anesthesiologists embrace lifelong learning and the privilege and responsibility of educating patients, populations, and other health professionals.

Successful, fulfilled Anesthesiologists maintain this core function and these core values. They find meaning and purpose in caring for individual patients with increased efficiency through well-functioning teams and are equipped and trained to manage change effectively and lead those teams. They understand healthcare and optimize care for their patients, while refusing to sacrifice quality or safety for cost. Anesthesiologists communicate fluently and can educate and clearly explain complex data and concepts to all audiences, especially patients. They display emotional intelligence in their relationships with colleagues, team members, and patients, maximizing both their own and their teams' well-being. Anesthesiologists are dedicated professionals who have the knowledge, skill, tenacity, and attitude to bring effective, safe care, intellectual curiosity, and human warmth to their patients and community.

Length of Educational Program

An accredited categorial residency program in Anesthesiology must provide 48 months of supervised graduate medical education.

Sponsoring Institution and Participating Sites

TidalHealth is the sponsoring institution and assumes ultimate responsibility. The program receives financial support for personnel management and education at the following Participating Sites:

1. TidalHealth Peninsula Regional (Salisbury, MD)
2. TidalHealth Nanticoke (Seaford, DE)
3. Children's National Hospital (Washington, DC)
4. Johns Hopkins Hospital (Baltimore, MD)

Resident Eligibility and Selection (for all TidalHealth GME)

Resident Appointments
Eligibility Requirements

An applicant must meet one of the following qualifications to be eligible for appointment to an ACGME-accredited program:

- Graduation from a medical school in the United States or Canada, accredited by the Liaison Committee on Medical Education (LCME) or
- Graduation from a college of osteopathic medicine in the United States, accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation (AOACOCA); or,
- Graduation from a medical school outside of the United States or Canada, and meeting one of the following additional qualifications:
    - Holding a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to appointment; or,
    - Holding a full and unrestricted license to practice medicine in the United States licensing jurisdiction in which the ACGME-accredited program is located.

Resident Selection

Residents are selected on a fair and equal basis without regard to sex, race, age, religion, color, national origin, disability, or any other applicable legally protected status. Performance in medical school, personal and official letters of recommendation, achievements, and humanistic qualities will be used in the selection process. The Sponsoring Institution must ensure that ACGME accredited programs select from among eligible applicants based on residency program-related criteria such as their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity.

The programs will participate in ERAS and NRMP and will select residents according to NRMP policies and procedures. Each program will develop specialty specific criteria according to its own program's needs and those of the institution. These criteria may encompass personal, professional, and educational characteristics of the candidate. The enrollment of non-eligible residents may be a cause for withdrawal of accreditation of the involved program.

TidalHealth Anesthesiology Residency Program Eligibility Requirements:

US Medical Students (MD/DO)

- Completion of medical school within 5 years
- No repeated, failed attempts on any medical school course or portion of the USMLE or COMLEX
- At least three letters of recommendation and the Medical Student Performance Evaluation (MSPE, “Dean’s letter”)

International Medical Graduates (IMGs)

- Successful completion of medical education from an accredited medical school
- Certified by the Educational Commission for Foreign Medical Graduates (ECFMG)
- Documentation of United States citizenship, permanent residency, or lawful status
- Three letters of recommendation
- Clinical experience of working in the United States is preferred
- Research and scholarly activities will be considered favorably
- USMLE CK scores >220 and passing on the first attempt is preferred
- Graduation from medical school within the last 3 years is preferred
- All qualified applications will be reviewed and considered on a case-by-case basis

Resident Onboarding

Please email GMEResAnesthesiology@tidalhealth.org any time you have changes to make or have questions.

PGY-1

Item	Instructions	Due Date
▪ Offer Letter	Complete the form, sign the offer letter, and return to GMEResAnesthesiology@tidalhealth.org	
▪ Contract ▪ Onboarding Packet	You will receive an email from MedHub. Please complete on MedHub.	

Item	Instructions	Due Date
▪ Resident Database Information Form	Please submit the online form.	
▪ People Department (HR) onboarding packet	You will receive an email from nyeida.aryee@tidalhealth.org, from our People Department (HR). Please complete everything asked of you to complete the TidalHealth onboarding process ASAP to avoid delay in starting the Residency program.	
▪ Department of Anesthesiology PGY-1 Schedule Selection Form	Submit the online form	

▪ NPI Number
▪ *See NPI Enrollment Instructions in Onboarding packet*
▪ ACLS and BLS cards
  ▪ *Note: All cards must be from the American Heart Association.*
  ▪ *If resident does not have ACLS or BLS from AHA, TidalHealth will have both classes during your orientation period to ensure your certification is current and valid.*
▪ Copy of Passport or U.S. Birth Certificate
▪ Permanent Residents Only: Copy of LPR card (Form I-551)
▪ Copy of Driver's License
▪ Copy of Social Security Card
	Please upload to MedHub.
	
	NPI numbers should be emailed to GMEResAnesthesiology@tidalhealth.org
		See dates on MedHub

▪ Medical School Diploma	Please upload to MedHub.	April 13th

Item	Instructions	Due Date
▪ Apply for Delaware Training License (Residents will rotate in Maryland and Delaware TidalHealth locations. Delaware requires a trainee license while Maryland does not)	https://dpr.delaware.gov/boards/medicalpractice/acgme/ Please apply as soon as possible in order to receive your permit promptly. Email the receipt of your application to GMEResAnesthesiology@tidalhealth.org as soon as processed. Once trainee license is received upload to MedHub. (There is a $77 fee that will need to be paid when you apply, you may submit your receipt to the program coordinator for reimbursement in your first paycheck.)	May 17th
▪ Housing Suggestions	Contact GMEResAnesthesiology@tidalhealth.org if you need any assistance with your housing search.	N/A

PGY-2 & PGY-3

Item	Instructions	Due Date
▪ Renew Contract	Review and Sign New Contract	June 1st
▪ Review Forms	Review and Update Forms as needed	June 1st

MedHub

Residency programs at TidalHealth use a web-based, residency management system called MedHub. This system is used for posting schedules, logging hours, logging procedures, and Clinical Education and Experience as well as the evaluation process. When you begin the program, you will be given a log-on and password, both of which you can change once you log on. Training will be provided during orientation and further tutorials will be provided if requested. Failure to complete your assigned tasks in a timely manner could result in disciplinary action.

Below is a quick guide for your reference:

MedHub is a web-based application designed to house, document, track and monitor residency/fellowship requirements and educational experiences. This system will allow you to review your rotation, clinic, and call schedule, submit work hours, complete evaluations, log procedures, review your conference schedule and set up your learning portfolio.

Getting Started

To log-in, navigate to your MedHub URL. If you are unsure what this is, contact your Program Coordinator @ GMEResAnethesiology@tidalhealth.org . Log-in information is sent through an automated message from MedHub. The e-mail will contain a username and a temporary password. Upon log-in, you will be asked to change your password.

Residents and fellows all have a user type of RESIDENT to indicate that the user is a trainee. Residents and fellows are identified as either a resident or fellow from their "review records" link on the portal page as part of their training history.

Home

The Home page is the central or portal page for each user. This page is essentially a communication channel where the GME Office or the residency or fellowship program may post pertinent information.

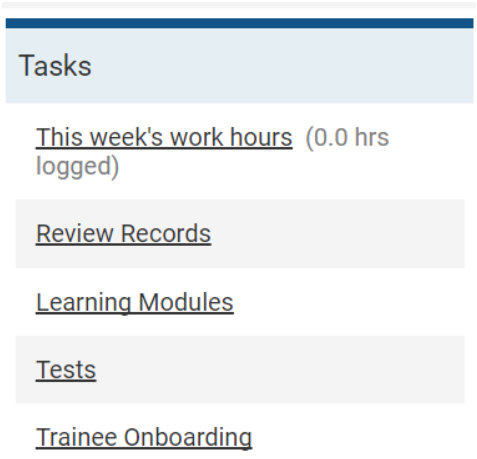
This page is also where you can navigate between functionality components (i.e., schedules, evaluations, etc.) or view tasks that may need to be completed. The portal page is also a location where specific resources or documents are provided for your viewing.

Tasks

Under the Tasks section, this is where you'll have the ability to log the current week's work hours, review your own records, and update your contact information, among other potential tasks pertinent for your training program.

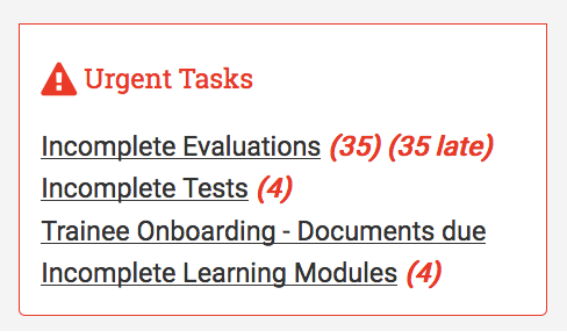
Reviewing your records allows you to see your basic demographic information as well as see any files that have been shared with you by the GME Office or your training program.

You may have the ability to update your contact information as needed as well as record your work hours.



Urgent Tasks

Adjacent to the Tasks section are Urgent Tasks. This box will appear in red if you have any particular items that need to be completed (i.e., evaluations, incomplete work hours, etc.).



Personal Calendar

You can keep a personal calendar in MedHub and sync it to either an Outlook or Google e-mail account or through an iPhone or Android. By selecting the "View myCalendar" button, it will allow you to add any appointments, meetings, etc. for each day within each month. If your training program has created a conference schedule, these conferences will also appear on your personal calendar automatically.

Rotation Schedule

The rotation schedule lists the rotations you are scheduled for the academic year.

Curriculum Objectives

The Curriculum Objectives provides you the ability to review the list of objectives specific to rotations or services for which you are scheduled. These objectives will only appear **IF** your training program has uploaded them to the system.

Messaging

Messaging allows you to send and receive messages through the MedHub system. When sending a message through MedHub, this does not go to the recipient's e-mail unless you designate that the message you are sending should go to their e-mail as well. If you have been sent a message, it will appear in this Messaging section where you can select the message to review the content.

Residents/fellows also have the capability to send anonymous messages to their DIO or Program Director.

Announcements

Any announcements posted by either the GME Office or your training program may be visible here.

Resources/Documents

There are various directory links that are available to you in case you need to find a particular individual's contact information. The GME Office or your training program may also add other information to this section that you will have access and can review.

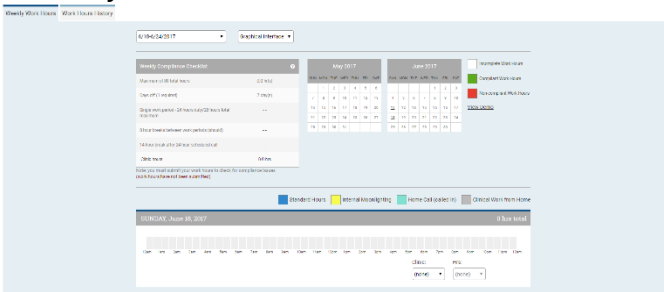
Add New Channel

You can customize your home page when it comes to various news feeds you may want to appear automatically when you log-in. The “Add New Channel” button allows you to add various feeds from a variety of news sources.

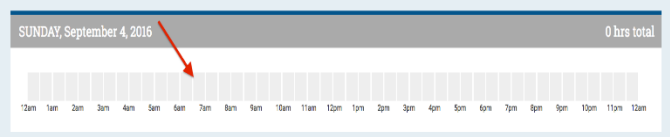
Functionality

Work Hours

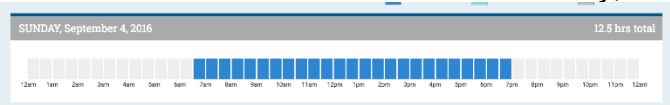
To add each week’s work hours, select the “This week’s work hours” link located in the Tasks section from your home page. This will take you directly to the timesheet where you can begin to enter your hours.



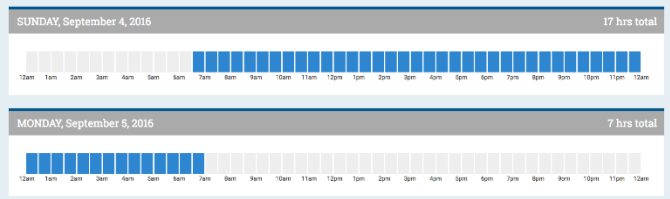
To add your hours for each day, select the start time you begin your day…



And select the end time of either that same day,

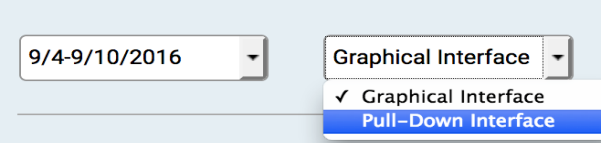


or the next day.

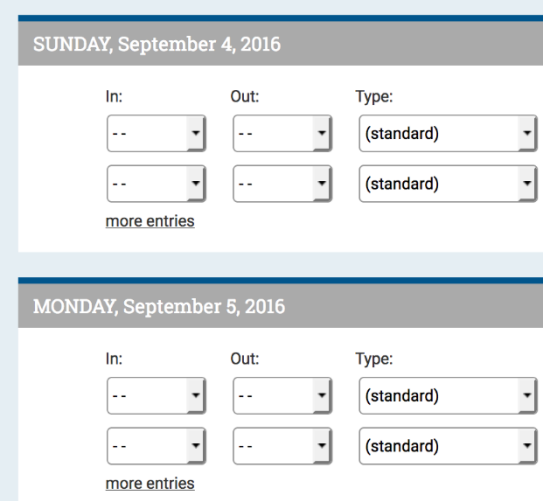


A bar will appear that totals the amount of time you worked based on your start and end times. This is called the graphical interface view. At the bottom of the timesheet, you will have an ability to save and/or submit your hours. Saving your hours simply saves your hours; it does not submit your hours for reporting purposes.

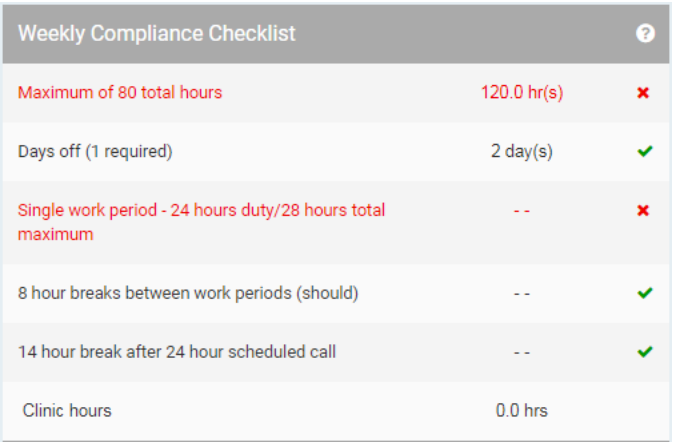
You also can switch to another view of the work hour timesheet. This is called the pull-down interface view.



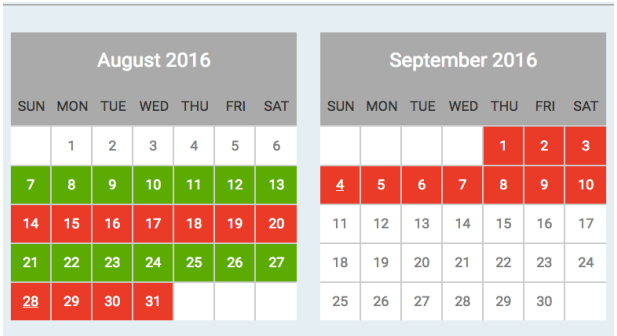
The pull-down interface allows you to log hours using a drop-down format vs. a graphical representation of hours. In this format, you would also log your start and end times. The “more entries” link below the designated dropdowns provides additional dropdowns in case you have multiple in and out times throughout the day. The term “standard” in the drop down refers to your daily schedule which encompasses all activities (rotations, clinics, etc.) that occur within a given day.



