

KAISER PERMANENTE SOUTHERN CALIFORNIA



GME RESIDENT POLICY & PROCEDURE MANUAL 2023-2024

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**Kaiser Permanente Southern California
GME Resident
Policy and Procedure Manual**

Kaiser Permanente Mission:

Kaiser Permanente exists to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve

Kaiser Permanente Vision:

We are trusted partners in total health, collaborating with people to help them thrive, and creating communities that are among the healthiest in the nation.

Kaiser Permanente Southern California GME Mission:

To provide world-class education, built on the principles of Permanente Medicine, to prepare new physicians to care, to learn, to lead, and to improve the health of their patients and the communities they will serve.

RESIDENT/FELLOW ELIGIBILITY AND SELECTION

Resident Selection

STATEMENT

The recruitment and selection of new residents is a multi-layered process that takes place at both the Regional Recruitment Department as well as at the residency program's medical center. *See also Resident Recruitment and Eligibility.*

DEFINITIONS

- **NRMP:** The National Residency Matching Program is an independent non-profit organization that provides an impartial venue for matching applicants' and programs' preferences for each other. It provides uniform appointment of applicants to positions in graduate medical education.
- **USMLE:** The United States Medical Licensing Exam. Steps I and II are taken in medical school; Step III is taken during the PGY-1 or -2 year. All three steps must be passed for the resident to be eligible for medical licensure in the state of California.

POLICY

- KPSC ensures that its ACGME-accredited programs select from eligible applicants based on residency program-related criteria such as preparedness, ability, academic credentials, aptitude, communication skills, and personal qualities (i.e., motivation and integrity). Programs do not discriminate with regard to sex, race, age, religion, color, national origin, disability or veteran status, or any other legally protected status.
- KPSC accepts residency applicants who meet qualifications outlined in the ACGME Institutional Requirements and participate in the NRMP, where such is available.
- All KPSC residencies eligible for the Match will follow the NRMP guidelines.
- Residency programs accepting a resident at the second postgraduate year or higher must obtain a letter from the resident's previous program director outlining his/her prior performance based on the six core competencies.
- Appointment to the residency program is initiated by the Program Director.
- The effectiveness of the resident selection process is periodically evaluated based on retention and board pass rates.

The Regional Residency Recruitment Department or the residency program director (or designee) reviews the documents verifying eligibility for appointment to create an applicant pool from which the KPSC programs select to fill openings

- The initial screening documentation include:
 - Satisfactory Dean's Evaluation.
 - USMLE Part I and Part II scores.
 - Passing grades in medical school; Recommendation from medical school faculty.
 - Assessment of KPSC residency program compatibility from personal statement (suitable applicants are scheduled for interview with program director, faculty, and current residents).

RESIDENT/FELLOW ELIGIBILITY AND SELECTION
Resident Selection

- All applicants are assessed post-interview and given a rating score, which will assist the Program Director in assembling the NRMP rank list.

Each program applies its own unique selection process to the pool of screened applicants, based on the criteria outlined in the ACGME Institutional Requirements and the organization's priorities.

RESIDENT/FELLOW ELIGIBILITY AND SELECTION

Resident Recruitment and Eligibility

STATEMENT

The KPSC GME Program seeks to recruit qualified resident applicants.

DEFINITIONS

LCME: The Liaison Committee on Medical Education, responsible for the accreditation of all medical schools in the United States.

POLICY

- The SCPMG Residency Recruitment Department is responsible for the development, planning, and implementation of recruitment activities based on input from program directors, the IGMEC, and organizational leadership. This responsibility includes creation of marketing plans, the identification of targeted, appropriate medical student activities for promotion of residency program, and the provision of support for all ERAS activities.
- Program directors develop criteria by which designated staff initially screens all applicants.
- Program directors and faculty maintain ultimate oversight of candidates selected for interview.
- Recruitment staff support candidate interview scheduling, in collaboration with local department staff members. Conduct of interview-day activities is managed by either regional recruitment or local staff.
- Applicants with one of the following qualifications are eligible for appointment to a KPSC independent residency program:
 - Graduates of medical schools in the United States and Canada accredited by the LCME.
 - Graduates of colleges of osteopathic medicine accredited by the American Osteopathic Association (AOA).
 - Graduates of medical schools outside the United States who meet one of the following qualifications:
 - Have received a currently valid certificate from the Educational Commission on Foreign Medical Students prior to appointment, and
- IMGs (International Medical Graduates) must submit an ECFMG (Educational Commission for Foreign Medical Graduates) status report at the time of application.

RESIDENT/FELLOW ELIGIBILITY AND SELECTION
Resident Appointment and Promotion

POLICY

- KPSC provides each resident with a written agreement of appointment/contract outlining the terms and conditions of their appointment to a program.
- The resident is appointed for a duration of one year.
- Resident promotion to the next postgraduate level shall be based on program director recommendation and contingent upon many factors including the resident's successful completion of the current postgraduate year of training.
- Reappointment to a subsequent postgraduate level shall be for a one-year term.

RESIDENT/FELLOW ELIGIBILITY AND SELECTION
Non-Renewal of Agreement of Appointment

POLICY

- In instances when a resident's appointment is not going to be renewed, the program director will provide the resident with a written notice of intent not to renew no later than four months prior to the end of the current agreement.
- If the decision for the non-renewal occurs within the final four-month period, the program will provide the resident with written intent not to renew with as much notice as the circumstances will reasonably allow.
- Residents may implement the grievance procedure if they have received a written notice of intent not to renew their appointments.

RESIDENT/FELLOW BENEFITS AND REIMBURSEMENT
Resident Salary and Benefits Overview

STATEMENT

Kaiser Permanente Southern California (KPSC) residents and fellows within Kaiser Permanente-sponsored, ACGME-accredited programs are eligible for the following:

Coats

Provided at no expense.

Counseling and Support Services

Residents and fellows will have access to the same confidential counseling and employee assistance program that it provides for the SCPMG physicians. Residents and fellows may seek services from providers within the Medical Group or they may alternatively seek service from external providers using their health plan benefits. Residents and fellows suspected of substance abuse problems are referred to the appropriate counseling program(s) for physician impairment.