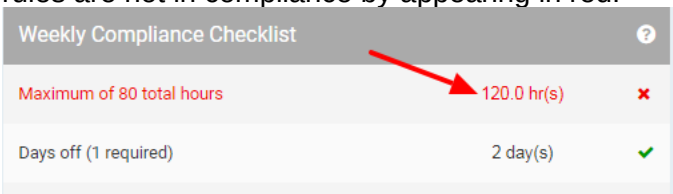
Once you have submitted your hours, and all associated work hour rules have met compliance, the compliance checklist identified at the top of the timesheet will indicate the rules where you have met compliance.



The compliant week you have submitted will show up in green on the monthly calendar located adjacent to your timesheet.

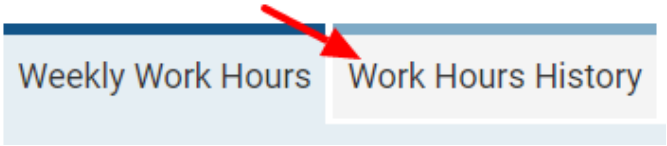


If you submit a non-compliant work hour timesheet, the compliance checklist will indicate what rules are not in compliance by appearing in red.



You may be required to submit rationale regarding the potentially non-compliant submission (i.e. patient volume).

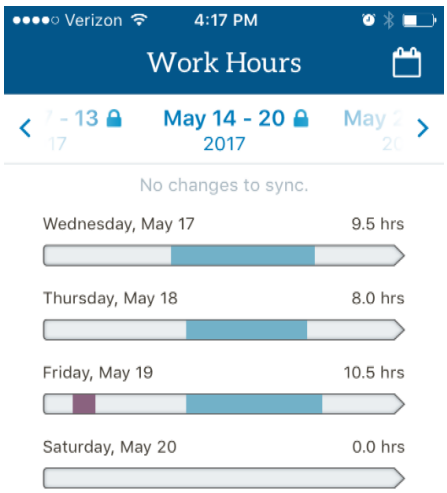
To review past work hour submissions, select the link called, “Work Hour History Report” located adjacent to the monthly calendars.



This report provides you a listing of each week that has been submitted along with the total number of hours for that week, days off, and any compliance rationale based on a non-compliant week.

MedHub Mobile App

The MedHub Mobile App is available for iPhone (via the App Store) and Android users (via Google Play) and once uploaded to your phone, you can log work hours on the mobile app.

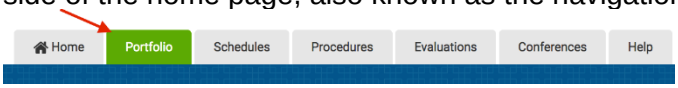


Portfolios

You can manage and track your own portfolio information. Faculty who are identified as mentors or the Program Director can also view your portfolio, along with your program coordinator.

There are several portfolio entry options which you can choose. Each portfolio entry option has its own specific fields related to that entry.

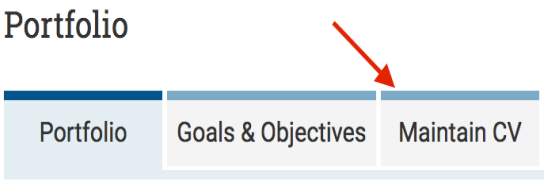
To access the portfolio functionality, you will select the Portfolio tab located at the top right-hand side of the home page, also known as the navigation bar.



You can select a portfolio entry type by choosing an option from the drop-down list that describes the type of entry you would like to include in your portfolio.

When adding a portfolio entry, you also can share this entry with the faculty members who have been added as your mentor.

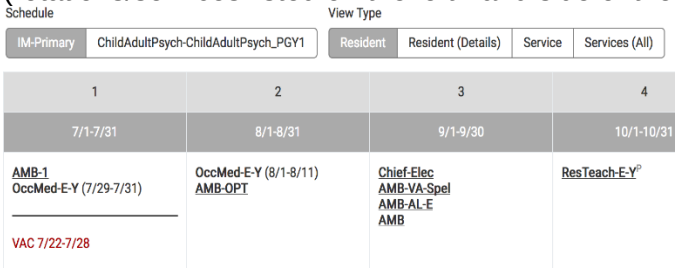
Some of these portfolio entry types also allow you to create a CV that will display these entries which you can manage.



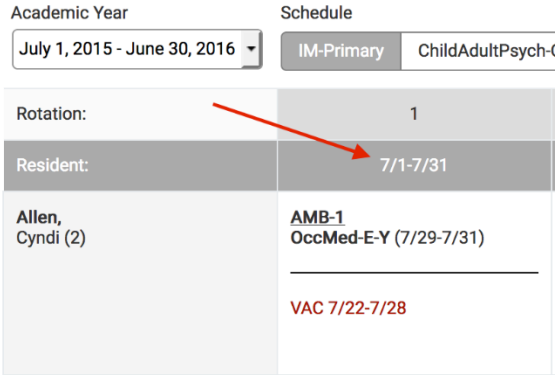
Schedules

The schedule allows you to view the services or rotations that you have been assigned as well as clinics and specific calls. To access the schedule, select the Schedules tab located at the top right-hand side of the home page.

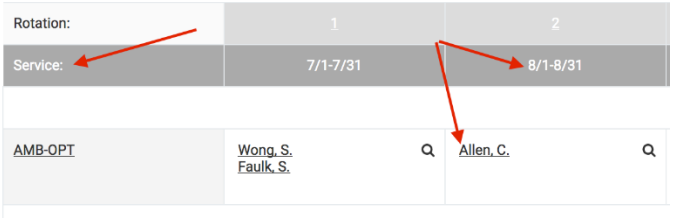
You can review the schedule for all rotations you are assigned. You can view the schedule by resident (residents or fellows listed on the left-hand side of the schedule) or by service (rotations/services listed on the left-hand side of the schedule).



The dates at the top of the rotation schedule indicate the dates of that specific rotation block as identified by your training program.



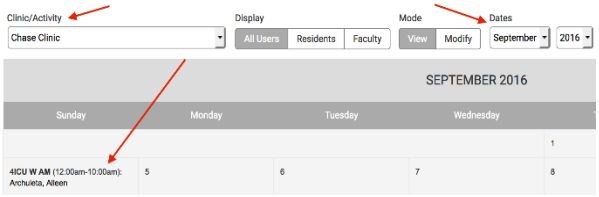
The name of the service or rotation you are scheduled will appear in the rotation block in the by resident view. In the by service view, your name will appear in the block of that service.



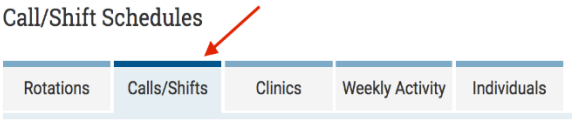
You may also see other residents, fellows and faculty members scheduled to that same service or rotation, so you'll know who is rotating with you.

To see your clinic schedule, select the Clinics tab located at the top of the rotation schedule.

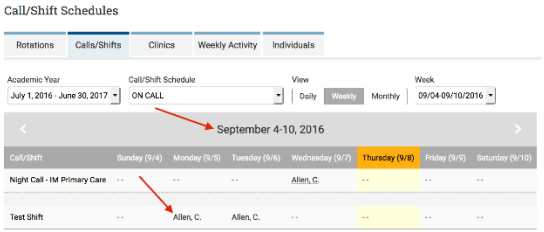
You can filter the information based on the clinic to see who is or has been assigned to a specific clinic.



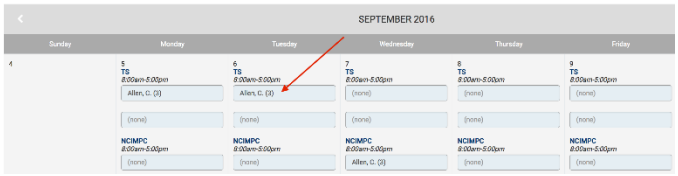
To see your call schedule, select the Calls/Shifts tab located at the top of the rotation schedule.



This will show you the view of the current call schedule for the day, week, or month.



You can also filter the call schedule by selecting the “Call/Shift Schedule” drop down to select a specific rotation or service to view the call assigned for that rotation block.

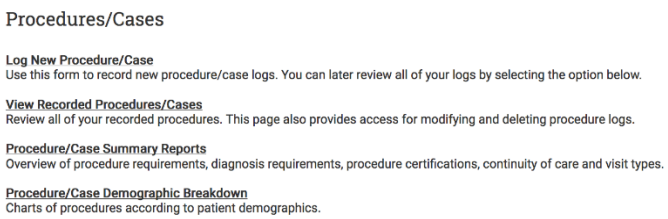


Procedures

Procedures allows you to log procedures or case encounters within MedHub as well as review various reports of your submitted logs. To access procedures, select the Procedures tab located at the top right-hand side of the home page.

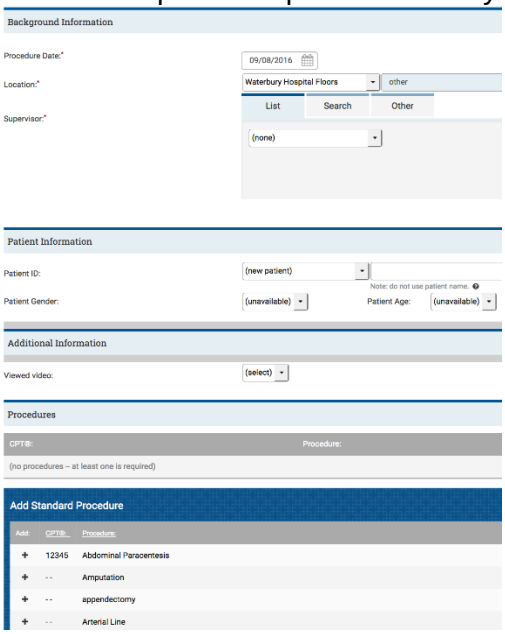
There are four links that you will have access. They include:

1. Log New Procedure/Case
2. View Recorded Procedures/Cases
3. Procedure/Case Summary Report
4. Procedure/Case Demographic Breakdown



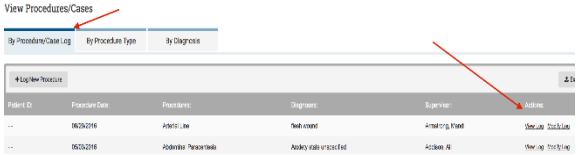
Log New Procedures/Case – This link provides you the ability to log your procedures/cases or diagnoses. You will have the ability to:

1. Identify the date of the procedure, case, or diagnosis.
2. Choose the location you performed, assisted, observed, simulated, etc. the procedure, case, or diagnosis.
3. Identify the supervisor that observed you if necessary or required by your training program.
4. Choose the patient ID, gender and age if needed or as you wish in case you want to have an idea of the demographic breakdown of your patients.
5. Select the procedure, case, or diagnosis from a list (defined by your training program) and classify your role or level of responsibility associated with that procedure, case, or diagnosis.
6. Log Procedure.
7. Based on your training program's settings, you may be prompted to send an evaluation for a particular procedure that you performed.



View Recorded Procedures/Case – After each submission of procedures, cases, or diagnoses, you can view what has been recorded. You will view:

1. By Procedure/Case Logs allows you to view all your logs that you have submitted. You will also be able to view the detail of the log as well as modify if needed. You can delete the log if there is an error within that log and you need to re-submit.

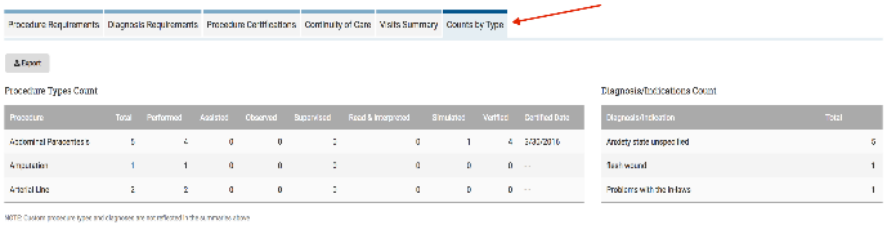


2. By Procedure Type allows you to view the procedures or cases you have submitted along with the chosen level of responsibility (i.e. role) of each procedure or case. You can also view, modify, and delete the log as needed. You will also be able to view if the supervisor has verified your procedure as well.

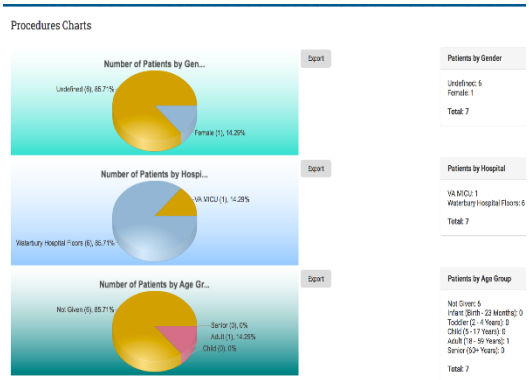
3. By Diagnosis allows you to view the diagnoses you have submitted as well as view, modify or delete the log associated with the diagnosis. You may see this tab or log diagnoses IF your program has enabled this information.

Procedure/Case Summary Reports – This provides you the ability to review the requirements assigned to each procedure/case or diagnosis as well as audit your own performance regarding the requirements. You can review:

1. Procedure Requirements provides you an outline of the requirements you have completed at that time.
2. Diagnosis Requirements provides you an outline of the requirements (if any are defined) you have completed at that time.
3. Procedure Certifications provides you a list of all the procedures for which you have been certified.
4. Continuity of Care statistics on each patient if a patient ID has been designated. The patient ID field may or may not be listed in the log as this is dependent on a setting determined by your program. If you do not see the ability to log a patient ID, you will not see any data on this particular tab. The patient ID field allows you to see the number of visits by patient as well as the specific procedures/cases or diagnoses completed on that patient.
5. Visits Summary provides you the ability to review the number of visits that were recorded for each rotation or clinic.
6. Counts by Type provides you an ability to review the total counts of procedures or cases and your level or role of responsibility. The diagnosis count provides a total that you may have performed, observed, etc., but does not designate the count by level of responsibility.



Procedure Demographic Breakdown - This provides you the ability to see demographic breakdowns of your patients based on the information submitted in your procedure/case log. Any gender, age, or location information entered in the log, will appear in a pie graph based on the entries submitted by you.



Mobile App - Procedures

The MedHub Mobile App (available to iPhone and Android users) includes the capability for you to log new procedures, view recorded procedures, procedure/diagnosis requirements and track statistics for procedures logged.

Evaluations

To access evaluations, select the Evaluations tab located at the top right-hand side of the home page.

This section will allow you to:

1. Complete evaluations that you have been requested to complete as well as review all evaluations you have completed in the past.
2. Review your individual performance evaluations that have been completed of you.
3. See an aggregate or summary information of evaluations that have been completed of you.
4. Review competency summary or milestone summary data.
5. Assess trend data compared with peers by overall average or across the various competencies.

Mobile App - Evaluations

The MedHub Mobile App (available to iPhone and Android users) includes the capability for to see pending evaluations, complete evaluations, self-initiate evaluations, and see evaluations that you have completed.

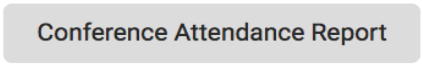
For answer types that include comments the user may use the mobile device's microphone to dictate the text by clicking inside the comment area.

Conferences

If conferences have been set up by your training program, you will be able to view a conference schedule under the Conferences tab. To access conferences, select the Conferences tab located at the top right-hand side of the home page.

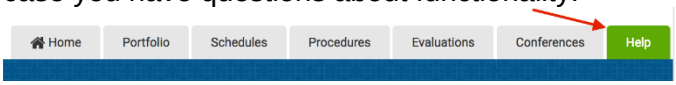
This allows you to see an upcoming conference schedule, as well as review the complete conference schedule for the academic year and view your own conference attendance (if conference attendance was taken). Scheduled conferences may also appear on the personal calendar found on your portal or home page.

You can also run your own conference attendance report that identifies how many conferences you've attended based on the requirements set up by your program. This is found at the bottom of the list of scheduled conferences.



Help

The Help tab located in the navigation bar provides you the ability to search for specific topics in case you have questions about functionality.