Educational and Professional Expense Reimbursement Program

Residents and fellows are eligible to receive a reimbursement for various educational and professional expenses. Please refer to the “Educational and Professional Expense Reimbursement Program” policy for details. In addition, tuition reimbursement may also be available through the KP Tuition Reimbursement Program.

Holidays

Seven paid holidays per year: New Year’s Day, Martin Luther King Jr. Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.

Housing Stipend

Based on the locality-specific cost-of-rental data, annualized amounts are per medical center:

Medical Center	2021-2022 Full Academic Year Amount (received in biweekly pay)
Los Angeles	\$10,000
Orange County	\$8,000
Riverside	\$6,000
San Bernardino County	\$6,000
San Diego	\$8,000
Woodland Hills	\$8,000

Meals

A meal allowance is provided depending on program and required rotations at KPSC medical centers.

Medical and Dental

For detailed information regarding medical, dental, life insurance, and other applicable benefits please refer to HR Connect.

RESIDENT/FELLOW BENEFITS AND REIMBURSEMENT
Resident Salary and Benefits Overview

Mileage

Mileage to and from core rotations and required community rotations will be paid (for mileage above regular commute to and from personal residence and work).

Moonlighting

Moonlighting within KPSC requires prior written approval from Program Director. Moonlighting outside of KPSC requires prior written approval of the Program Director, required medical licensure, and professional malpractice liability coverage (which will not be provided by KPSC).

Parking

Provided at no expense for self-parking, unless self-parking is not available, within residency and fellowship training curriculum.

Professional Malpractice Liability Coverage

Professional malpractice liability coverage is provided by KPSC for all authorized activities performed within the course and scope of the Program at KPSC and assigned rotations within the state of California.

Salary

The salary structure for the 2023-2024 academic year is as follows:

PGY-1	\$72,408
PGY-2	\$74,796
PGY-3	\$77,721
PGY-4	\$79,210
PGY-5	\$82,437
PGY-6	\$85,486
PGY-7	\$88,324
PGY-8	\$88,324

Sleeping Rooms

Private rooms are provided when on call.

Vacation

Three weeks of paid vacation per year. One additional week of educational time may be available, per program approval.

RESIDENT/FELLOW BENEFITS AND REIMBURSEMENT

Resident & Fellow Leave Benefits

POLICY

- Resident/fellows enrolled in KPSC sponsored residency programs are employees of Kaiser Foundation Hospitals (KFH), and as such are entitled to employee benefits, including leave benefits, in compliance with federal and state laws. Resident/fellows may refer to Benefits in Brief for a full description of time off benefits.
- The maximum allowable time off for a KFH employee may conflict with requirements for successful completion of a residency program, as per the ACGME requirement and the specialty specific board requirement.
- When desired leave exceeds a specified amount of time, the resident/fellow will need to notify the residency program director for an extension of residency training to meet the criteria for successful completion of the residency program.

DEFINED LEAVES

Family Leave (FMLA): After 12 months of employment with KP and at least 1,250 hours worked, residents/fellows are eligible for up to 12 weeks per year either to:

- Birth or care of resident/fellow's child within the first year of birth
- Care of an adoptive or foster child within the first year of placement with resident/fellow
- Care of a child, parent, or spouse who has a serious health condition; and/or
- Resident/fellow's own serious health condition

In accordance with ACGME Institutional Requirements IV.H.1., residents/fellows are eligible for up to six weeks approved medical, parental, and caregiver leave(s) of absence for qualifying reasons consistent with applicable laws once and at any time after their start date.

Further, residents/fellows are eligible for an additional one week of paid time off reserved for use outside of the first six weeks of the approved medical, parental, or caregiver leave(s) of absence.

Sick Leave: Residents will accrue 8 hours of sick leave per month for a total of 12 days per year.

Bereavement Leave: Residents may be eligible for up to 3 days (up to 5 days if one-way travel of more than 300 miles is required) of paid bereavement leave in the event of the death of an eligible family member or domestic partner.

Holidays: KP observes the following holidays: New Year's Day, Martin Luther King Jr. Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day & Christmas Day.

Vacation: Three weeks of paid vacation per year. One additional week of educational time may be available, per program approval.

Jury Duty: Kaiser Permanente provides paid leave.

Other Leave types: Other unpaid leaves include personal, medical, military, occupational injury or illness.

RESIDENT/FELLOW BENEFITS AND REIMBURSEMENT Educational and Professional Expense Reimbursement Program

STATEMENT

The following is the policy supporting 2023-2024 enhanced Educational and Professional Expense Reimbursement Program. This policy replaces all prior educational stipend programs.

All PGY Levels:

- BLS, ACLS, PALS, NRP, as required by program. ATLS, FLS, FES, FUSE, Fluoro, or other required certification expenses incurred during training tenure
- Annual In-Training-Exam (ITE), as required by specialty
- One-time purchase: specialty-required equipment as determined by PD and DIO not to exceed \$1500 during the trainee's entire tenure with KPSC GME (see Provision 2)
- One-time travel: specialty-required travel to meet ACGME requirements, as determined by PD and DIO
- Research Travel: Up to twice per academic year: pre-approved conference registration and travel expenses to present research for Scholarly Activity (must conform with KP travel & expense guidelines and policy)
- Resident/Fellow membership in up to two professional specialty societies, as determined by PD and DIO
- Study materials, not to exceed PGY limit per academic year (see Provision 1)
- KP branded, personalized jacket (one-time purchase – provided by KPSC GME)

Final Year of Training (PGY-3 or higher):

- Actual, single ABMS Board Examination fee incurred during the final year of training, paid in full

PGY-1:

- Actual USMLE Step 3 or COMLEX-USA Level 3 exam fee
- Postgraduate Training License application fee: and ancillary costs of applying (including transcript fee, LiveScan fee, and notary fee) will be reimbursed, if not provided by KPSC GME

PGY-2:

- For residents who hold a current PTL: California Physician and Surgeon License Fee and ancillary costs of applying (including transcript fee, LiveScan fee, and notary fee) will be reimbursed, if not provided by KPSC GME (US Medical School graduates)
- DEA Certificate fee

PGY-3:

- For residents who hold a current PTL: California Physician and Surgeon License Fee and ancillary costs of applying (including transcript fee, LiveScan fee, and notary fee) will be reimbursed, if not provided by KPSC GME (International Medical School graduates)
- For graduating residents who hold a current PTL: California Physician and Surgeon License Fee (Price is discounted from Medical Board, while in residency program)

RESIDENT/FELLOW BENEFITS AND REIMBURSEMENT
Educational and Professional Expense Reimbursement Program

PGY-4 (Including Community Medicine Fellows, PGY-4 Chief Residents):

- California Physician and Surgeon License fee renewal

PGY-5:

- DEA Certificate Renewal fee

PGY-6:

- Fluoroscopy License fee

PGY-6 & 8:

- California Physician and Surgeon License Renewal fee

Incoming Out-of-State Fellows:

- California Physician and Surgeon License fee

Incoming Fellows:

- DEA Certificate fee

***Provision 1: Study materials not to exceed \$700 (PGY1); \$500 (PGY2 and above), per academic year.**

- Textbooks specific to specialty or other (pre-approved) material needed during training (i.e., training medical kit, suture kit, tuning fork, etc.)
- Educational software specific to specialty, or to support research scholarly activity (e.g., Statistics)
- Exam prep material for licenses, board, and required certifications, specific to specialty
- Not eligible for reimbursement: hardware of any kind such as tablets, computers, or smartphones, general-purpose books, software, or other generic materials, other attire such as masks, personal scrubs, personal lab coats, shoes, or hats, etc.

***Provision 2: Professional & Specialty-Required Equipment, One-Time Purchases, if applicable (as approved in advance by PD and DIO, not to exceed \$1500 total, per trainee during KP Tenure):**

- Protective goggles or face shields (non-prescription, not to exceed \$100)
- Trauma Shears (not to exceed \$100)
- Stethoscope (not to exceed \$200)
- Dermatoscope (limited to Dermatology and Family Medicine)
- Ophthalmoscope (limited to Neurology)
- Oscopes (limited to Pediatrics)
- Surgical telescopes or loupes with a headlamp (as necessary – for those specialties performing surgery)
- Lead apron and lead goggles (as necessary – for those specialties performing fluoroscopy)

*Purchases must be made by March 31st of the final training year.

Programs	Items	PGY 1	PGY 2	PGY 3	PGY 4	PGY 5	PGY 6	PGY 7	PGY 8	PGY 4 Chief Res	Incoming Fellow
All Programs	Study Materials - PGY1 \$700, PGY2 and above \$500	X	X	X	X	X	X	X	X	X	X
All Programs	Annual In-Training Exam	X	X	X	X	X	X	X	X		
All Programs	Actual, single ABMS Board Exam Fee (Paid in full)			X	X	X	X	X			
All Programs	Actual USMLE Step 3 or COMLEX Level 3 Exam Fees	X	X								
All Programs	Postgraduate Training License Application Fee	X	X								
All Programs	Ancillary Cost of applying for PTL	X	X								
All Programs	California Physician and Surgeon License Fee				X		X		X	X	X
All Programs	DEA Certification Fee		X			X			X	X	
All Programs	Kaiser Permanente branded, personalized jacket (one time – provided by KPSC GME)										

Certifications											
All Programs	BLS, ACLS, PALS, NRP (As required per program)	X	X	X	X	X	X	X	X	X	X
Surgery	FES (one time, PGY may vary)			X							
OB/Gyn, Surgery, Urology	FLS (one time, PGY may vary)			X							
Emergency Medicine, Surgery	ATLS (one time, PGY may vary)			X							
OB/Gyn, Surgery, Urology	FUSE (one time, PGY may vary)			X							
Diag Rad, Int Rad	Radiologist Permit and Renewals		X		X		X				
Cards, Sports Med, Surg, Uro	Fluoroscopy License and Renewals		X		X		X				

Professional Equipment as approved in advance by PD and DIO not to exceed \$1,500 total per trainee (One Time During KP Tenure) *											
As Necessary	Protective Goggles (Non-RX) (up to \$100)										
As Necessary	Stethoscope (up to \$200)										
As Necessary	Trauma Shears (up to \$100)										
Dermatology & Family Med	Dermatoscope										
Neurology	Ophthalmoscope										
Pediatrics	Otoscope										
Specialties performing Surgery	Surgical Telescopes or Loupes with a headlamp										
Specialties performing fluoroscopy	Lead Apron and Lead Goggles										

Scholarly Activity for Residents & Fellows

STATEMENT

Scholarly activity is a requirement for trainees in graduate medical education. Residents and Fellows are permitted to request approval for virtual or in-person conference attendance when making presentations of original research or case studies at scientific meetings of major medical professional organizations or institutions. This includes accepted abstracts, manuscripts, videos, or posters for which the resident is a major contributor and will be the main presenter.

POLICY

- Requests for reimbursement are permitted for presentations of original research, data-only studies, or case studies at scientific meetings of major medical professional organizations or institutions. This includes accepted abstracts, manuscripts, videos, or posters.
- Travel for in-person attendance at scientific meetings to present original research within the United States and Canada is designated as business-critical.
- Presentations of case studies are limited to conferences within USA and Canada. Conferences held in Canada are considered domestic, not international.
- International presentations are still paused.
- Conference registration fees, lodging, and airfare must be itemized in the reimbursement request.
- Reimbursement for hotel, meals, ground transportation, and baggage fees must adhere to KP's National Travel & Expense policy.
- For conference travel, typical expense reimbursement is for 3 days/2 nights (one day of expenses for the travel day and hotel accommodations for that night, the day/night of the presentation, and one day to travel back. Nearby meetings may qualify for fewer days. If making multiple presentations on different days, reimbursements for additional days may be allowed, subject to prior approval.
- Reimbursement is limited to two conferences per academic year, to present original research.
- Virtual presentations continue to be permitted. For single-case reports, this will usually be the only option.

**Scholarly Activity for Residents & Fellows
Approval & Reimbursement Process**

Steps 1-6 should be completed BEFORE the conference trip:

1. Once confirmed to present at a Medical Conference/Scientific Meeting, the resident/fellow completes the Travel Authorization Form and sends it to RPA for review, along with the supporting documentation.