Aside from searching for help topics, you can also send a support ticket either to your program coordinator/administrator or the MedHub support team if you should have a question regarding the functionality.

Goals & Objectives

Anesthesiology Is an Evolving Specialty.

Beyond the operating room, our practice encompasses ambulatory clinics, dedicated acute pain medicine/regional anesthesia sections, intensive care units and freestanding pain centers. Consultant Anesthesiologists today must be clinically skilled, as well as savvy about contemporary organizational management, medical leadership, legal issues, computer applications and quality management. The curriculum at the TidalHealth Anesthesiology Residency Program incorporates hands-on training, didactics, tutorials, simulations, and problem-based learning to meet these needs. It is designed to train Anesthesiologists in all aspects of contemporary practice and foster creativity benefiting both the Anesthesiologist and the patient in a dynamic health care environment.

Developing Competent Anesthesiologists.

The goal of Anesthesiology residency training at TidalHealth is to develop competent physicians specializing in Anesthesiology who are assets to their patients, their communities, the US healthcare system, and the profession. The common program objectives are:

1. To develop a core competency of proficiency in the perioperative, critical care and pain management of a wide range of patients (neonate to geriatric) in numerous anesthesia subspecialties and in diverse settings.
2. To acquire medical knowledge that facilitates successful completions of parts I and II of the American Board of Anesthesiology certification examinations.
3. To develop adequate technical skill and judgment to practice Anesthesiology competently. This includes performing at least the minimum number of procedures required for board certification and demonstrating adequate skill level when performing these procedures to the faculty.
4. To develop a pattern of practice-based, life-long learning facilitating the maintenance of competency in the specialty of Anesthesiology.
5. To acquire communication skills facilitating interaction with patients, families, and other health professionals. This also includes developing verbal presentation skills required to pass the oral board examination of the American Board of Anesthesiology.
6. To foster professionalism in all aspects of resident behavior.

From the start, residents receive extensive exposure to diverse cases that progressively develop their skills. Working closely with attending physicians, residents learn to perfect manual skills and are challenged to accept increasing responsibility for a wide variety of procedures and patients with diverse disease processes.

These goals and objectives are broad guidelines to help residents develop into well-trained, competent Anesthesiologists. Because residency training is a diverse and complicated endeavor, these guidelines cannot describe everything that is expected of residents.
The overall goal of our Anesthesiology Residency Program is to transform residents into knowledgeable, competent, and safe Anesthesiologists. The means to that end represent a series of supervised patient care experiences in a system of graduated responsibilities.

Core Competencies

There are six core competencies as defined by the American College of Graduate Medical Education (ACGME). They are:

- Patient Care
- Medical Knowledge
- Interpersonal Skills and Communication
- Professionalism
- Practice Based Learning
- Systems Based Practice

The American Board of Anesthesiology (ABA) further describes these six Core Competencies as they pertain to the practice of Anesthesiology, as below.

Patient Care:
1. Pre-anesthetic Patient Evaluation, Assessment, and Preparation
2. Anesthetic Plan and Conduct
3. Peri-procedural pain management
4. Management of peri-anesthetic complications
5. Crisis management
6. Triage and management of the critically ill patient in a non-operative setting
7. Acute, chronic, and cancer-related pain consultation and management
8. Technical skills: Airway management
9. Technical skills: Use and Interpretation of Monitoring and Equipment
10. Technical skills: Regional anesthesia

Medical Knowledge:
1. Knowledge of biomedical, clinical, epidemiological, and social-behavioral sciences as outlined in the American Board of Anesthesiology Content Outline

Systems-Based Practice:
1. Coordination of patient care within the health care system
2. Patient Safety and Quality Improvement

Practice-Based Learning and Improvement:
1. Incorporation of quality improvement and patient safety initiatives into personal practice
2. Analysis of practice to identify areas in need of improvement
3. Self-directed learning
4. Education of patient, families, students, residents, and other health professionals

Professionalism:
1. Responsibility to patients, families, and societies
2. Honesty, integrity, and ethical behavior
3. Commitment to institution, department, and colleagues
4. Receiving and giving feedback
5. Responsibility to maintain personal emotional, physical, and mental health

Interpersonal and Communication Skills:
1. Communication with patients and families
2. Communication with other professionals
3. Team and leadership skills

It is the hope of residency leadership that these guidelines will assist residents in accruing the knowledge, skill, and ability required to practice Anesthesiology competently and safely.

Social Media Guidelines

Residents are encouraged to exercise caution in using social media sites such as, but not limited to, Instagram, TikTok, Facebook, and X/Twitter. Information posted on social media sites by residents that represents unprofessional behavior and deemed to not be in the best interests of TidalHealth may result in disciplinary action up to and including termination. Residents are expected to exhibit a high degree of professionalism and personal integrity consistent with the pursuit of excellence in their conduct.

In posting information on personal social media sites, residents may not present themselves as an official representative or spokesperson for TidalHealth or the Anesthesiology Residency Program. Patient privacy must be maintained and confidential or proprietary information about TidalHealth must not be shared online. Patient information is protected under the Health Insurance Portability and Accountability Act (HIPAA).

Residents have an ethical and legal obligation to safeguard protected health information and posting or e-mailing patient photographs is a violation of the HIPAA statute.

Dress Code Guidelines

TidalHealth is committed to maintaining a professional workplace environment. Many factors contribute to this professional image, one of which is the professional appearance of the staff. TidalHealth always reserves the right to determine what is acceptable or not acceptable in terms of professional image. Interpretation of any aspect of this policy will be subject to review and determination by the Program Director and the Vice President of the People Department.

Professional business attire, appropriate professional footwear, and the provided white coat will be worn by residents for all rotations other than the three subsequently listed. Scrubs that are provided in the resident locker area may be worn during Night Float, Critical Care, and Emergency Department rotations.

For more information, please see the TidalHealth Employee Dress Code policy in the GME Policy Manual.

Meal Information

Vending Machines at TidalHealth Peninsula:
Ground Floor East Wing available 24 hours per day
1st floor near Outpatient Entrance/ Emergency available 24 hours per day
Residents Center available 24 hours per day

Employee Cafeteria at TidalHealth Peninsula:	
Breakfast:	**6:00am – 9:00am**
Lunch:	**10:30am – 2:00pm**
Dinner:	**4:30pm – 6:30pm**
Overnight:	**2:30am – 3:45am**

Jr. Board Café at TidalHealth Peninsula: 1st floor near Outpatient/Emergency entrance	
Monday – Friday	**6:00am – 11:00pm**
Saturday & Sunday	**9:00am – 11:00pm**

Riverview Food Court at TidalHealth Nanticoke	
Monday:	**7am – 10:30am, 11am – 2:30pm, 4pm – 7:30pm**
Tuesday:	**7am – 10:30am, 11am – 2:30pm, 4pm – 7:30pm**
Wednesday:	**7am – 10:30am, 11am – 2:30pm, 4pm – 7:30pm**
Thursday:	**7am – 10:30am, 11am – 2:30pm, 4pm – 7:30pm**
Friday:	**7am – 10:30am, 11am – 2:30pm, 4pm – 7:30pm**
Saturday:	**7am – 10:30am, 11am – 2:30pm**
Sunday:	**7am – 10:30am, 11am – 2:30pm**

Meal Stipend
$1,500.00 will be on an account in the employee cafeteria at TidalHealth Peninsula for each resident per academic year

Benefits

Medical Benefits begin on the first day of the training program. For further information please contact the People Department at benefits@tidalhealth.org

Program Paid:

- Board Review Preparatory Materials & Courses (e.g. UWorld, COMQUEST, TrueLearn, Anesthesia Toolbox)
- Allowance for course or books
- ASA dues
- BLS/ACLS fees
- Training License
- CME Funds
- White Coats – PGY-1 (2), PGY-2 (1), PGY-3 (1), PGY-4 (1)

Paid Time Off:

- 10 Vacation days (All PGYs)
- 5 Personal days (All PGYs)
- 5 Sick days (40 hours Maryland Sick and Safe leave) (All PGYs)
- 5 CME days (All PGYs)
- 1-3 Bereavement Days (All PGYs)
- 5 Fellowship/Job Interview days (PGY-3 only)
- Up to 5 Extended Sick days – requires documentation (All PGYs)

General Benefits:

- Malpractice insurance
- Health & Vision insurance (shared cost)
- Dental insurance (shared cost)
- Flexible Spending Account (FSA) (resident cost)
- Medical Health Reimbursement Account (HRA)
- Short-term and long-term disability insurance (shared cost)
- Life insurance (shared cost)
- Pension
- 403B (resident cost)
- Accident, Critical Illness, Hospital Indemnity Voluntary Benefit (resident cost)
- Employee Assistance Program
- Free parking
- Peninsula Perks Plus program (area vendor discounts)
- Scrubs with Laundry Service
- Discounted on-site Child Care (resident cost)
- Employee Credit Union access (resident cost)
- Research Institute Access
- Fitness Plus – Rehab Gym Access & Aerobic Classes (shared cost)

Payroll

Payday is every other Thursday. A pay period is fourteen (14) consecutive calendar days starting with shifts beginning at 12:00 a.m. Sunday and ending at the conclusion of the final Saturday shift of the second week. You will be paid on the Thursday following the end of the pay period. Your pay information is available online by accessing the online pay system whether you select direct deposit or pay card. Information on access to the online system is available on the People Department iPortal site.

Taxes

Income Tax

Federal and state tax laws require an employer to withhold from your salary an amount specified in accordance with tax guidelines and the number of exemptions you claim. Each year you will receive from the Finance Department a statement (W-2) of the amount of taxes withheld during the previous year.

Social Security

Social Security (Federal Insurance Contributions Act-FICA) taxes will be deducted from the salary of each employee in accordance with the appropriate Federal schedule. TidalHealth matches your contribution with an equal additional contribution.

Payroll Deductions

You will receive an itemized statement of deductions from your pay in the form of either a paycheck stub or a direct deposit voucher. This statement itemizes the various deductions required by law, ordered by a court, or authorized in writing by you, which should be retained for your records.

Payroll deductions may include items such as health insurance, dental insurance, voluntary life insurance short-term disability, uniforms from an approved company, Fitness Plus, Employee Credit Union, TidalHealth bills, health care and dependent care flexible spending accounts, tax sheltered annuities, Foundation donations, and Employee Hardship Fund donations. Any payroll deduction will be authorized in a writing signed by the employee to be charged, specifying the reason for the payroll deductions to be made.

Payroll deductions (other than legally mandated attachments and garnishments) require signed authorization by the employee. Legally mandated deductions in the forms of child support and wage garnishments require legally executed decrees from the court.

Attachments and Garnishments

It is important that you keep your financial affairs in order so that TidalHealth does not become involved with people or businesses to which you owe money. TidalHealth does not accept attachments or garnishments on your pay except as required by law. Repeated credit problems, including non-payment of a bill to TidalHealth, may result in corrective action.

Payroll Direct Deposit
Direct Deposit is the most convenient method of receiving your net pay. You may choose to have your paycheck deposited into your checking or savings account. If necessary, you may change or discontinue your direct deposit by completing a cancellation form available in the People Department or on the People Department iPortal site. If you do not select and maintain direct deposit, you will receive your net pay by pay card. A pay card is like a debit card; your net pay is loaded onto your card each pay and available to you on payday Thursday. You are not responsible for any fees associated with the pay card unless you mishandle or lose your card where you may be responsible for replacement cost.

Board Examination Eligibility

From the AMERICAN BOARD OF MEDICAL SPECIALTIES

Anesthesiology Eligibility Requirements
Updated March 2021

To be eligible for certification in Anesthesiology through the Board of Certification in Anesthesiology (BCA), the applicant must:

ABPS General Requirements:

- Be in conformity with the Code of Ethics of the American Board of Physician Specialties, be known in his/her community as an ethical member of the profession and be an active specialist in Anesthesiology.
- Be a graduate of a recognized U.S., Canadian, or international allopathic or osteopathic college of medicine. International graduates must also hold a valid Educational Commission for Foreign Medical Graduates (ECFMG) Certificate.
- Hold a valid and unrestricted license(s) to practice medicine in the United States, U.S. territories, or Canada.

Anesthesiology Training and Experience:

- Residency – All applicants must have completed both a PGY-1 program, or accredited internship and an Anesthesiology residency program approved by the Accreditation Council of Graduate Medical Education (ACGME), the American Osteopathic Association (AOA), or the Royal College of Physicians and Surgeons of Canada (RCPSC). The ABPS accepts ALL medical residencies approved by the RCPSC, including approved residencies outside Canada.
- Active Practice – Verify active practice by means of a letter on facility letterhead detailing active privileges, the period of service, and signed by of the Chief of Department, Chief of Staff, or Chair of Credentialing Committee.
- Continuing Education – Submit documentation of a minimum of 30 hours of continuing medical education (CME) in Anesthesia earned within the last two years from the date of application. The ABPS CME form should be used to summarize the CME and can be

download here. CME reported must be documented by copies of the CME certificates or a transcript from the granting organization. **For applicants within two years of residency completion at the date of application submission, no CME is required.**

- Case Reports – Submit 10 anesthesia case reports. Case reports must include the anesthesia record sheet from the chart, as well as meeting the other requirements listed in the Case Report Requirements detailed below. Case reports must be no older than twelve (12) months from the date the candidate's application for certification is received by ABP.

Additional Application Requirements:

- Provide two (2) Letters of Recommendation from Diplomates of any ABPS, ABMS, AOA, RCPSC, or CFPC Board of Certification. All letters of recommendation must be signed by the author, printed on letterhead, dated within the twelve-month period just prior to the submission of the application, and must include author contact and board certification information.
- All U.S. physicians must perform a self-query of the National Practitioner Data Bank and submit the report. Get your self-query report at www.npdb-hipdb.hrsa.gov. All Canadian physicians must request a Testament Statement from each province in which a license is held verifying that there have been no disciplinary actions against the applicant.
- Submit a current curriculum vitae, which includes medical school, degrees earned, and work experience, in chronological order.

Case Report Requirements:

Case reports must be carefully prepared as they are subjected to detailed scrutiny. Reports should be accurate, well written, diversified, and properly descriptive. The BCA Credentials Committee reserves the right to seek additional details for any case it deems necessary. Case reports not meeting the requirements described below will not be accepted, resulting in an incomplete application.

Applicants must submit 10 case reports in the following format:

- Case reports must be typewritten.
- Case reports must be double-spaced on standard 8.5″ x 11″ white paper.
- The applicant must sign each case report.
- An index shall be placed at the front of the reports indicating the type of case (diagnosis) and the page number on which the case can be found. To view index and verification form, click here.
- Confirmation of the validity of the reports by hospital administrator, medical records director, or whoever performs such duties at the facility, verifying that you were the physician treating the patient in each case on the date stated. If the applicant's cases reflect work at more than one institution, then separate letters must be submitted verifying the cases from each institution. This validation must be notarized and signed. (Refer to index and verification form.)
- Case reports shall contain the following information:

    - For patient #, list the same number as the case number (refer to sample index and verification form.)
    - Date of admission and date of discharge
    - Pre-op diagnosis
    - Post-op diagnosis
    - Patient history
    - Physical and laboratory findings
    - Anesthesia management plan
    - Case summary – Summarization of the important facts regarding the case acts as the most essential part of the case report and must describe the case to convey to the BCA Credentials Committee the vital facts of the diagnosis, care, end results obtained, etc.
- Candidates must submit a wide variety of cases that illustrate the candidate's breadth of anesthesia knowledge and capabilities.
-

The final decision as to whether or not the submissions are acceptable lies within the total discretion of the BCA Credentialing Committee.

Milestones & Resident Scope of Practice

Training Length: 48-month residency training program at TidalHealth

Resident Responsibilities: Actively participate in patient care and master each of the milestone competencies listed below in each of the core competency categories.

All procedures and skills will be performed under the supervision of the supervising attending.

The level of supervision will be determined by the competency of the resident as set by the Program Director.

It is anticipated that residents will reach certain milestones in their training as demonstrated by the following General Competency Goals and Objectives for level of training.