Attach the following documentation to the Travel Authorization Form:

1. **Letter of Acceptance/Invitation from the Organization to present**
2. **Copy of abstract/poster being presented**

3. The Resident/Fellow sends the Travel Authorization Form with the supporting documentation to the Program Director for approval and signature. Once approved and signed by the Program Director, the resident/fellow sends it to the RPA.
4. The RPA submits the Travel Authorization Form and the supporting documentation to GME-TA-Requests@kp.org for review and approval. This form must be sent at least 4 weeks before the conference/travel date and requires the Program Director's signature before submission.
5. The RPA will notify the resident/fellow once the Travel Authorization Form has been approved. Once approved the resident/fellow can book registration, airfare, and lodging.
6. The RPA or Administrative Specialist must log the planned travel in the GME Scholarly Activity spreadsheet located in the regional share drive. The total estimated cost of travel must also be included.

Steps 7-9 should be completed AFTER the conference trip:

7. The Resident/Fellow emails all receipts to RPA or delegated expense report preparer to process reimbursement with a signed Travel Authorization Form attached and required backup documentation.
8. The RPA or delegated expense report preparer will process the expense report in OneLink on behalf of the resident/fellow.
9. The RPA or Administrative Specialist will update the GME Scholarly Activity spreadsheet located in the regional share drive with total trip costs.

Resident & Fellow Conference Travel

STATEMENT

Resident and Fellow trainees in Graduate Medical Education are permitted to request approval for virtual or in-person conference attendance for a one-time specialty-required conference to meet ACGME requirements, as determined by Program Director and DIO.

POLICY

- Travel for in-person attendance at an ACGME-required conference meeting, designated as business-critical.
- International travel to conferences is permitted.
- Virtual conferences are permitted.
- For conference travel, typical expense reimbursement is for 3 days/2 nights (one day of expenses for the travel day and hotel accommodations for the arrival night, the day/night of the conference, and one day to travel back.
- Local conferences may qualify for fewer days. If attending multiple conferences on different days, reimbursements for additional days may be allowed, subject to pre-approval.
- Conference registration fees, airfare, lodging, ground transportation, meals, and mileage, if applicable, must be itemized in the reimbursement request according to the Travel Authorization (TA) Request Form Guidelines.
- Requests for reimbursement are permitted and limited to one conference, per academic year.

**Resident & Fellow Conference Travel
Approval and Reimbursement Process**

Steps 1-5 should be completed BEFORE the conference trip:

1. Trainee (Resident/Fellow) requests attendance to program-specific specialty conference travel to meet ACGME requirements by completing the Travel Authorization (TA) Request Form. Complete at least four weeks before the conference trip.
2. Trainee completes the TA and sends it to the RPA for review before Program Director (PD) signs. RPA will return the TA request form to the trainee once reviewed.
3. Trainee sends TA request form with attached documentation to PD for review and approval signature. Once approved and signed, send the TA request form to RPA.
4. RPA sends the TA request form signed by Program Director to GME-TA-Requests@kp.org for review and approval process.
5. The RPA will notify the trainee once the TA request form has been approved. Once approved, the trainee can register for the conference, and book airfare and lodging arrangements.

Steps 6-7 should be completed AFTER the conference trip:

6. Trainee emails all detailed receipts to GME's Administrative Team (RPA, Admin. Coordinator, or Delegated OneLink Expense Report Preparer) to process reimbursement with signed Travel Authorization Request Form (TA) attached and backup documentation.
7. GME's Administrative Team will process expense reports in OneLink and update the total trip cost on the tracking spreadsheet, on behalf of the trainee.

Resident & Fellow Recruitment Event Travel

STATEMENT

Recruitment events are a key opportunity for representatives to showcase Kaiser Permanente Southern California's 60-plus years of experience in Graduate Medical Education offering a culturally diverse patient base, a supportive learning environment, attending physicians with a strong commitment to teaching evidence-based medicine, and opportunities for clinical research. Medical students can inquire about the 36 residency and fellowship programs in 26 different specialties available at Kaiser Permanente Southern California.

POLICY

- Requests for reimbursement are permitted for recruitment events only within the United States.
- Reimbursement for hotel, meals, ground transportation, and baggage fees must adhere to KP's National Travel & Expense policy.
- For travel, typical expense reimbursement is for one day of expenses for the travel day and the days of representing KPSC, and one day to travel back. Please note, events within California may not qualify for overnight stay.
- Reimbursement is limited to two recruitment events per academic year.
- Virtual participation is permitted.

**Resident & Fellow Recruitment Event Travel
Approval and Reimbursement Process**

Steps 1-5 should be completed BEFORE the conference trip:

Steps Required Prior to Recruitment Event (1-5):

1. Once confirmed to represent at a Recruitment Event, the resident/fellow completes the Travel Authorization (TA) Request Form. **Complete at least four weeks before the trip.**
2. Trainee completes the TA and sends it to the Residency Recruitment Coordinator for review before Program Director (PD) signs. The Residency Recruitment Coordinator will return the TA request form to the trainee once reviewed.
3. Trainee sends TA request form with attached documentation to PD for review and approval signature. Once approved and signed, send the TA request form to Residency Recruitment Coordinator.
4. The Residency Program Recruitment Coordinator sends the TA request form signed by Program Director to GME-TA-Requests@kp.org for review and approval process.
5. The Residency Recruitment Coordinator will notify the trainee once the TA request form has been approved. Once approved, the trainee can register for the conference, and book airfare and lodging arrangements.

Steps 6-7 should be completed AFTER the conference trip:

6. Trainee emails all detailed receipts to GME's Administrative Team (RPA, Admin. Coordinator, or Delegated OneLink Expense Report Preparer) to process reimbursement with signed Travel Authorization Request Form (TA) attached and backup documentation.
7. GME's Administrative Team will process expense reports in OneLink and update the total trip cost on the tracking spreadsheet, on behalf of the trainee.

RESIDENT/FELLOW LEARNING AND WORK ENVIRONMENT

Resident Education and Work Environment

STATEMENT

KPSC and each of its residency programs are committed to establishing and maintaining educational and work environments conducive to the provision of the highest quality learning within a healthful atmosphere. This includes:

- Ensuring overall resident/fellow wellness that include mental, physical, and emotional well-being

- Development of a forum in which residents can communicate as well as raise issues in a confidential and protected manner.
 - KPSC ensures the confidential communication of resident issues such that: each resident has access to a support group whose proceedings are confidential and anonymous, and each program director engenders an environment in which individual residents may raise concerns without fear of retaliation. The institution will validate this through the annual ACGME and Institutional resident surveys as well as the Internal Review Process.
 - KPSC residents are encouraged to utilize avenues within their programs to raise issues related to their education or the work environment. Such avenues include but not limited to:
 - Program Director/Asst. Program Director
 - Chief Resident
 - Other Local GME Administrative Leadership
 - Mentor/Faculty Member
 - House Staff

- If the resident perceives that an issue has not been resolved despite multiple efforts, residents are encouraged to escalate the issue to the Kaiser Permanente Compliance Line, 1-888-774-9100. Concerns reported will be evaluated and investigated by persons with the proper competency. Severe allegations will be reported to the Designated Institutional Official (DIO) and Institutional Graduate Medical Education Committee (IGMEC).

In accordance with Kaiser Permanente’s “Principles of Responsibility”, residents are protected by the Confidentiality, Anonymity and Non-Retaliation provisions. Residents who would like to be contacted regarding their concern may voluntarily disclose their contact information solely for follow-up purposes. Reports of compliance and ethics concerns are monitored and tracked by reporting volume and allegations.

- Provision of a health care delivery system in which the residents’ work is focused on their programs’ educational goals and objectives rather than other service-based tasks.
 - KPSC maintains extensive patient support services with respect to establishing peripheral intravenous access and obtaining phlebotomy, transportation, laboratory, and radiology services.
 - KPSC maintains an electronic medical record – HealthConnect – which integrates ambulatory and inpatient care services, including all diagnostic and referral reports available across the Region at all times.

RESIDENT/FELLOW LEARNING AND WORK ENVIRONMENT

Disciplinary Process

STATEMENT

KPSC residency programs support an environment for faculty to provide residents with the opportunity to improve performance within an established, stepwise structure.

POLICY

- Residency programs will conduct formative evaluations at the end of rotations or at specified intervals throughout longitudinal schedules.
- Summative evaluations are conducted no less than on a semi-annual basis. These functions afford program directors and faculty the opportunity to identify trends in performance that would benefit from formal corrective interventions.

Step 1: Formal verbal warning with documentation

- A number of reports (usually emails) have been received by the PD regarding poor behavior or academic performance
- PD and an additional faculty member (or GME director) meet with resident
- Concerns presented to resident
- Resident viewpoint / explanation elicited and understood
- Desired improvements described
- Resident agrees to make necessary improvements
- Meeting is documented in memo format with resident and PD approval of content (may be email approval)
- Memo removed from resident file with resident graduates

Step 2: Written remediation action plan with behavioral objectives and a timeline

- Poor behavioral or academic performance continues
- PD and an additional faculty member *or GME director) meet with resident to create a written remediation action plan
- Plan includes behavioral targets, completion dates, and faculty member who will verify completion of each action item
- Resident and PD sign plan
- Progress reviewed on specified dates
- Satisfactory remediation is documented, and plan removed from residents file at graduation *OR*
- Resident moved to probation

Step 3: Formal probation with written action plan & a timeline

- PD and additional faculty member(s) update failed action plan
- GME Directors, HR representation, and DIO review and approve plan
- Plan specifies behavioral targets, completion dates, and faculty members who will verify completion
- Resident, PD, HR representative and GME Director meet with resident to review, discuss, and sign probation plan
- Resident is informed that lack of successful completion will result in termination

RESIDENT/FELLOW LEARNING AND WORK ENVIRONMENT
Disciplinary Process

- Progress reviewed on specified dates
- Satisfactory remediation documented and resident removed from probation
- Resident unwilling/unable to meet behavioral targets, probation failure is documented, and the termination process is initiated
- Probation documentation (whether remediated or failed) remains part of the resident file

Step 4: Termination

RESIDENT/FELLOW LEARNING AND WORK ENVIRONMENT

Resident Professional and Academic Grievance Process

STATEMENT

KPSC provides residents with fair, reasonable, and readily available guidelines for pursuing grievance and due process.

The purpose of this policy is to facilitate the fair and timely resolution of issues concerning a resident's academic or professional performance. As of its effective date, and as amended thereafter, the policy sets out the exclusive internal administrative procedures by which a resident may obtain review of a decision which directly concerns his or her academic or professional performance. This policy shall supersede any prior policies, bylaws, rules or regulations addressing Resident's academic and professional appeals processes, including the Professional Staff Bylaws. Residents do not have a right to the Informal Review or the Formal Appeal and Hearing Procedure for actions taken against Residents acting in any other capacity, *e.g.*, in his/her capacity as a "moonlighter."

INFORMAL REVIEW POLICY

Scope:

- Informal Review is the process available to the resident to appeal Decisions that do not fall under the definition of an Adverse Decision. Decisions subject to Informal Review include, for example, routine assessments of the resident's performance or progress, letters of warning, letters of probation, suspensions for medical record delinquencies pending completion of the records where the period(s) of suspension total less than 30 calendar days in a twelve-month period, and Administrative Suspensions or Dismissals, *e.g.*, for failure to obtain a California physician's license in the requisite time period.

Procedure:

- When the resident disagrees with a Decision, the resident has the right and the responsibility to meet and address the disputed matter with his/her program director within 30 calendar days of the Decision. The program director shall meet with the resident to discuss his/her concerns and provide the resident with a written response within 14 calendar days of the meeting. All written documentation about the disputed matter shall be made part of the resident's residency program file ("File"). If the Resident fails to discuss a Decision with his/her Program Director within 30 calendar days, he/she waives any right to Informal Review of the Decision.
- If the resident is dissatisfied with the outcome of the program director's review of the matter, the resident may submit a written statement to the DIO, or the designee, if the DIO is the resident's program director. The written statement must describe the resident's concern(s), the reasons why the resident believes the matter remains unresolved, and the resolution the resident is seeking. The DIO shall meet with the resident to discuss his or her concerns and provide a written response within 14 calendar days of the meeting. All written documentation shall be made part of the Resident's File. The resident has no further right to review of the matter, and the DIO's decision is final.

RESIDENT/FELLOW LEARNING AND WORK ENVIRONMENT
Resident Professional and Academic Grievance Process

FORMAL APPEAL AND HEARING POLICY

Scope:

- This Formal Appeal and Hearing Procedure is the process available to a Resident to appeal an Adverse Decision.