General Competencies Goals and Objectives for Level of Training within the milestone framework are:

Patient Care 1: Pre-Anesthetic Evaluation				
Level 1	Level 2	Level 3	Level 4	Level 5
Performs basic chart review	Performs focused chart review, with indirect supervision	Interprets chart review information to assess need for further work-up	Evaluates diagnostic data and provides risk stratification based on comorbidities and anesthetic implications	
Conducts patient interview, with direct supervision	Interviews the patient and gathers pertinent information, with indirect supervision	Interprets information collected during patient interview, with assistance	Independently identifies the need for additional evaluation and suggests therapeutic interventions	
Conducts and interprets a physical examination, with direct supervision	Conducts a focused physical examination, with indirect supervision	Identifies comorbidities on physical examination that may require further evaluation, with indirect supervision	Independently identifies concerning physical exam findings that require further evaluation	Independently identifies a previously undiagnosed condition

Patient Care 2: Peri-Operative Care and Management				
Level 1	Level 2	Level 3	Level 4	Level 5
Identifies the components of an anesthetic plan	Develops an anesthetic plan for a healthy patient undergoing uncomplicated procedures	Develops an anesthetic plan for patients with well-controlled comorbidities or undergoing complicated procedures	Develops an anesthetic plan for patients with multiple, uncontrolled comorbidities, and undergoing complicated procedures	
Identifies the components of a pain management plan	Implements simple peri-operative pain management plan	Identifies patients with a history of chronic pain who require a modified peri-operative pain management plan	Implements the anesthetic plan for patients with complex pain history and polypharmacy	In collaboration with other specialists, develops protocols for multimodal analgesia plan for patients with a complex pain history and substance use disorder
Identifies potential impact of anesthesia beyond intra-operative period	Identifies patient specific risks factors for long-term anesthetic effects	Develops the anesthetic plan based on risk factors to mitigate the long-term impact of anesthesia	Implements the anesthetic plan to mitigate the long-term impact of anesthesia	Develops departmental or institutional protocols for reduction of the long-term impact of anesthesia

Patient Care 3: Application and Interpretation of Monitors				
Level 1	Level 2	Level 3	Level 4	Level 5
Identifies standard monitors	Independently selects central and arterial catheters based on patient comorbidities and procedure	Selects advanced monitors based on patient comorbidities and procedure, with supervision	Independently selects advanced monitors based on patient comorbidities and procedure	
Applies standard monitors to patients	Inserts central and arterial catheters, with supervision	Inserts or applies advanced monitors, with supervision	Independently inserts or applies advanced invasive monitors	Functions as a consultant for difficult advanced monitor placement
Interprets standard monitoring data	Addresses malfunctions in standard monitors and interprets data from central and arterial lines, with supervision	Recognizes and addresses malfunctions in advanced monitors and interprets data, with supervision	Independently interprets data, recognizes, and addresses malfunctions in monitors and other anesthesia equipment	Participates in the research and/or development of protocols for monitoring technology

Patient Care 4: Intra-Operative Care				
Level 1	Level 2	Level 3	Level 4	Level 5
Assists in the initiation of the anesthetic	Plans and initiates the anesthetic for healthy patients undergoing uncomplicated procedures	Plans and initiates the anesthetic in a patient with well-controlled comorbidities, or undergoing complicated procedures	Independently plans and initiates the anesthetic in a patient with multiple, uncontrolled comorbidities undergoing complicated procedures	
Assists in maintenance of anesthetic care	Manages expected events during anesthetic care, with supervision	Independently manages expected events during anesthetic care	Independently manages unexpected events during anesthetic care	Manages rare events during anesthetic care
Assists with emergence from anesthesia	Anticipates and manages expected events during emergence, with supervision	Anticipates and manages unexpected events during emergence, with supervision	Independently anticipates and manages unexpected events during emergence	Manages rare events during emergence

Patient Care 5: Airway Management				
Level 1	Level 2	Level 3	Level 4	Level 5
Performs basic airway assessment	Uses the airway exam and identifiable risk factors to formulate a patient-specific plan	Devises airway management plans that address contingencies, with supervision	Independently devises airway management plans that address contingencies	
Performs bag-mask ventilation in uncomplicated airway	Prepares basic equipment and manages an uncomplicated airway	Prepares and incorporates advanced equipment in the management of a complicated airway, with supervision	Independently prepares and incorporates advanced equipment in the management of a complicated airway	Functions as an expert in an airway crisis for complicated airways

Patient Care 6: Point-of-Care Ultrasound				
Level 1	Level 2	Level 3	Level 4	Level 5
Lists and explains the basic science and terminology of ultrasound	Selects ultrasound equipment for procedures, with supervision	Selects ultrasound equipment for a patient with difficult anatomy, with supervision	Independently selects proper ultrasound equipment and settings for indicated scenarios	Participates in research of emerging ultrasound procedures
Identifies relevant anatomy using ultrasound	Conducts point-of-care ultrasound, with supervision	Interprets point-of-care ultrasound, with supervision	Independently conducts and interprets point-of-care ultrasound	Participates in the development of institutional protocols for point-of-care ultrasound
Uses ultrasound for vascular access in routine situations, with supervision	Uses ultrasound for vascular access in routine situations	Uses ultrasound for vascular access in complex situations, with supervision	Independently uses ultrasound for vascular access in complex situations	

Patient Care 7: Situational Awareness and Crisis Management				
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates vigilance during clinical care	Demonstrates awareness of case flow and developments throughout a procedure	Demonstrates awareness of case flow and developments throughout a procedure, including those outside of one's own immediate control, with supervision	Independently demonstrates awareness of case flow and developments throughout a procedure, including those outside of one's own immediate control	
Articulates causes of common peri-operative crisis situations	Recognizes crisis situations; calls for help	Anticipates impending crisis and identifies possible etiologies with supervision	Independently anticipates impending crisis and identifies possible etiologies	
Responds to crisis situations as a reliable team member	Participates in management during crisis situations	Initiates management and resolves crisis situations, with supervision	Independently initiates management and resolves crisis situations	Leads the health care team in the management of crisis situations

Patient Care 8: Post-Operative Care				
Level 1	Level 2	Level 3	Level 4	Level 5
Outlines post-operative disposition options for patients	Plans disposition for uncomplicated procedures	Identifies unexpected changes in patient status meriting change in disposition, with supervision	Independently identifies unexpected changes in patient status meriting change in disposition	Develops protocols for disposition based on procedure and patient comorbidities
Lists complications commonly encountered post-operatively	Diagnoses, manages, and documents commonly encountered complications arising from anesthetic care, with supervision	Diagnoses, manages, and documents uncommon complications arising from anesthetic care, with supervision	Independently diagnoses, manages, and documents uncommon complications arising from anesthetic care	

Patient Care 9: Critical Care				
Level 1	Level 2	Level 3	Level 4	Level 5
Acquires data for the care of the critically-ill patient	Interprets routine diagnostic data in the care of critically-ill patients	Interprets advanced diagnostic data in the care of critically-ill patients, with supervision	Independently interprets advanced diagnostic data in the care of critically-ill patients	
Recognizes when a patient is critically ill	Prioritizes the care of the critically-ill patient	Prioritizes the care of multiple critically-ill patients, with supervision	Independently prioritizes the care of multiple critically-ill patients	Leads and deploys resources in the care of the critically-ill patient
	Implements the care team's plan for a critically-ill patient	Develops and implements a comprehensive plan of care for the critically-ill patient, with supervision	Develops and implements a comprehensive plan of care for the critically-ill patient	Functions in a supervisory role managing all patients in a unit and the unit's resources

Patient Care 10: Regional (Peripheral and Neuraxial) Anesthesia				
Level 1	Level 2	Level 3	Level 4	Level 5
Describes anatomy relevant to regional anesthesia	Describes indications and contraindications for regional anesthesia	Develops a patient- and procedure-specific regional anesthesia plan, with supervision	Independently develops a patient- and procedure-specific regional anesthesia plan	
Prepares the patient and the equipment for common regional anesthesia techniques	Performs regional anesthesia techniques, with direct supervision	Performs regional anesthesia techniques, with indirect supervision	Independently performs regional anesthesia techniques	Serves as a consultant on advanced or difficult regional techniques
Describes potential complications of regional anesthesia	Recognizes and manages complications of regional anesthesia, with direct supervision	Recognizes and manages complications of regional anesthesia, with indirect supervision	Independently recognizes and manages complications of regional anesthesia	Develops institutional protocol for using regional anesthesia and managing complications

Medical Knowledge 1: Foundational Knowledge				
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates knowledge of pathophysiology and treatment of medical and surgical conditions	Demonstrates knowledge of common medical and surgical disease, treatments, and populations as it relates to anesthetic care	Demonstrates knowledge of complex medical and surgical disease, treatments, and populations as it relates to anesthetic care	Demonstrates comprehensive knowledge of medical and surgical disease as it relates to the full spectrum of the patient's peri-operative care	Demonstrates scientific knowledge of uncommon, atypical, or complex conditions as it relates to the full spectrum of the patient's peri-operative care
Identifies medications used to treat common comorbidities	Demonstrates knowledge of pharmacology of medications routinely used in anesthetic care	Demonstrates knowledge of medications used in subspecialty areas (e.g., cardiac, obstetrics)	Demonstrates comprehensive knowledge of pharmacology in the setting of complex comorbidities	Participates in research related to pharmacology

Medical Knowledge 2: Clinical Reasoning				
Level 1	Level 2	Level 3	Level 4	Level 5
Organizes and accurately summarizes information obtained from the patient evaluation to develop a clinical impression	Integrates information from all sources to develop a basic differential diagnosis for common patient presentations	Develops a thorough and prioritized differential diagnosis for common patient presentations	Develops prioritized differential diagnoses in complex patient presentations and incorporates subtle, unusual, or conflicting findings	Coaches others to develop prioritized differential diagnoses in complex patient presentations
Lists types of clinical reasoning errors	Identifies clinical reasoning errors within patient care, with guidance	Retrospectively applies clinical reasoning principles to identify errors	Continually re-appraises one's clinical reasoning to improve patient care in real time	Models how to recognize errors and reflect upon one's own clinical reasoning

Systems-Based Practice 1: Patient Safety and Quality Improvement				
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates knowledge of common events that impact patient safety	Identifies system factors that lead to patient safety events	Participates in analysis of patient safety events (simulated or actual)	Conducts analysis of patient safety events and offers error prevention strategies (simulated or actual)	Actively engages teams and processes to modify systems to prevent patient safety events
Demonstrates knowledge of how to report patient safety events	Reports patient safety events through institutional reporting systems (simulated or actual)	Participates in disclosure of patient safety events to patients and families (simulated or actual)	Discloses patient safety events to patients and families (simulated or actual)	Role models or mentors others in the disclosure of patient safety events
Demonstrates knowledge of basic quality improvement methodologies and metrics	Describes departmental quality improvement initiatives	Participates in department quality improvement initiatives	Demonstrates the skills required to identify, develop, implement, and analyze a quality improvement project	Creates, implements, and assesses quality improvement initiatives at the institutional level or above

Systems-Based Practice 2: System Navigation for Patient-Centered Care				
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates knowledge of care coordination	Coordinates care of patients in routine clinical situations effectively using the roles of the interprofessional team members	Coordinates care of patients in complex clinical situations effectively using the roles of the interprofessional team members	Role models effective coordination of patient-centered care among different disciplines and specialties	Analyzes the process of care coordination and participates in the design and implementation of improvements
Identifies key elements for safe and effective transitions of care and hand-offs	Performs safe and effective transitions of care/hand-offs in routine clinical situations	Performs safe and effective transitions of care/hand-offs in complex clinical situations	Role models and advocates for safe and effective transitions of care/hand-offs within and across health care delivery systems	Improves quality of transitions of care within and across health care delivery systems to optimize patient outcomes
Demonstrates knowledge of population and community health needs and disparities	Identifies specific population and community health needs and inequities for their local population	Uses institutional resources effectively to meet the needs of a patient population and community	Participates in changing and adapting practice to provide for the needs of specific populations	Advocates for populations and communities with health care inequities in the peri-operative setting

Systems-Based Practice 3: Physician Role in Health Care Systems				
Level 1	Level 2	Level 3	Level 4	Level 5
Identifies key components of the complex health care system (e.g., hospital, skilled nursing facility, finance, personnel, technology)	Describes how components of a complex health care system are interrelated, and how this impacts patient care	Discusses how individual practice affects the broader system (e.g., length of stay, readmission rates, clinical efficiency)	Manages various components of the complex health care system to provide efficient and effective patient care and transition of care	Advocates for or leads systems change that enhances high-value, efficient, and effective patient care
States factors impacting the costs of anesthetic care	Documents anesthetic detail to facilitate accurate billing and reimbursement	Explains the impact of documentation on billing and reimbursement	Practices and advocates for cost-effective patient care	Engages in external activities related to advocacy for cost-effective care

Practice-Based Learning and Improvement 1: Evidence-Based and Informed Practice				
Level 1	Level 2	Level 3	Level 4	Level 5
Accesses and uses evidence in routine patient care	Articulates clinical questions and elicits patient preferences and values to guide evidence-based care	Locates and applies the best available evidence, integrated with patient preference, to the care of complex patients	Appraises and applies evidence, even in the face of uncertainty and conflicting evidence, to guide individualized care	Coaches others to appraise and apply evidence for complex patients and/or participates in the development of guidelines

Practice-Based Learning and Improvement 2: Reflective Practice and Commitment to Personal Growth				
Level 1	Level 2	Level 3	Level 4	Level 5
Accepts responsibility for personal and professional development by establishing goals	Demonstrates openness to performance data (feedback and other input) to form goals	Seeks performance data episodically, with adaptability and humility	Intentionally seeks performance data consistently, with adaptability and humility	Role models consistently seeking performance data, with adaptability and humility
Identifies the factors that contribute to performance deficits	Analyzes and acknowledges the factors that contribute to performance deficits	Institutes behavioral change(s) to improve performance	Considers alternatives to improve performance	Models reflective practice
Actively seeks opportunities to improve	Designs and implements a learning plan, with prompting	Independently creates and implements a learning plan	Integrates performance data to adapt the learning plan	Facilitates the design and implementation of learning plans for others

Professionalism 1: Professional Behavior and Ethical Principles				
Level 1	Level 2	Level 3	Level 4	Level 5
Identifies potential triggers for professionalism lapses	Demonstrates insight into professional behavior in routine situations	Demonstrates professional behavior in complex or stressful situations	Recognizes situations that may trigger professionalism lapses and intervenes to prevent lapses in oneself	Coaches others when their behavior fails to meet professional expectations
Describes when and how to report lapses in professionalism	Takes responsibility for one's own professionalism lapses	Recognizes need to seek help in managing and resolving complex interpersonal situations	Actively solicits help and acts on recommendations to resolve complex interpersonal situations	
Demonstrates knowledge of the ethical principles underlying patient care	Analyzes straightforward situations using ethical principles	Analyzes complex situations using ethical principles	Recognizes and utilizes resources for managing and resolving ethical dilemmas	Identifies and seeks to address system-level factors that induce or exacerbate ethical problems or impede their resolution

Professionalism 2: Accountability/Conscientiousness				
Level 1	Level 2	Level 3	Level 4	Level 5
Responds promptly to requests or reminders to complete tasks	Performs tasks and responsibilities in a timely manner	Performs tasks and responsibilities in a timely manner with appropriate attention to detail in routine situations	Prioritizes tasks and responsibilities in a timely manner with appropriate attention to detail in complex or stressful situations	
Takes responsibility for failure to complete tasks	Recognizes situations that may impact one's own ability to complete tasks and responsibilities in a timely manner	Takes responsibility for tasks not completed in a timely manner and identifies strategies to prevent recurrence	Proactively implements strategies to ensure that the needs of patients, teams, and systems are met	Designs and implements an institutional systems approach to ensure timely task completion and shared responsibility