Procedure:

- **Notice of Adverse Decision and Right to Request Hearing:** A resident who is subject to an Adverse Decision shall be notified in writing. The written notice shall advise the resident of his/her right to request a hearing before an Ad Hoc Review Panel and the time limit for requesting the hearing. The written notice shall be hand-delivered to the affected resident or, if the resident makes herself/himself unavailable, sent by certified or registered mail, return receipt requested to the Resident's last known address on file in the GME Office. It is the resident's responsibility to keep the Office informed of his/her current mailing address.
- **Time to Request Hearing:** To obtain a hearing, the resident must submit a written statement of the dispute with the DIO within 30 calendar days of the written notice to the resident of the Adverse Decision. The written statement must describe the resident's concern(s), the reasons why the resident believes the matter remains unresolved, and the resolution the resident is seeking. The statement must specify the action or inaction taken by the program the resident disputes and how the action or inaction directly and adversely affects the individual resident.
- **Failure to Timely Request a Hearing—Effect:** The resident's failure to submit a timely written statement for the hearing shall constitute waiver of his/her right to a hearing and acceptance by the resident of the Adverse Decision.
- **Pre-Hearing Procedure:**
 - Within 14 calendar days of receipt of the resident's written statement, the DIO shall arrange for the hearing. This responsibility includes such matters as scheduling a hearing date, appointing the Ad Hoc Review Panel, and notifying the parties of the names of the Ad Hoc Review Panel members and the date, time, and place of the hearing. The hearing shall be scheduled to begin no more than 60 calendar days of receipt of the resident's request.
 - The Ad Hoc Review Panel membership shall consist of:
 - Two faculty members, one of whom shall act as Chairperson ("Chair");
 - One resident
 - The Ad Hoc Review Panel members must not have acted as accusers, fact finders, or initial decision-makers in, or previously taken an active part in, the matter contested. One Panel member may be in the same specialty as the affected resident. Where feasible, the other members shall be from a different department than the resident requesting the hearing.

RESIDENT/FELLOW LEARNING AND WORK ENVIRONMENT

Resident Professional and Academic Grievance Process

- Within 14 calendar days after receipt of the resident's written request for a hearing, the program director shall prepare a brief written statement setting forth the Adverse Decision and the reasons for the Decision, including the acts or omissions with which the resident is charged. A copy of the statement shall be hand-delivered or sent to the resident by certified or registered mail, return receipt requested, at his/her last known address on file in the GME Office, with a copy to the DIO.
 - As soon as reasonably practicable after receipt of the request for a hearing, each party shall have the right to inspect and copy relevant documents of the other party, subject to applicable privileges. The right of inspection and copying does not extend to confidential information referring solely to individually identifiable practitioners other than the affected resident. The Chair shall consider and rule on any request for access to information and may impose any safeguards that the protection of the hearing process, patient confidentiality, and justice require.
 - At least 14 calendar days before the scheduled hearing date, each party shall distribute the following items to the other party and to the Chair of the Ad Hoc Review Panel ("Chair"):
 - A list and copies of the documents which the party intends to introduce.
 - A list of the party's witnesses with a summary of the subject matter about which each witness will be testifying and the relevance of that witness' testimony to the matters at issue in the hearing.
 - The Chair shall address any other pre-hearing procedural disputes. Objections to any prehearing decision may be made at the hearing.
-
- **Rights of the Parties at the Hearing:** During the hearing, both parties shall have the following rights:
 - o To be provided with all information made available to the Ad Hoc Review Panel.
 - o To call and examine witnesses.
 - o To present and rebut evidence determined to be relevant by the Chair.
 - o To submit a written statement at the close of the hearing.
 - o To be accompanied at the hearing by an advisor. If the resident's advisor is an attorney, the residency program shall also be represented by an attorney. The resident must notify the DIO, the Chair of the Ad Hoc Review Panel, and the program director in writing at least 15 calendar days before the scheduled hearing date whether he or she will be represented at the hearing by an attorney. If the resident chooses not to be represented by an attorney, an attorney shall not represent the residency program at the hearing.
 - **Resident's Failure to Personally Appear and Proceed—Effect:** The resident's failure to personally appear and proceed at the hearing without good cause shall constitute a waiver of the right to a hearing and acceptance by the resident of the Adverse Decision.

RESIDENT/FELLOW LEARNING AND WORK ENVIRONMENT
Resident Professional and Academic Grievance Process

- **Procedure at the Hearing**
 - The Chair of the Ad Hoc Review Panel shall preside at the hearing and assure that all parties are heard and given an adequate opportunity to present relevant evidence and arguments.
 - The Chair shall also rule on any challenge to the impartiality of any Ad Hoc Review Panel member. Such challenges must be raised at the start of the hearing, unless the challenging party did not know the information on which the challenge was based at the start of the hearing and could not have known with reasonable diligence.
 - Order of presentation:
 - Each party may make an opening statement.
 - After each party has made or waived its opening statement, the program director shall present, including any witness(es) he/she intends to call.
 - The resident shall present second, including any witness(es) the Resident intends to call.
 - The hearing shall be closed and informal. Rules of evidence or judicial procedure need not be followed. Testimony, however, shall be under oath.
 - On conclusion of the presentation of evidence and arguments, the Chair shall declare the hearing closed.
 - Thereafter, the Ad Hoc Review Panel shall deliberate privately and reach a decision based on the evidence presented at the hearing, including oral testimony, written statements, and other documents, including medical record information, introduced at the hearing.
 - Within 14 calendar days of the close of the hearing, the Ad Hoc Review Panel shall issue its report and decision in writing to the Chief Operating Officer and the DIO. The report shall include findings of fact and a conclusion stating the connection between the evidence produced at the hearing and the decision reached. The report, which shall constitute the final decision of the Ad Hoc Review Panel, shall make findings as to whether the Adverse Decision was warranted or unwarranted. The Chair shall have a copy of the report sent to the resident by personal delivery or registered or certified mail, with a copy to the program director.
 - The decision of the Ad Hoc Review Panel is final, and neither party has any further right to review of the matter.
 - The report and decision of the Ad Hoc Review Panel shall be made part of the resident's File.

Other Hearing Issues:

- **Burden of Persuasion:** The program director or other decision-making body which made the Adverse Decision shall initially come forward with evidence in support of the decision concerning the resident. Thereafter, the burden will shift to the resident to come forward with evidence to establish the decision was improper. The Ad Hoc Review Panel will evaluate the evidence presented.
- The decision of the program director or other decision-making body will be upheld unless the Ad Hoc Review Panel finds upon review of the evidence presented that by clear and convincing proof the disputed action was arbitrary or capricious.

RESIDENT/FELLOW LEARNING AND WORK ENVIRONMENT
Resident Professional and Academic Grievance Process

- **Fees and Costs:** Each party shall bear its own legal fees and other costs.
- **Recording the Proceeding:** If requested by either party, the Chair shall arrange to have the hearing audio taped. The Chair shall provide a copy of the tape(s) to a party, on the request and at the expense of the requesting party. The GME Office shall retain the original tapes. A party shall not be permitted to independently audio or videotape, or otherwise record the proceedings. A party requesting the use of a court reporter rather than a tape recording must pay for the court reporting. The cost of a transcription of the matters reported by the court reporter shall be borne by the party requesting the transcription. A party requesting a copy of a transcription shall pay the cost of the copy.

RESIDENT/FELLOW LEARNING AND WORK ENVIRONMENT

Resident Grievance and Problem Solving

STATEMENT

KPSC provides an internal grievance and problem-solving procedure for Residents to utilize in resolving individual resident complaints or problems fairly and promptly through a series of steps which are to be followed in sequence.

POLICY

- KPSC provides an internal process for residents to resolve individual complaints or problems; it is not a means for disputing the content of overall hospital policies affecting residents in general, or a means for addressing issues of performance. *Refer to "Resident's Professional and Academic Grievance Process."*
- KPSC provides assistance to residents who wish to discuss a complaint or problem freely and in confidence with the program director and/or the DIO.
- KPSC ensures that a resident's appointment is not in any way jeopardized because the resident has requested a discussion of his/her complaint or problem.
- KPSC provides the opportunity to resolve minor complaints and problems before they become major problems or cause discontent.

PROCEDURE

First Step

- Problems should be addressed early before they become unmanageable. If informal discussions do not resolve the issue, the resident shall submit his/her concern(s) in writing to the program director's attention, with a copy to the DIO, within 10 business days of the incident.
- Written concerns should give a detailed description of the complaint and the specific remedy requested by the resident in order to resolve the problem or complaint.
- The program director shall respond to the resident's complaint/grievance in writing, with a copy to the DIO, within 7 business days of receipt of the written concern.

Second Step

- If the program director's answer is unsatisfactory to the resident, the resident shall send his/her concern(s) in writing to the DIO within 7 business days of receipt of the program director's written response. The written concerns should give a detailed description of the complaint and the specific remedy requested by the resident in order to resolve the problem or complaint.
- Upon receipt of the complaint, the DIO shall acknowledge the receipt of the concern/grievance to the resident in writing within 7 business days.

Third Step

- The DIO shall meet with the Program Director and the resident in an attempt to resolve the issue. If a consensus can be reached, the resolution shall be documented in writing and signed by all parties.
- If a consensus cannot be reached by the DIO, the program director, and the resident, then the matter shall be referred to the Assistant Medical Center Administrator whose written recommendation shall be binding.

RESIDENT/FELLOW LEARNING AND WORK ENVIRONMENT
Resident Professional and Academic Grievance Process

GRIVANCES WITH THE DEPARTMENT OF ACADEMIC AFFAIRS OR THE
ADMINISTRATIVE OFFICE OF THE TRAINING PROGRAM

- If a resident's grievance is with the DIO or the GME Office, the above steps shall be placed in effect with the DIO fulfilling the role of the program director, and the Assistant Medical Center Administrator fulfilling the role of the DIO. The "Third Step" referral would be to the Area Medical Director.

LIMITATIONS

- This policy and procedure is not to be invoked for matters which relate to resident's performance (academic progression, job performance, or professional issues), but is intended to address complaints or concerns related to training issues, conditions of employment, educational policies, and support.

RESIDENT/FELLOW LEARNING AND WORK ENVIRONMENT

Work Hours and On-Call Activities

STATEMENT

The KPSC GME program is committed to promoting patient safety and resident well-being. It assumes responsibility for oversight of and compliance with all ACGME duty hours requirements.

DEFINITIONS

Work Hours- All clinical and academic activities related to the program, i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities, such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

POLICY

- Each program develops and adopts the work hour policies for its specialty in accordance with ACGME requirements.
- 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.
- Residents/fellows will have eight hours off between scheduled clinical work and education periods.
 - Residents/fellows who choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education must be within the context of the 80-hour and the one-day-off-in-seven requirements.
- Residents will have at least 14 hours free of clinical work and education after 24 hours of in-house call.
- Residents scheduled for in-house call will not be schedule more frequently than every third night (when averaged over a four-week period)
- Residents will 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 will not be assigned on these free days.
- Clinical and educational work periods for residents will not exceed 24 hours of continuous scheduled clinical assignments.
 - Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education. Additional patient care responsibilities will not be assigned to a resident during this time.

In rare circumstances, after handing off all other responsibilities, a resident/fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances (listed below). These additional hours of care or education will be counted toward the 80-hour weekly limit.

- to continue to provide care to a single severely ill or unstable patient.
- humanistic attention to the needs of a patient or family; or,
- to attend unique educational events

RESIDENT/FELLOW LEARNING AND WORK ENVIRONMENT

Work Hours and On-Call Activities

Under such circumstances, the resident/fellow will:

- Document reasons for remaining and submit to program director
- Program director will review such submissions and track individual and program episodes.

At-Home Call

- Time spent on patient care activities by residents on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at-home call is not subject to the every-third night limitation but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks.
- 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.

Reporting Work Hours and Violation

- All residents will report duty hours on a regular basis depending on program-specific Requirements, but no less frequently than every 10 business days.
- Work Hours will be reviewed by the program director or designee for occurrences of noncompliance. Such occurrences will be addressed and resolved in a timely manner.
 - **First Infraction:** Program Director will issue a verbal warning and review the GME Work Hour Policy with the resident.
 - **Second Infraction:** Program Director will issue a written warning to resident. It is to be documented that the Program Director has discussed the GME Work Hour Policy with the resident and communicated that another infraction of noncompliance with regard to work hours will be in violation of the ACGME's Professionalism competency and will lead to formal remediation.
- Work hours issues are addressed by the Program Director and/or the DIO.
- Work hours are further monitored through the annual ACGME resident survey, the annual Institutional Resident Survey, the Internal Review Process, and/or local Graduate Medical Education Committee's (GMECs).