Professionalism 3: Well-Being				
Level 1	Level 2	Level 3	Level 4	Level 5
Recognizes the importance of addressing personal and professional well-being	Lists available resources for personal and professional well-being	With assistance, proposes a plan to promote personal and professional well-being	Independently develops a plan to promote personal and professional well-being	Creates institutional-level interventions that promote colleagues' well-being
	Describes institutional resources that are meant to promote well-being	Recognizes which institutional factors affect well-being	Describes institutional factors that positively and/or negatively affect well-being	Describes institutional programs designed to examine systemic contributors to burnout

Interpersonal and Communication Skills 1: Patient- and Family-Centered Communication				
Level 1	Level 2	Level 3	Level 4	Level 5
Communicates with patients and their families in an understandable and respectful manner	Customizes communication in the setting of personal biases and barriers with patients and patients' families	Explains complex and difficult information to patients and patients' families	Facilitates difficult discussions with patients and patients' families	Mentors others in the facilitation of crucial conversations
Provides timely updates to patients and patients' families	Actively listens to patients and patients' families to elicit patient preferences and expectations	Uses shared decision making to make a personalized care plan	Effectively negotiates and manages conflict among patients, patients' families, and the health care team	Mentors others in conflict resolution

Interpersonal and Communication Skills 2: Interprofessional and Team Communication				
Level 1	Level 2	Level 3	Level 4	Level 5
Respectfully requests or receives consultations	Clearly, concisely and promptly requests or responds to a consultation	Uses closed-loop communication to verify understanding	Coordinates recommendations from different members of the health care team to optimize patient care	Role models flexible communication strategies that value input from all health care team members, resolving conflict when needed
Uses language that values all members of the health care team	Communicates information effectively with all health care team members	Adapts communication style to fit team needs	Maintains effective communication in crisis situations	Leads an after-event debrief of the health care team
Respectfully receives feedback from the health care team	Solicits feedback on performance as a member of the health care team	Communicates concerns and provides feedback to peers and learners	Communicates constructive feedback to superiors	Facilitates regular health care team-based feedback in complex situations

Interpersonal and Communication Skills 3: Communication within Health Care Systems				
Level 1	Level 2	Level 3	Level 4	Level 5
Accurately records information in the patient record; demonstrates judicious use of documentation shortcuts	Accurately records information in the anesthetic record for basic cases	Accurately records information in the anesthetic record and communicates complex care decisions for complex cases	Uses medical record functionality to highlight challenges in anesthetic care to facilitate future peri-operative management	Explores innovative uses of the medical record to facilitate peri-operative management
Safeguards patient personal health information	Documents required data in formats specified by institutional policy	Appropriately selects direct and indirect forms of communication based on context	Models exemplary written or verbal communication	Guides departmental or institutional policies and procedures around communication
Communicates through appropriate channels as required by institutional policy	Respectfully communicates concerns about the system	Respectfully communicates concerns about the system and contributes to solutions	Uses appropriate channels to offer clear and constructive suggestions to improve the system	Initiates difficult conversations with appropriate stakeholders to improve the system

Clinical Competency Committee (CCC)

The CCC serves several purposes for multiple stakeholders: the program itself, program directors, faculty members, program coordinators, residents, the institution, and the ACGME. The ultimate purpose is to demonstrate accountability as medical educators to the public: that graduates will provide high quality, safe care to patients while in training, and be well prepared to do so once in practice.

Purpose of CCC

Program	• Develop shared mental model of what resident/fellow performance should "look like" and how it should be measured and assessed • Ensure the right combination of assessment tools to effectively determine performance across the Competencies and specialty-specific Milestones • Increase quality, standardize expectations, and reduce variability in performance assessment • Contribute to aggregate data that will allow programs to learn from each other by comparing residents' and fellows' judgments against national data • Improve individual residents'/fellows' progress along a developmental trajectory • Identify early those residents/fellows who are challenged and not making expected progress so that individualized learning plans can be designed • Identify advanced residents/fellows to offer them innovative educational opportunities to further enhance their development • Identify weaknesses/gaps in the program as a first step in program improvement • Model "real time" faculty development
Program Director	• Fulfill public accountability by ensuring that residents/fellows who successfully complete a program can practice without supervision • Engage faculty members, and others when appropriate, to make informed decisions regarding performance • Enhance credibility of judgments about resident/fellow performance • Identify opportunities for faculty development around supervision and assessment, both formative and summative • Facilitate the program director's role as "advocate" for the resident/fellow • Improve feedback for residents and fellows

Faculty Members	• Facilitate faculty members' development of a shared mental model of what is expected within each of the Competencies and specialty-specific Milestones • Improve documentation by simplifying and creating "more actionable" and efficient assessment tools for the direct observation of residents/fellows in the clinical learning environment • Fulfill the professionalism inherent in the faculty member's role by contributing high quality teaching and assessment as part of the program • Contribute accurate, rich descriptive assessment information to the CCC
Program Coordinators	• Optimize resident/fellow data management systems • Synthesize assessment data • Improve methods to share data with the CCC • Collaborate with program directors to ensure residents and fellows receive feedback and follow-up, and that Milestones assessments are reported to the ACGME • Help improve CCC process by observing the meeting dynamics and providing feedback
Residents/ Fellows	• Improve the quality, amount, and timing of feedback; normalize constructive feedback • Offer insights and perspectives of a group of faculty members • Enhance self-directed learning • Compare performance against established Competency benchmarks (rather than only against peers in the same program) • Allow earlier identification of sub-optimal performance that can inform individualized learning plans and improve individualized interventions • Improve "stretch goals" for residents/fellows to help high performing residents/fellows achieve even greater competence • Provide transparency regarding performance expectations
Institutions	• Ensure residents/fellows are making expected progress and those who are not are provided an opportunity for early intervention • Provide foundational expectations for faculty members as assessors of performance through direct observation • Ensure CCCs adhere to pertinent institutional policies • Share best practices from within the institution, nationally and internationally • Identify opportunities to enhance resources necessary to optimize CCC functioning at an institutional level
ACGME	• Enhance progress toward competency-based education with outcomes data • Establish national benchmarks for the trajectory of resident/fellow skills acquisition that can be used for each specialty • Provide better measures for public accountability • Enable continuous quality improvement of GME programs • Document the effectiveness of the nation's GME to prepare graduates to meet the needs of the public

Anesthesiology Policies

The Anesthesiology Residency Program will follow the TidalHealth GME Handbook and Policy Manual except for the following policies:

Clinical Experience and Education Policy

Purpose/Intent:
The TidalHealth Anesthesiology Residency Program will ensure the residents' work hours adhere to the Accreditation Council for Graduate Medical Education (ACGME) accreditation standards and requirements.

Background:
The TidalHealth Anesthesiology Residency Program must establish and uphold a Clinical Experience and Education Policy compliant with all related ACGME requirements.

Definition: *(ACGME Glossary of Terms 2020)*
Clinical and Educational Work Hours: all clinical and academic activities related to the Anesthesiology Residency Program: patient care (inpatient and outpatient); administrative duties relative to patient care; the provision for transfer of patient care; time spent on in-house call; time spent on clinical work done from home; and other scheduled activities, such as conferences. Clinical and Educational Work Hours do not include reading, studying, research done from home, and preparation for future cases.

Policy:
The TidalHealth Anesthesiology Residency Program, in partnership with the Sponsoring Institution, has designed an effective program structure that is configured to provide residents with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities. The following requirements must be met by the program:

1. Maximum Hours of Clinical and Educational Work per Week
    a. Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period; inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting.
2. Mandatory Time Free of Clinical Work and Education
    a. The TidalHealth Anesthesiology Residency Program has designed an effective program structure that is configured to provide residents with educational opportunities, as well as reasonable opportunities for rest and personal well-being.
    b. Residents should have eight hours off between scheduled clinical work and education periods.
        i. There may be circumstances when residents choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80-hour and the one-day-off-in-seven requirements.
    c. Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.

    d. Residents must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days.
3. Maximum Clinical Work and Education Period Length
    a. Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments.
        i. Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education.
            1. Additional patient care responsibilities must not be assigned to a resident during this time.
4. Clinical and Educational Work Hours Exceptions
    a. In rare circumstances, after handing off all other responsibilities, a resident, on their own initiative, may elect to remain or return to the clinical site in the following circumstances:
        i. To continue to provide care to a single severely ill or unstable patient;
        ii. Humanistic attention to the needs of a patient or family; or,
        iii. To attend unique educational events.
    b. These additional hours of care or education must be counted toward the 80-hour weekly limit.
    c. The TidalHealth Anesthesiology Program will not consider any exceptions to the 80-hour limit to the residents' work week, in accordance with Review Committee standards.
5. Moonlighting
    a. See detailed Moonlighting policy immediately after this policy
6. In-House Night Float
    a. Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements.
7. Maximum In-House On-Call Frequency
    a. Residents must be scheduled for in-house calls no more frequently than every third night (when averaged over a four-week period).
8. At-Home Call
    a. Time spent on patient care activities by residents on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at-home calls is not subject to every third night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks.
        i. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
    b. Residents are permitted to return to the hospital while on at-home call to provide direct care for new or established patients. These hours of inpatient patient care must be included in the 80-hour maximum weekly limit.
    c. Residents must log at-home call hours in the Residency Management Software, MedHub. If a resident must return to the hospital to provide direct care for new or established patients during at-home call assignments, they must log these hours, so they are included in the 80-hour maximum weekly limit.

<u>Logging and Monitoring Procedure:</u>

1. Residents must log all applicable clinical and educational work hours in the Residency Management Software weekly by Sunday at 11:59pm EST.

2. The Program Coordinator will review clinical and educational work hour logs each Monday, notifying non-compliant residents via e-mail. The Program Coordinator will also notify the Program Director of any non-compliance.
    a. The Program Coordinator will utilize the Residency Management Software (MedHub) work hour logs to identify violations, contact residents with violations for additional background information, and justify violations with a written note in the Residency Management Software (as applicable); submitting a report to the Program Director immediately with violation type, resident name, rotation name, and justification(s), if any.
3. The Program Director will review each report of noncompliance to determine if a change in the resident's schedule, supervision, or other programmatic factor is necessary to prevent a similar occurrence in the future. As necessary, the Program Director will meet with the residents or supervising faculty involved in the incident to determine the cause and any preventable factors. All such meetings with the resident will be non-punitive in nature.
4. The Program Director will report any clinical experience and educational work hour violations at the next scheduled GMEC meeting as a standing agenda item.
5. Violations reported to the GMEC will require immediate corrective action with outcomes reported at the next scheduled GMEC meeting or earlier as necessary.

Failure to Report a Violation:

The accurate reporting of clinical experience and work hour violations supports the Program Director in collaboration with the Program Evaluation Committee (PEC) in sustaining a balanced clinical and educational work environment through mitigation of work compression issues. Residents are not only encouraged but required to report hours in the Residency Management Software, even if there is a violation. Residents who fail to accurately report clinical experience and education hours, in order to prevent a violation, will be disciplined as outlined under section "Continued Logging Non-Compliance".

Continued Logging Non-Compliance:

Residents are required to honestly and accurately report the hours spent on clinical experience and education. The following actions will be taken when a resident fails to log hours in the Residency Management Software per this policy:

1. First Occurrence: The resident will present reason(s) in writing for failing to report hours to the Program Coordinator, who will communicate the reason(s) to the Program Director.
2. Second Occurrence: The resident will present reason(s) in writing for failing to report hours to the Program Director with a second copy to the GME Office. The GME Office will send a written letter of warning.
3. Third Occurrence: The resident will be suspended without pay for one (1) day or until hours are confirmed logged by the Program Coordinator, whichever is greater. In addition, a letter of non-compliance will be placed in the resident's personnel file for consideration during the next scheduled Clinical Competency Committee (CCC) meeting.

If a resident repeatedly fails to accurately log their work hours, they will be in violation of their employment contract. Following maximum possible intervention, a resident who is continued contempt of this policy may be dismissed from the program. This decision will be the

responsibility of the Anesthesiology Program Director and will be made in deference to the guidelines outlined in this policy and in partnership with the Clinical Competency Committee and TidalHealth Graduate Medical Education Committee.

Procedure:
The Anesthesiology Residency Program's rotation and call schedules are created to meet all above requirements to ensure full compliance with the Accreditation Council for Graduate Medical Education (ACGME) Institutional, Common Program, and Anesthesiology requirements regarding resident clinical and educational work hours. All residents are expected to comply with the clinical and educational work hour requirements as described above. Additionally, residents must adhere to the following:

1. Residents who risk not meeting the clinical and educational work hour requirements as described above must notify their assigned supervising physician and/or the Program Director as soon as possible. The Program Director and the program faculty member will work together to either safely transition patient care or modify the resident's schedule to ensure the requirements are met.

Moonlighting Policy

Purpose/Intent:
The TidalHealth Anesthesiology Residency Program will ensure moonlighting guidelines are in adherence with the TidalHealth Institutional policy as well as Institutional, Common, and Anesthesiology Accreditation Council for Graduate Medical Education (ACGME) requirements.

Background:
The TidalHealth Anesthesiology Residency Program must establish and uphold a Moonlighting Policy compliant with all related ACGME requirements.

Definitions: *(ACGME Glossary of Terms 2020)*
Moonlighting: Voluntary, compensated, medically related work performed beyond a resident's or fellow's clinical experience and education hours and additional to the work required for successful completion of the program.

1. **External moonlighting:** Voluntary, compensated, medically related work performed outside the site where the resident or fellow is in training and any of its related participating sites.
2. **Internal moonlighting:** Voluntary, compensated, medically related work performed within the site where the resident or fellow is in training or at any of its related participating sites.

Policy:

9. Background: The Anesthesiology Residency Program, in partnership with TidalHealth, must establish and uphold a Moonlighting Policy compliant with all related ACGME requirements:
10. Moonlighting
    a. Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program and must not interfere with the resident's fitness for work nor compromise patient care and safety.

b. Time spent by residents in moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit. It is the responsibility of the resident to record all hours, including those spent moonlighting.
c. The TidalHealth Anesthesiology Residency Program will allow only Internal Moonlighting for PGY-2, PGY-3, and PGY-4 residents, in adherence with the ACGME and TidalHealth's institutional requirements.
d. PGY-1 residents are not permitted to moonlight.
e. Residents are only permitted to participate in Internal Moonlighting (as defined in the ACGME Glossary of Terms) within the TidalHealth system.
    i. Moonlighting will be allowed for residents in the PGY-2, PGY-3, and PGY-4 level with the prior, written approval of the Program Director and the GME Office.
    ii. PGY-2 residents will not be permitted to moonlight during the first three months of their PGY-2 year.
    iii. Moonlighting will only be approved for residents in good academic and performance standing in all aspects.
    iv. Moonlighting will not be permitted to occur during rotations conducted outside of the TidalHealth system.
    v. External Moonlighting is prohibited for residents of all PGY levels.
f. Procedure
    i. Prior to the commencement of any moonlighting activity, the resident must submit a completed and signed Request for Approval of Moonlighting Activities form to their Program Director for approval, along with all required documents.
    ii. The Program Director has the discretion to decide whether moonlighting activity is compatible with the requirements and educational objectives of the training program. The Program Director may permit, deny, prohibit, or revoke permission to moonlight as deemed appropriate at any time and for any reason. Factors to be considered include PGY level, academic standing, total work hours, current rotation, and the resident’s observed ability to achieve the objectives and expectations of their approved training program.
    iii. The Program Director’s decision to deny, limit, or revoke a moonlighting request is not subject to review or overruling. If the Program Director denies the request, moonlighting is not allowed.
    iv. If approved by the Program Director, the signed form is then sent to the GME Office for review and final determination. The resident may not moonlight without a written approval from both the Program Director and the GME Office.
    v. The resident must submit a new Request for Approval of Moonlighting Activities Form at the start and midway point of each academic year. A copy of the approved form will be kept in the resident’s personnel file in the Residency Management Software.
    vi. Residents must record all hours spent moonlighting within the same system used for tracking regular work hours. It is the duty of the resident to track and record these hours. Failure to record moonlighting hours or violation of duty-hour limits will result in immediate revocation of moonlighting privileges.
    vii. Residents will be monitored for the effects of moonlighting activities by their training program, including the supervising faculty and the Program

Director. If moonlighting results in a negative effect on performance of the resident in the training program, permission for moonlighting can be withdrawn by the Program Director or GME Office at any time.

viii. The Program Director and/or the GME Office may withdraw approval at any time if the resident is not in compliance with the conditions of approval or this policy.

Supervision and Accountability Policy

Purpose:
To establish the standards of supervision for the TidalHealth Anesthesiology Residency Program. These guidelines are in compliance with the ACGME Anesthesiology Specialty and Common Program Requirements. The guiding principle is that each resident should incrementally advance toward a proficient level of competency, autonomy, and responsibility over the course of training.

Background:
Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. The TidalHealth Anesthesiology Residency Program, in partnership with the Sponsoring Institution, has defined and will widely communicate and monitor a structured chain of responsibility and accountability, as it relates to the supervision of all patient care.

Policy:
Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.

1. Each patient must have an identifiable and appropriately credentialed and privileged attending physician (or licensed practitioner as specified by the applicable Review Committee) who has ultimate responsibility and accountability for the patient's care.
    a. This information will be made available to residents, faculty members, other members of the healthcare team, and patients.
    b. Residents and faculty members are required to inform each patient of their respective roles in that patient's care when providing direct patient care.

Supervision may be exercised through a variety of methods. Some activities require the physical presence of the supervising faculty member. For many aspects of patient care, the supervising physician may be a more advanced resident or fellow. Other portions of care provided by the resident can be adequately supervised, by the supervising faculty member or senior resident physician, by means of telecommunication technology. Supervision also includes post-hoc review of resident-delivered care with feedback.

1. The TidalHealth Anesthesiology Residency Program will demonstrate that the appropriate level of supervision is in place for all residents, based upon each residents' level of training and ability, as well as patient complexity and acuity. Supervision may be conducted through the aforementioned variety of methods, as appropriate to the situation.
2. The TidalHealth Anesthesiology Residency Program has defined when the physical presence of a supervising physician is required (further outlined on page 3).

Levels of Supervision

To promote appropriate resident supervision while providing for graded authority and responsibility, the TidalHealth Anesthesiology Residency Program will use the following classifications of supervision as outlined below:

1. Direct Supervision:
    a. The supervising physician is physically present with the resident during key portions of the patient interaction.
        i. PGY-1 residents must initially be supervised directly and only as described above.
    b. Alternatively, while not physically present with the resident, the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.
        i. The use of telecommunication technology for direct supervision must not be used with invasive procedures, including the intra-procedural? application of anesthesia; and
        ii. The supervising physician and the resident must interact with each other, and the patient, to solicit the key elements of the clinic visit and agree upon a management plan; and
        iii. Must be limited to history-taking and patient examination, assessment, and counseling.
2. Indirect Supervision: The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately (on-site) available to the resident for guidance and is available to provide direct supervision when warranted.
3. Oversight: The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the Program Director and faculty members.

1. The Program Director must evaluate each resident's abilities based on specific criteria, guided by the Anesthesiology Milestones.
2. Faculty members functioning as supervising physicians must delegate portions of care to residents based on the needs of the patient and the skills of each resident.
3. Senior residents should serve in a supervisory role to junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident.

The TidalHealth Anesthesiology Residency Program has set guidelines for circumstances and events in which residents must communicate with the supervising faculty member(s) (further outlined on page 3).

1. Each resident must know the limits of their scope of authority, and the circumstances under which the resident is permitted to act with conditional independence.

Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each resident and to delegate the appropriate level of patient care authority and responsibility to the residents.

Guidelines for Circumstances and Events in Which Residents Must Communicate with the Supervising Faculty Member(s)

The TidalHealth Anesthesiology Residency Program has set the following guidelines for circumstances and events in which residents must communicate with the supervising faculty member(s) if they are not already present in the anesthetizing location. It is expected that the resident or CRNA will notify the attending anesthesiologist of any major changes in the patient's condition or case plan. The circumstances/events include:

1. Acute and/or persistent adverse change in hemodynamic status
2. Persistent decrease in oxygen saturation
3. Change in anesthetic type (e.g., conversion of a regional or MAC anesthetic to a general anesthetic)
4. Transfer of critically ill patients (e.g., transport both to and from the ICU)
5. Significant change(s) in the patient's condition
6. Prior to performing any invasive procedure requiring written consent
7. To discuss consultations rendered
8. If any error or unexpected serious adverse event is encountered
9. Issues regarding code status (including DNR) and end of life decisions
10. If the resident is uncomfortable with carrying out any aspect of patient care for any reason (for example, a complex patient)
11. If specifically requested to do so by the patient or patient's family

In addition to the general circumstances and events listed above, residents may at any time request direct faculty supervision if uncertainty exists or if felt to be required by the resident. Residents are encouraged to communicate with supervising faculty any time they feel the need to discuss any matter relating to patient care.

Circumstances and Events Where Physical Presence of a Supervising Physician is Required:

Physically present is defined by the ACGME as, the "teaching physician is located in the same room (or partitioned or curtained area, if the room is subdivided to accommodate multiple patients) as the patient and/or performs a face-to-face service." Residents will require physical presence of a supervising attending, utilizing the following guidelines, until they have demonstrated competence to carry out duties independently.

1. CBY/PGY-1 residents must initially be supervised directly under all circumstances. Residents and faculty members have responsibility for teaching and supervising residents on the anesthesia service. Residents will require the physical presence of a supervising physician during intraoperative care of the anesthetized patient but may be indirectly supervised during basic pre- and postoperative tasks, such as IV placement.
2. For any instance in which any resident is performing the following duties prior to the Program Director and/or Clinical Competency Committee (CCC) having awarded additional autonomy, a resident must have a supervising physician physically present during:
    a. The induction of anesthesia
    b. Emergence from anesthesia
    c. All critical/key portions of any procedure that are part of the anesthesia plan
    d. The diagnosis and/or treatment of any complication or emergency
3. Attending anesthesiologists are expected to provide graded authority and responsibility for a resident as outlined below:
    a. In general, it is the responsibility of the attending to supervise all intubations, extubations, arterial line placements, central line placements, and regional and

neuraxial anesthesia techniques performed by residents in anesthetizing locations.

b. As part of graduated resident responsibility, it is reasonable to allow a resident to extubate without direct supervision. This must be explicitly communicated between the resident and the anesthesia attending each time it will occur, and the attending must know when it is occurring so he/she can be immediately available to respond to problems.
c. Some procedures or situations may require particular vigilance and prolonged direct attending supervision to maximize patient safety, despite an advanced level of training. In these instances, the actual participation of the anesthesia attending while present in these situations may vary according to the skill and level of training of the resident. Examples of more complicated or "demanding" situations include but are not limited to:
    i. Induction of patients with:
        - Significant cardiac morbidity
        - Patients requiring a double-lumen endotracheal tube
        - Rigid bronchoscopy and other procedures without an established airway
        - Patients with a known or suspected difficult airway
    ii. Emergence and extubation of:
        - Morbidly obese patients
        - Patients with known difficult airways
        - Patients who have received a large volume of intra-operative IV fluids, which could lead to airway compromise
        - Patients with significant cardiac morbidity
        - Patients who have undergone a prolonged procedure or Trendelenburg position
    iii. Transportation of critically ill patients

The guiding principle of advancement of resident responsibility will be a progressive increase in the degree of autonomous decision making and management by progressively more experienced and senior residents. Residents in their first year of training will have a higher proportion of each case requiring physical presence by the supervising physician, whereas more senior residents will require less attending guidance and physical presence.

Patient Care Responsibilities Per PGY Level

As residents matriculate through the TidalHealth Anesthesiology Residency Program, progressive responsibilities will be added based on performance as evaluated by faculty, multisource evaluators, peer residents, and the Clinical Competency Committee. All residents will take the necessary actions to remain knowledgeable of the clinical status of the patients assigned to them and communicate any significant changes in clinical status with the attending physician as soon as possible.

1. Clinical Base Year (CBY)/PGY-1:
    a. Anesthesiology residents are required to participate in one year of basic clinical training (Clinical Base Year) prior to beginning their specific training in anesthesiology (Clinical Anesthesia Years). During the CBY, Anesthesiology residents are primarily responsible for the care of patients under the guidance and supervision of the attending and senior trainees. They should be the point of first contact when questions or concerns arise about the care of their patients.

However, when questions or concerns persist, supervising trainees and/or the attending should be contacted. The CBY includes rotations on both medical and surgical services. They may participate in procedures performed in the clinic, procedure suite or operating room under the supervision of a qualified member of the medical staff or senior trainee.

2. CA-1/PGY-2:
    a. Residents are expected to function in the role of a team member requiring direct supervision from faculty physicians and senior residents. CA-1/PGY-2 residents are expected to evaluate patients then develop and execute their management plan under close supervision from the faculty physician. Towards the end of the CA-1/PGY-2, residents may care for patients undergoing more complex surgery. Residents will be assigned to cases in the operating room appropriate to their level of experience.
3. CA-2/PGY-3:
    a. Residents participate in rotations caring for patients in the various subspecialty anesthesia areas. Towards the end of the subspecialty rotation a greater autonomy for
    patient care is expected, and residents should be the first point of contact for questions
    regarding patient care. Supervision by faculty physicians is required, and faculty are consulted for any questions that residents cannot immediately answer.
4. CA-3/PGY-4:
    a. As senior residents, CA-3/PGY-4s are expected to assume a leadership role, coordinating the actions of the team and interacting with nursing and other administrative staff. CA-3/PGY-4 residents care for the most complex patients in the operating rooms and lead all aspects of patient care. Along with the faculty physician, senior residents provide for the educational needs of junior residents and medical students. Senior residents are expected to progress towards autonomy in the development and execution of their management or treatment plans, although ultimate responsibility for patient care remains with the supervising faculty physician.

Supervisor Expectations/Responsibilities:

1. All faculty are responsible for and must be actively involved in the care of each patient, both inpatient and outpatient.
2. An identifiable on-call physician will be available immediately by pager or cell phone 24/7/365 and will be able to return to directly supervise the resident.
3. Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of the assigned resident and to delegate an appropriate level of authority and responsibility in patient care.
4. Faculty must establish and maintain an environment of inquiry that encourages questions and requests for support or supervision from the residents and encourages residents to call or inform the faculty of significant changes in a patient's condition.
5. Attending faculty will assess a senior resident's ability to supervise a more junior resident. The senior resident must have an adequate command of the clinical activity of the service and demonstrate sufficient teaching skills. The attending faculty must consider the patient's acuity, complexity and severity of illness when assigning a senior resident to supervise a more junior resident. Attending faculty must be available for face-to-face assistance as needed by senior or junior residents.

Reporting:

1. In addition to the usual lines of reporting concerns, Anesthesiology residents may report concerns about supervision to the institutional compliance hotline, which is available 24 hours a day. Reports may be made anonymously.
2. A process of periodic review of supervision assignments and the adequacy of supervision levels and regular institutional oversight is in place. It is through this process that the institution monitors training program compliance with the accreditation standards including those related to the supervision of Anesthesiology residents.

Leave of Absence and Paid Personal Time

Policy:

1. Per ACGME requirements TidalHealth will ensure Residents participating in Graduate Medical Education Programs at TidalHealth have adequate time away from work to rest without infringing on their abilities to complete program requirements.
2. The GMEC will annually review ACGME-accredited programs' implementation of and compliance with this institutional policy for vacation and leaves of absence, including medical, parental, and caregiver leaves of absence.
3. Each Residency Program has their individual certification boards that have leave restrictions. Each program will have their own paid leave policy that addresses and complies with their individual requirements for attendance and leave restriction during the residency program's duration.

Paid Time Off (PTO) Overview:

While Residency Programs may allot additional days at the Program Director's discretion, at a minimum all Residents will receive the following Paid Time Off (PTO) each academic year, beginning July 1st:

- Three (3) weeks (15 days) of Paid Personal Time (PPT)
- One (1) week (5 days) Maryland Sick and Safe Leave (SSL) (eligible to use SSL after 106 days of employment)
- Five (5) Scholarly Activity/CME days

Additional PTO per the Program Director's discretion or if qualified per policy, can include:

- Five (5) Extended Sick Time days (EST)
- Five (5) Fellowship/Job Interview days
- TidalHealth Designated Holidays

Additional types of leave defined include:

- Leave of Absence (LOA)
- Family Medical Leave Act (FMLA)
- Bereavement

Eligibility:

- All Residents employed by TidalHealth

Guidelines and Regulations:

1. Paid Personal Time (PPT):

TidalHealth has established a time-off program, Paid Personal Time (PPT), for eligible employees, which combines vacation, sick and safe leave (leave under the Maryland Healthy Working Families Act), short-term illness/injury, TidalHealth designated holidays and other absences.

1.1) Vacation/Personal PPT:

- Residents receive three (3) weeks (15 days) of Personal Paid Time (PPT) per contract year.
- Per the discretion of each residency Program, Residents may be required to take PPT days in one-week (five-day) increments to allow for consistent scheduling, meaning each Resident will have three (3) weeks during the academic year for Scheduled Personal Time (SPT.)
- One (1) week of consecutive PPT may not exceed more than forty (40) hours for payroll purposes in the TidalHealth WFM time management system. Total days off accounted for during one (1) week of consecutive time off in the Residency Management System (MedHub) may be allotted per the Program's guidelines.
- Residents must use PPT in minimum increments of one (1) full day. Residents are not permitted to use PPT as a partial day.
- Per the discretion of each residency Program, Residents may be required to submit their requested PPT time for vacation before the beginning of each academic year to allow the Program Director time to schedule appropriately.
- If a Resident has prior knowledge of the need to request an ACGME Medical, Parental, and Caregiver Leave of Absence (LOA) (per ACGME requirements), one (1) week of their designated PPT should be reserved for use for this purpose. If LOA is not needed, these days may be taken as needed with prior approval from their Program Director.
- Residents may elect to use up to five (5) of their PPT days as Unscheduled Personal Time (UPT) for well-being and/or illness, with the Program Director's approval and per the Program's guidelines.
- The Program Director must approve all time off from clinical duties prior to a Resident's absence. Although the Program Director will try to accommodate individual Resident requests, Residents are not guaranteed to receive their requested PPT.
- Each Program may restrict certain rotations or timeframe in which PPT may not be used. Each Program will specify these rotations/timeframes in their rotation schedules.
- PPT compensation is paid at the Resident's regular scheduled pay rate.

- Paid PPT leave must be used within the contract year that it is earned. Balances of unused paid leave do not carry forward into the next contract year. Unused PPT will not be paid at termination of employment or at any other time.

1.2) Maryland Sick and Safe Leave (SSL):

There are responsibilities that will arise in Residents' lives related to Resident and family member health and wellbeing.

- Residents will receive one (1) week (5 days/40 hours) of SSL in their bank each academic year.
- Residents are not eligible to use SSL until after 106 days of employment. This is a Maryland State regulation.
- SSL is a sub-bank of PPT and is not a separate accrual of time. SSL is PPT that is designated as SSL.
- Residents may request their balance of SSL hours along with their total amount of PPT from their Program Coordinator. Program Coordinators are able to obtain balance information from the designated TidalHealth time management system (WFM.)
- Residents may elect to use some or all their Sick and Safe Leave hours as Scheduled Personal Time (SPT) or Unscheduled Personal Time (UPT). If Residents elect to do so, they will not receive additional hours of SSL for qualified events provided for above. SSL would be used for pre-scheduled or unscheduled absences for the following reasons:
    - To care for or treat a Resident's mental or physical illness, injury, or condition.
    - To obtain preventive medical care for Resident or a Resident's family member.
    - To care for a family member with a mental or physical illness, injury, or condition.
    - For maternity/paternity leave.
    - Under the following circumstances: In domestic violence, sexual assault, and stalking situations against the Resident or the Resident's family member for the following treatment and/or services for medical or mental health attention, to receive services from a victim services organization, to attend to legal services or proceedings, or during the time the employee has temporarily relocated.
- Family member includes:
    - Child (biological, adopted, foster, stepchild, child for whom the employee has legal or physical custody or guardianship, and a child for whom the employee stands in loco parentis).
    - Spouse
    - Parent (biological, adopted, foster, and stepparent of the employee or the employee's spouse, legal guardian, and an individual who acted as a parent or stood in loco parentis to the employee or employee's spouse).
    - Grandparent (biological, adopted, foster or step-grandparent of the employee).

- Grandchild (biological, adopted, foster, or step-grandchild of the employee).
- Sibling (biological, adopted, foster, stepsibling of the employee).

➢ Resident may be required to provide proof of the family relationship.

1.3) Scholarly Activity Days:

- Residents may be allotted (five) 5 days off per academic year to attend conferences, presentations, or any other needed continuing education activities with the Program Director's approval and per the Program's guidelines.

1.4) Fellowship/Job Interview Days:

- Residents may be allotted up to (five) 5 days off when applicable to attend Fellowship interviews and/or job interviews with the Program Director's approval and per the Program's guidelines.

1.5) TidalHealth-Designated Holidays:

- Residents may be eligible to receive up to seven (7) TidalHealth-designated Holiday days, dependent on rotation scheduling, with the Program Director's approval and per the Program's guidelines.
- TidalHealth-designated Holiday days may not be replaced with other calendar Holidays.

2. Extended Sick Time (EST) Leave:

- Residents are allotted five (5) extended sick time days per contract year, to be used due to a disabling illness or injury.
- Paid extended sick leave time may not be used for routine or normal doctor's office visits or dental appointments.
- Unused sick time must be used within the contract year that it is earned. Balances of unused EST do not carry forward into the next contract year.
- Residents who cannot report to work because of a disabling illness or injury must notify their Program Director directly at least 2 hours prior to the start of each scheduled shift on each day that they are absent unless the Program Director instructs otherwise.
  - ➢ Failure to properly report an absence will result in designating the absence as unauthorized and will result in corrective action.
- For absences of more than two (2) consecutive scheduled shifts, TidalHealth reserves the right to request a physician's note confirming treatment and/or have a Resident examined by a TidalHealth designated health care provider before returning to work.
- As with absences due to Resident illness, TidalHealth reserves the right to require a doctor's note confirming treatment when Resident miss work time due to a family member's illness or injury.
- EST may be used under the following circumstances

- Beginning after 24 consecutive scheduled work hours or a maximum of three (3) shifts of an illness/injury or on the first scheduled workday of absence in which the Resident is confined as an in-patient in a hospital or has been admitted to a Same Day or Ambulatory Surgery Unit and on absent days immediately following if the absence is for the purpose of recuperation. This includes both non-elective and elective procedures. Procedures performed in a physician's, dentist's or oral surgeon's office that do not require IV sedation or general anesthesia do not qualify for sick time.
- On the first calendar day of absence due to a work-related illness/injury where the cause is not questionable and further investigation is not required. In situations where further investigation is required, eligibility will be determined by Employee Health and adjustments made to sick time where appropriate. Unscheduled Personal Time (UPT) will be used until the determination is made.
- On any regularly scheduled workday on which the Resident is not permitted or unable to work because of irrefutable evidence at work of exposure to a defined infectious disease as defined in People Department Policy 707 "Health Care Worker Exposure to Infectious Disease".
- Should a Resident be incapacitated, prior to or following an outpatient procedure and/or medical test which requires more preparation than "nothing by mouth," such period of incapacity may be considered as sick time.

- Before the Program Director can authorize extended sick time leave payment on the timesheet, the Resident must submit proper documentation:
  - A physician's certificate confirming treatment was rendered and documenting the reason for absence and the anticipated length of incapacitation to Employee Health and the Program Director.
  - If a hospital admission or surgical procedure is performed, the name of the facility must be included.
  - If applicable, the Resident must complete the Resident Occurrence Report for Workers' Compensation disability benefits as soon as possible.
- A doctor's certificate verifying medical treatment (seen and treated in the doctor's office by a healthcare provider) must be provided in all cases of illness of greater than 24 consecutive scheduled work hours or a maximum of three (3) shifts or at the request of the Program Director.
  - The doctor's certificate must be submitted to Employee Health and the Program Director/Program Coordinator before the close of the pay period in which the Resident returns to work or Paid Personal Time already paid will be deducted from the next paycheck.
  - In accordance with applicable law, TidalHealth retains the right to request a physician's note or to have the Resident seen by Employee Health at any time as determined by the type and length of the illness consistent with business need and job necessity.
- All EST time shall be used prior to Short Term Disability benefits beginning.
- Resident on medical leave for maternity reasons (see Leave of Absence) may only use paid sick time hours for their period of physical incapacitation (typically 6 weeks). Further use of paid sick time must be supported by medical certification of continuing

incapacitation. UPT must be used for any period of parenting leave following the end of physical incapacity due to maternity. Payment of sick time will end when the Resident disability ends. UPT will be used for all time off after the Resident incapacitation.

- Resident anticipating elective medical or surgical procedures which will require time off from work must give thirty (30) days advance notice to the Program Director before setting a date for said procedure or services. At the Program Director's discretion, a doctor's note confirming the elective or non-elective status of the procedure may be required.

3. Leaves of Absence (LOA):

3.1) ACGME Medical, Parental, And Caregiver Leave of Absence

TidalHealth will provide Residents a minimum of six weeks of approved medical, parental, and caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws, at least once and at any time during an ACGME-accredited program, starting the day the Resident is required to report.

- TidalHealth, in accordance with ACGME requirements, will allot the following benefits during the six-week approved leave:
  - The ACGME Medical, Parental and Caregiver Leave of Absence (minimum of six (6) weeks) is permitted to be granted to each resident one (1) time during the duration of their residency training with each ACGME-accredited program, for qualifying reasons that are consistent with applicable laws.
  - The equivalent of 100 percent of the Resident's salary for the first six (6) weeks of the first approved medical, parental, or caregiver leave(s) of absence taken. Note: Any subsequent approved leaves will be subject to the People Department rules regarding pay during leaves of absence.
  - A minimum of one (1) week of paid time off reserved for use outside of the first six (6) weeks of the first approved medical, parental, or caregiver leave(s) of absence taken. Note: In the event all fifteen (15) PPT days have been taken prior to the leave, there will be an additional five (5) days reserved to take as needed for a qualifying LOA.
  - The continuation of health and disability insurance benefits for Residents and their eligible dependents during any approved medical, parental, or caregiver leave(s) of absence.
- A Resident will need to submit a written request for a leave of absence to the Program Director. The request should include the reasons for the leave, the anticipated duration of the leave, and the anticipated start date of the leave.
- If leave is foreseeable (including intermittent or reduced schedule leaves), Resident are to provide TidalHealth with 30 days prior notice of their leave. If 30 days prior notice is not possible because of unforeseen circumstances, then notice of the leave must be given as soon as possible (usually within 1-2 business days after the leave begins).
- Residents who request leave because of a family member's or their own serious health condition must provide a medical certification from a health care provider to Employee Health and the Program Director/Program Coordinator.

- Once the request is received and approved by the Program Director, the Program Director will notify the People Department to ensure all ACGME requirements of pay and benefits are met during the Resident's leave.
- The Resident will be notified of approval within 2 business days of receipt by the Program Director.
- Prior to reinstatement from leave, a Resident must submit a medical certification that he/she is fit for duty and able to perform the essential functions of the job. Resident will not be reinstated until this certification is received by Employee Health and the Program Director/Program Coordinator.
- In addition to the medical certification confirming return to work eligibility, Residents returning from medical leave must also be cleared for return to work through Employee Health Services prior to reinstatement. It is the Resident's responsibility to provide appropriate medical certification at that time.

3.2) Family and Medical Leave (FML):

3.2.a) Family and Medical Leave Act of 1993 (FMLA): A leave of absence may be granted once a Resident has been with TidalHealth for a total of 12 weeks for time lost due to FMLA qualifying events (serious personal health condition, birth/adoption of a child which must be taken within the within 12 months of the birth/adoption, and care of an immediate family member with a serious health condition). Consistent with federal regulations, TidalHealth provides up to twelve (12) weeks unpaid, protected leave for qualifying individuals.

- Residents who have completed twelve (12) months of employment with TidalHealth, and also have worked a minimum of 1,250 hours during the 12-month period immediately preceding the leave, are entitled to a leave of absence under the Federal Family and Medical Leave Act (FMLA) if taken for a qualifying reason. Eligible Resident will be granted leaves of absence for up to 12 weeks within a "rolling" 12-month period counted backwards from the date leave begins for any of the following reasons:
  - The birth or care of a newborn child, the placement of a child with the Resident for adoption or foster care, or the care of a child with a serious health condition; or
  - When certified by a health care provider to care for a family member (the Resident's spouse, child (under 18 years old) or parent, but not a parent-in-law) with a serious health condition; or
  - For a serious health condition that makes the Resident unable to perform the essential functions of his/her position; or
  - For any "qualifying exigency" arising out of the active duty or call to active-duty status of a spouse, son, daughter, or parent; or
  - To care for a covered service member with a serious injury or illness (Up to 26 weeks).

- For the purpose of this policy, a "serious health condition" means an illness, injury, impairment, or physical/mental condition that involves inpatient care in a hospital, hospice or residential medical care facility, or continuing treatment by a health care provider as defined by FMLA. Generally, (unless complications arise) the common cold, flu, earaches, upset stomach, ulcers, headaches and routine

dental or orthodontia problems are examples of conditions that DO NOT constitute a serious health condition and do not qualify for FMLA.

- Where a family or medical leave is foreseeable (including intermittent or reduced schedule leaves), Resident is to provide TidalHealth and the Program Director/Program Coordinator with 30 days prior notice of their leave. If a Resident fails to give timely advance notice when the need for leave is foreseeable, TidalHealth may deny the leave until 30 days after notice is given. If 30 days prior notice is not possible because of unforeseen circumstances, then notice of the leave must be given as soon as possible (usually within 1-2 business days after the leave begins). The notice should include the reasons for the leave, the anticipated duration of the leave and the anticipated start date of the leave.
- Resident will have the same call-in notice obligation to their Program Director as required for all other unscheduled absences. It is the Resident's responsibility to know his/her call-in notice obligation in their program. As with all other types of unscheduled absences, failure to comply with the program's call-in notice obligation will result in corrective action.
- People Department will notify the Resident that the absence qualifies as leave under the FMLA. If TidalHealth does not have the information from the Resident needed to designate the leave as FML prior to or at the time leave commences, it may retroactively designate the leave as FML qualifying upon obtaining the information.
- Eligible Resident may take leave under the FMLA for any combination of these reasons, but the total of all combined leaves may not exceed 12 weeks within the "rolling" back 12-month period. Spouses who are both employed by TidalHealth are limited to a combined total of 12 weeks of leave under the FMLA within the "rolling" back 12-month period for the purpose of parenting following the birth or placement of a child, or the care of a parent with a serious health condition.
- "Rolling back" is defined as a12-month period measured backwards from the date a Resident uses any FMLA leave.
- A parental leave must be taken on a continuous basis and may not be taken on an intermittent or reduced work schedule basis. A parental leave must be completed within 12 months after the birth, adoption, or placement of the child. A Resident may take leave for a serious health condition of a family member or the Resident on a continuous or intermittent basis (e.g., a period of working followed by a period of absence) or through a reduced work schedule (such as cutting back on work hours). Leave for a serious health condition is permitted only for the period of actual medically required absence.
- Absence for job-related injuries or illnesses under Workers' Compensation will be considered leave under FMLA provided that the injury or illness is a serious health condition. Resident on leave under FMLA for a job-related illness or injury who are receiving Workers' Compensation lost wage benefits may use accumulated Extended Sick Time (if any) to make up the difference between their workers' compensation benefits and their normal pay.
- The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we ask that you not

provide any genetic information when responding to FMLA requests for medical information. Genetic information, as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

- Initial Certifications
  - Residents who request or are placed on leave because of a family member's or their own serious health condition must provide a medical certification from a health care provider on the form provided by TidalHealth.
  - Residents may obtain a Medical Certification Form from the People Department or the Residency Program Coordinator for the health care provider to complete.
  - When the need for the leave is foreseeable and a 30-day notice to the Resident's Program Director has been provided, the Resident must have the attending physician complete the medical certification before the leave begins.
  - If the Resident fails to return the completed medical certification in a timely manner, the Program Director may deny foreseeable leave until the medical certification is submitted.
  - When the need for the leave is unforeseen, the medical certification must be completed and returned to the Resident's Program Director within 15 calendar days.
  - If TidalHealth has reason to doubt the validity of the medical certification, it may require (at TidalHealth's expense) that the Resident obtain a second opinion from a health care provider designated by TidalHealth. If there is conflict between the first and second opinions, TidalHealth may also require (at its expense) a third opinion by a health care provider designated jointly by TidalHealth and the Resident. The opinion rendered by the third health care provider is final.
- Recertification
  - At the discretion of the Program Director, a Resident may be required to provide recertification at the Resident's expense every 30 days.
  - FML taken on an intermittent basis (a day or less at a time) for chronic serious health conditions for which continuing treatment is received must be recertified at intervals not to exceed six months.
  - It is the Resident's responsibility to recertify.
  - The Program Director may also require recertification when (i) the Resident requests an extension of leave; (ii) the circumstances set forth in the original medical certification change significantly; or (iii) if the Program Director receives information that casts doubt on the continuing validity of the medical certification.

- Resident on leave will be required to periodically contact their Program Director (every 2 weeks) regarding their intent to return to work upon completion of their leave.

- Return to Work Certification
  - Prior to reinstatement from leave, a Resident must submit a medical certification that he/she is fit for duty and able to perform the essential functions of the job.
  - Resident will not be reinstated until this certification is received by Employee Health.
  - In addition to the medical certification confirming return to work eligibility, Residents returning from medical leave must also be cleared for return to work through Employee Health Services prior to reinstatement.
  - It is the Resident's responsibility to provide appropriate medical certification at that time.
- Reinstatement from Leave
  - Residents taking leave on a continuous basis must contact their Program Director at least two weeks prior to their anticipated return to work date to allow time to be scheduled for duty.
  - Residents must provide their Program Director with a return-to-work certification from their doctor stating their medical condition and ability to perform their duties.
  - If Resident fails to contact their Program Director within two days after being released by their doctor to return to work, they will be subject to termination.
  - Residents who are released to return to work but do not return to work after 12 weeks leave under the FMLA will be terminated from their program and employment.
- Benefits During Leave: Resident will be required to exhaust first any PPT/EST as appropriate. Such paid time runs concurrently with the Resident's FML. Once all earned paid time off is exhausted, any remaining FML will be unpaid.
  - Health, prescription, dental insurance coverage and all other voluntary benefits will remain in effect during leave if the Resident timely pays his/her portion of the premium. The premiums will be deducted from paid benefit time used during the leave. If paid benefit time is not available during the leave, Resident must arrange with the People Department for payment of their portion of the premium cost to continue coverage. Residents who fail to pay their premium(s) within 30 days of a payment date will be dropped from coverage during the remainder of their FML and will need to re-enroll upon returning to work.

3.2.b) TidalHealth Non-FMLA Medical Leave of Absence:

- Residents who exhaust their FML and/or ACGME Medical, Parental, And Caregiver Leave of Absence and need additional time off from work for treatment of their own serious health condition may qualify for non-FMLA.
  - Residents who have exhausted or do not qualify for FML, and also have exhausted their ACGME Medical, Parental, And Caregiver Leave of Absence,

may apply for or be placed on a medical leave of absence for treatment of an on-the-job or off-the-job injury or serious health condition. Resident will be eligible for non-FML leave after completing the 4-month introductory period, except for leave for on-the-job injuries, which can begin immediately.

- Non-FMLA must be taken on a continuous basis and may not be taken in intermittent periods or on a reduced work schedule.
- PPT (UPT) and other paid benefits must be used during the leave under the policies of the facility until such paid benefits are exhausted. The remainder of the leave will be unpaid. The use of PPT (UPT) or other paid benefits will not extend the duration of a medical leave. A Resident may not receive more than 100% of regular wages during a medical leave from any combination of employment benefits (e.g., Short Term Disability and Workers' Compensation). Unemployment benefits are not available during medical leaves of absence.

- Medical Certifications:
  - Resident must provide an initial medical certification from their health care provider under the same procedures as required for FMLA.
  - TidalHealth may request second and third opinions (at its expense) following receipt of the initial medical certification.
  - Resident must provide recertification during their medical leave under the circumstances required for FMLA.
  - Prior to reinstatement from medical leave, Resident must provide Employee Health Services and the Program Director/Coordinator with a certification from their doctor that they are fit for duty and able to perform essential job functions (with or without reasonable accommodation).
- Reinstatement from Leave:
  - Resident will not be reinstated until medical certification is received by Employee Health indicating fitness for duty.
  - Resident returning from medical leave must also be cleared for return to work through Employee Health Services prior to reinstatement. It is the Resident's responsibility to provide appropriate medical certification at that time.

3.2.c) Extended leaves of absence may impact a Resident eligibility to participate in examinations required by the relevant certifying board(s) and may result in unsatisfactory completion of the criteria for the program.

- TidalHealth Residency programs cannot authorize or endorse waivers of any requirements or certification or program completion for reasons of medical, parental, caregiver, or bereavement leave.

- Residents are responsible for understanding their requirements for Program completion, specifically as it relates to time away from their Program.
- Any Resident who is concerned about the impact of extended leave of absence or time away from the program on their successful and timely completion of Residency, should discuss the implications with their Program Director immediately.

4. **Bereavement:**

   Gives full and part-time employees an opportunity to attend to matters relating to the death of a family member without loss of pay or use of benefit time.

   - If a death occurs in the immediate family of an employee (i.e., parents, parents- in-law, stepparents, legal guardian, spouse, sibling, or child), the employee will be granted three (3) days of paid bereavement leave to be taken within seven (7) days of the date of the death.
   - In the case of the death of other family members (i.e., grandparents, grandparents-in-law, brother- or sister-in-law, son- or daughter-in-law, or grandchildren), the employee will be granted one (1) day of paid bereavement leave to be taken within seven (7) days of the date of the death.
   - Resident must notify Program Director/Coordinator within two (2) days of the family member's death of the intent to use Bereavement leave.
   - Resident or Program Coordinator must also notify any relevant duty scheduler of the anticipated absence 24 hours before taking Bereavement leave. The Program Coordinator should be copied on all communications with the scheduler.
   - Failure of Resident to render such notifications in a timely manner, as described above, may result in leave time being classified as PPT rather than Bereavement.
   - Paid bereavement leave will be based on the employee's primary shift rate.

References:

- Maryland Department of Labor; Maryland Sick and Safe Leave Employee Notice; https://www.dllr.state.md.us/paidleave/paidleaveposter.shtml
- U.S. Department of Labor; Family and Medical Leave Act of 1993 (FMLA); https://www.dol.gov/general/topic/benefits-leave/fmla

Well-Being Policy

Purpose/Intent:
The TidalHealth Anesthesiology Residency Program will ensure the well-being of our residents and faculty while adhering to the TidalHealth institutional policy as well as Institutional, Common, and Program Specific Accreditation Council for Graduate Medical Education (ACGME) requirements.

Background:
The TidalHealth Anesthesiology Residency Program recognizes that in the current health care environment, residents and faculty members are at increased risk for burnout and depression. Psychological, emotional, and physical well-being are critical in the development of a competent, caring, and resilient physician and require proactive attention to life inside and outside of medicine. Well-being requires that physicians retain the joy in medicine while managing their own real-life stresses. Self-care and the responsibility to support other members of the health care team are important components of professionalism; they are also skills that must be modeled, learned, and nurtured in the context of other aspects of residency training.

Residents and faculty members are at risk for burnout and depression. The Anesthesiology Residency Program, in partnership with TidalHealth, recognizes the same responsibility to address well-being as other aspects of resident competence. Physicians and all members of the health care team share responsibility for the well-being of each other. For example, a culture which encourages covering for colleagues after an illness without the expectation of reciprocity reflects the ideal of professionalism. A positive culture in a clinical learning environment models constructive behavior and prepares residents with the skills and attitudes needed to thrive throughout their careers.

Policy:

1. The responsibilities of the TidalHealth Anesthesiology Residency Program related to the resident and faculty well-being include the following:

    a. Efforts to enhance the meaning that each resident finds in the experience of being a physician, including protecting time with patients, minimizing non-physician obligations, providing administrative support, promoting progressive autonomy and flexibility, and enhancing professional relationships.

    b. Attention to scheduling, work intensity, and work compression that impacts resident well-being.

    c. Evaluating workplace safety data and addressing the safety of residents and faculty members.

    d. Implementation of policies and programs that encourage optimal resident and faculty member well-being.

        i. Residents must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours.

2. The TidalHealth Anesthesiology Residency Program is responsible for attention to resident and faculty member burnout, depression, and substance abuse. The Anesthesiology Residency Program must ensure that all faculty members and residents are educated in identification of the symptoms of burnout, depression, and substance abuse, including means to assist those who experience these conditions. Residents and faculty members must also be educated to recognize those symptoms in themselves and how to seek appropriate care. The program must:

    a. Encourage residents and faculty members to alert the Program Director or other designated personnel or programs when they are concerned that themselves or another resident, resident, or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence.

    b. Provide access to appropriate tools for self-screening.

c. Provide access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week.

3. There are circumstances in which residents may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and parental leave. Each program must allow an appropriate length of absence for residents unable to perform their patient care responsibilities.

    a. The Anesthesiology Residency Program must have policies and procedures in place to ensure coverage of patient care.

    b. These policies must be implemented without fear of negative consequences for the resident who is or was unable to provide the clinical work.

4. Fatigue Mitigation
    a. The Anesthesiology Residency Program will be responsible for educating all faculty members and residents to recognize the signs of fatigue and sleep deprivation.

    b. The program will also educate all faculty members and residents in alertness management and fatigue mitigation processes annually.

    c. The program will encourage residents to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning.

    d. The Anesthesiology Residency Program, in partnership with TidalHealth, will ensure adequate sleep facilities and safe transportation options for residents who may be too fatigued to safely return home.

Works Hours and Learning Environment Protocol

Purpose/Intent:
This protocol is to ensure the residents and faculty and written guidelines for common circumstances that require faculty involvement in compliance with the Accreditation Council for Graduate Medical Education (ACGME).

Definitions:

1. Levels of Supervision:
    a. Direct Supervision – the supervising physician is physically present with the resident during key portions of the patient interaction.
        - PGY-1 residents must initially be supervised directly

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

c. Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

Policy:

1. Circumstances and events where Residents must communicate with supervising physician:
    a. Anesthesiology Residents at every program level must report any significant change in a patient's condition immediately to the appropriate supervising physician. Significant changes in the patient's condition include:
        - Development of respiratory compromise
        - Cardiac arrest or significant changes in hemodynamic status
        - Development of significant neurological changes
        - Development of major intra-procedural complications
        - Medication errors requiring clinical intervention
        - Any unexpected/serious adverse events
        - Any significant clinical problem that will require an invasive procedure or operation
        - When requested by the patient and/or family member
        - When a resident is uncomfortable with performing a specific patient care task (e.g., too complex/difficult)

2. The supervising physician will be involved in the care of all complex patients, ICU transfers, DNR patients and all patients with the significant changes listed above.

3. The supervising physicians will be ultimately responsible for patient care being provided by the Anesthesiology Residents. In addition, the supervising attending physicians will be responsible for the following:
    a. Active involvement in the care of each patient
    b. Must be immediately available to the Anesthesiology Resident in person by telephone 24 hours a day during assigned clinical work
    c. Delegate portions of care to residents, based on the needs of the patient and the skills of the residents
    d. Provision of co-signatures of patient medical records as required by hospital policy
    e. Adherence to all related Centers for Medicare and Medicaid Services (CMS) guidelines

4. The Program Director of the Anesthesiology Residency Program must ensure the following:
    a. Residents are always provided the appropriate level of supervision by program faculty
    b. Attending physician schedules are structured to provide residents with continuous appropriate supervision and consultation
    c. Residents understand which supervision physician is on call and how to reach this individual
    d. Attending physician assignments are of sufficient duration to assess the knowledge and skills of each resident and delegate to him/her the appropriate level of patient care authority and responsibility

e. He or she consistently provides the required residents evaluations based on each resident's ability based on specific criteria

5. In the event of a serious concern related to faculty involvement with patient care, supervision of residents, or any other aspect of the training the with the Program Director must be notified.

Morbidity and Mortality

Morbidity and Mortality (M&M) conference guidelines for TidalHealth Anesthesiology Residency Program

COMMON PROGRAM REQUIREMENTS:
The **Patient Safety Events** section of the common program requirements includes:
VI.A.1.a). (3) Patient Safety Events
Reporting, investigation, and follow-up of adverse events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities.

- VI.A.1.a). (3). (a) Residents, fellows, faculty members, and other clinical staff members must:
  - VI.A.1.a). (3). (a). (i) know their responsibilities in reporting patient safety events at the clinical site; (Core)
  - VI.A.1.a). (3). (a). (ii) know how to report patient safety events, including near misses, at the clinical site; and (Core)
  - VI.A.1.a). (3). (a). (iii) be provided with summary information of their institution's patient safety reports. (Core)
  - VI.A.1.a). (3).(b) Residents must participate as team members in real and/or simulated interprofessional clinical patient safety activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions. (Core)

ANESTHESIOLOGY PROGRAM REQUIREMENTS
IV.A.4.a) Residents must be provided with protected time to participate in core didactic activities. (Core)
Background and Intent: It is intended that residents will participate in structured didactic activities. It is recognized that there may be circumstances in which this is not possible. Programs should define core didactic activities for which time is protected and the circumstances in which residents may be excused from these didactic activities. Didactic activities may include, but are not limited to, lectures, conferences, courses, labs, asynchronous learning, simulations, drills, case discussions, grand rounds, didactic teaching, and education in critical appraisal of medical evidence.
IV.D.3. Resident Scholarly Activity
IV.D.3.a) Residents must participate in scholarship. (Core)

IV.D.3.a). (1) A program's graduates must demonstrate dissemination of scholarship within or external to the program by any of the following methods: (Core)

IV.D.3.a). (1). (a) presenting in grand rounds, poster sessions, leading conference presentations (journal club, morbidity and mortality, case conferences); workshops; quality improvement presentations; podium presentations; grant leadership; non-peer-reviewed print/electronic resources; articles or publications; book chapters; textbooks; webinars; service on professional committees; or serving as a journal reviewer, journal editorial board member, or editor. (Core)

VI.A.1.a). (3) Patient Safety Events

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

VI.A.1.a). (3). (b) Residents must participate as team members in real and/or simulated interprofessional clinical patient safety activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions. (Core)

Morbidity and Mortality Conference at TidalHealth Anesthesiology Residency Program

Background:

Medical errors account for 44,000 to 98,000 deaths annually with an associated cost of 17 to 29 billion dollars. Increased reporting and the study of errors, and openness to discussion of errors, and a realization that errors result from system flaws, and not character flaws is an important step to reduce medical errors. The M&M conference provides the opportunity that emphasizes an open and nonpunitive forum for discussion, and systematic evaluation of errors and the processes of care, and interdisciplinary approach to problem solving.

Goals and objectives:

The M&M conference aims to acknowledge the importance of confronting errors and model and approach of how to accomplish this in a systematic manner.

1. Attendance and active participation from multiple disciplines is encouraged. The conference provides a forum for dialogue about improving patient care among diverse disciplines.
2. The focus of the conference is educational, not punitive, with an emphasis on developing protocols come on revising institutional procedures, reformatting systems of practice, and reevaluating patterns of decision making.
3. For each conference, this systematic effort should be undertaken to define what was the cause(s) of the error, what was learned about the practice environment from dissecting the case, and what plans will be implemented to prevent the recurrence of similar errors.

Guiding principles:

1. Errors are inevitable but they provide an opportunity to improve the existing systems of care and our skills as physicians. Errors are usually the result of a flawed system and do not necessarily occur at a predictable rate.
2. An open discussion of errors without intent to seek retribution or blame enhances the likelihood of future error reporting, and thus the promotion of patient safety.

3. Cases discussed in the conference are confidential in nature and should not be discussed in public forums. The discussion content will be peer reviewed and is acknowledged to be non-discoverable.
4. The conference provides an opportunity for all to problem solve together. It is the common good of the institution and the patients we serve.
5. The purpose of the conference is to share what we learn from an experience and to help others in the future. It is to educate many based on the experience of a few.

Format of the conference:

1. The morbidity and mortality conference will be held monthly unless superseded b other conferences. One selected case will be presented and discussed in each conference.
2. The case will be presented by an Anesthesiology resident and moderated by the Program Director.
3. Each case will be reviewed by the moderator and experts from the faculty will be invited to attend the conference and provide insightful comments.
4. The discussion and evaluation of each case will be structured and approached in a predictable and reproducible format under the guidance of the moderator and a core faculty member.
5. The treating physician involved in the case will be invited during the presentation.

Role of the moderator:

1. The chief quality/physician advisor will serve as the moderator of the monthly morbidity and mortality case conference.
2. The moderator will assume responsibility for evaluating errors thoughtfully and effectively and for creating a safe atmosphere that encourages reflection, introspection, and collaboration among colleagues.
3. The moderator should foster an interdisciplinary discussion that draws insights from clinical experience as well as from medical literature.

Selection of a case:

1. Cases for M&M conferences are selected because of unexpected morbidity and/or mortality, medical errors, and reasons related to teaching value or availability of pathology.
2. Cases should be recent so that it represents contemporary issues and challenges in management.
3. Cases should not be presented to demonstrate gross mismanagement or incompetence, which should be addressed in alternative private forums.

Case discussion:

1. The organization of the conference should be the same for each session to create a degree of predictability for the agenda.
2. The discussion will be organized to incorporate the ACGME core competencies. This approach provides an opportunity to document that the resident presenter gained competence in learning about system of care in which he/she participates. For each of the six core competencies, the presenter is asked to judge whether the care was safe, timely, effective, efficient, equitable or patient-centered.

3. The conference will use a healthcare metrics to generate considerable discussion and insight. Completing this matrix will promote reflection and discussion about the processes of care within the framework of the ACGME core t.
4. At the end of the conference, the moderator should summarize the conclusions and define plans for change in practice or behavior. System change should be proposed and then progress on those changes should be updated in future meetings.

Evaluation of the conference:

1. An evaluation of the conference will be requested from all attendees. Feedback should be provided to the conference organizers regarding the logistics of the conference.
2. Evaluator will have the opportunity to comment on the learning objectives, and whether their practice patterns and patient care strategies will be altered because of what was learned at the conference.
3. A matrix and presenter form will be used and will be incorporated into the resident's learning portfolio.
4. If the conference identifies any deficiencies in the educational curriculum for the residents, the program will subsequently incorporate a module on that specific area in future curricula.

Outline of M&M conference

Agenda item	**Time**	**Participant**
Opening: Reminder of system-based approach and confidentiality	2 min	Moderator
Case presentation	15 min	Resident
Brief literature review relevant to the case	8 min	Resident
Identification of key issues leading to undesired outcome	20 min	All participants
Reminder of confidentiality	2 min	Moderator
Evaluation of conference	5 min	All participants

M&M Conference Presenter form

Please complete and submit to Program Coordinator

Name of the resident/PG year:
Presentation date:
Did you attach the complete matrix: Yes/No
Did you attach a printed copy of your PPT: Yes/No
Were adverse event or suboptimal processes of care identified?
In your opinion, this incident was preventable/not preventable?
Please choose the most appropriate description of the effects of these events (Circle that applies): • No adverse or suboptimal events identified • A knowns potential adverse effect following an appropriate therapy • Minor event, outcome was not affected by the incident • Life threatening but reversible, requiring active intervention • Life threatening, resulting in permanent residual disability • Directly resulted in death
What do you suggest should be done to prevent similar incident in the future?
Are there any significant ethical issues in this case?
What will you do differently in your practice because of studying this case?