PROCEDURE

All residents are required to report their duty hours using the MedHub system. Residents must log their duty hours a minimum of once every 10 business days.

An email reminder will be sent to a resident who has not logged duty hours by the 5th day from the last date they logged on. A second email reminder will be sent to the resident 4 days after the initial reminder if the resident has still not logged on. If 9 days have passed and the resident has not logged duty hours, a MedHub-generated email will be sent to the Program Director, coordinator, affected resident(s) and the GME Office.

A follow up email will be sent from the GME Office notifying the Program Director and coordinator of the resident(s) who have violated the policy stating the number of days they are past due and informing them that they have 24 hours to log past due duty hours. The appropriate Program Director and

RESIDENT/FELLOW LEARNING AND WORK ENVIRONMENT

Work Hours and On-Call Activities

coordinator will be notified if any of their residents remain on the past due list.

Residents are expected to log their duty hours before they leave for vacation/leave of absence. Note: Residents are prohibited from logging future work hours. However, it is permissible to log future vacation/leave of absence (as described above), “day off”, or annual leave hours.

Residents who encounter problems or difficulty complying with the ACGME duty hours requirements should resolve this matter with his/her Program Director. If the matter cannot be resolved with the Program Director or if the resident encounters violations, s/he should contact the Designated Institutional Official.

Exception to Duty Hours: The Institutional Graduate Medical Education Committee (IGMEC) does not support, nor approve of requests for exceptions to Work Hours.

RESIDENT/FELLOW LEARNING AND WORK ENVIRONMENT
Moonlighting

DEFINITIONS

- Moonlighting – Professional and patient care activities that are external to the educational program.
- Internal moonlighting – Occurs at any Kaiser Permanente facility.
- External moonlighting – Occurs at any non-Kaiser Permanente facility.

POLICY

- Internal moonlighting (PGY-3 and higher) require will a Post Training License (PTL), an active DEA certificate and Program Director (PD) approval.
- External moonlighting will require a full California medical license, a DEA certificate and PD approval.
- Moonlighting activities, whether internal or external, must be consistent with sufficient time for rest and restoration to promote the residents’ education experience and safe patient care.
- Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program and must not interfere with the resident’s fitness for work nor compromise patient safety.
- Moonlighting both internal and external is counted toward the 80- hour weekly work hours limit.
- Moonlighting must not overlap between time when GME duty is expected (between the hours of 8-5 on weekdays) with simultaneous pay for moonlighting.
- PDs will closely monitor all moonlighting activities and ensure residents are aware of the following:
 - Residents are not required to engage in moonlighting.
 - Residents are required to obtain a written statement of permission from the PD that is placed in the resident’s file. Permission to moonlight will be granted at the sole discretion of the PD.
 - Residents’ performance will be monitored for the effect of these activities upon performance and adverse effects may lead to withdrawal of permission.
- Moonlighting issues are addressed by the residency PD, the DIO, and/or the Director of Graduate Medical Education.
- Moonlighting is monitored through the Internal Review Process, the ACGME resident survey, and/or local GMEC.

FATIGUE MITIGATION TRANSPORTATION POLICY

STATEMENT

The purpose of this policy is to establish guidelines for fatigue mitigation and use of transportation reimbursement program.

SCOPE

This policy applies to all Kaiser Permanente sponsored ACGME accredit residency and fellowship program in all clinical learning environments.

POLICY

If a trainee is too fatigued to drive home safely at the end of a shift, the trainee has the following options:

1. Sleep in an available call room until able to drive safely.
2. Alternatively, the trainee may utilize a transportation service (app-based) or licensed taxi service from the hospital following a shift to and from their verifiable home address.

Trainees must submit both receipts to the GME office within 30 days of the travel date to receive reimbursement for the entire cost. See Example.

Trainees must abide by the following guidelines:

- Trainees may use a transportation service of their choice. This includes app-based services such as Lyft, Uber, or licensed taxi service.
- If trainees choose to use this transportation service type, make sure to select the least costly service option available.
- Reimbursement will not be approved for luxury services, unless it is the least costly service at the time the transportation service is requested.
- Any trainee may use the service any time they are feeling overly fatigued after work, not just after an overnight shift. The priority is the trainee's safety.
- The program's intended purpose is for trainees that feel overly fatigued at the end of their shift. KP Finance and IRS regulations prevent employee reimbursement to work. Therefore, trainees cannot be reimbursed when preemptively using a transportation service to bring them to the hospital and then back home.

PROCEDURES

Please submit your receipts showing the following: pick up/drop off location address and a 3-price comparison.

REFERENCES

ACGME Common Program Requirements
VI.D. Fatigue Mitigation

APPROVAL:

Approved by the Institutional Graduate Medical Education Committee (IGMEC) held on February 17, 2022, chaired by Dr. J. Craig Collins, Designated Institutional Official and Karianne Holguin, Regional Director Southern California Graduate Medical Education.

RESIDENT/FELLOW LEARNING AND WORK ENVIRONMENT
Residency Restrictive Covenants

POLICY

SCPMG and KFH will not require residents enrolled in its ACGME accredited GME programs to sign a non-competition guarantee.

RESIDENT/FELLOW LEARNING AND WORK ENVIRONMENT
Residency Closures and Reductions

POLICY

KPSC agrees to notify all residents of any adverse actions cited by the ACGME.

If the Institution decides to reduce the size or close a residency program, KPSC will notify the residents as early as possible and attempt to phase out the program over a period of time to allow residents currently in the program to finish training.

If this is not possible, KPSC and the program director will assist the residents in obtaining another accredited residency program position.

RESIDENT/FELLOW LEARNING AND WORK ENVIRONMENT

Supervision of Resident

STATEMENT

Residency training is based on graduated responsibility that culminates in a high level of individual accountability achieved by graduation. Throughout training, residents become more competent to make judgments of increasing complexity and perform procedures of increasing difficulty. A supervisory relationship exists between residents and faculty, such that the beginning resident has limited independence and progresses to assume increasing responsibility for patient care. KPSC directs each training program to demonstrate that the appropriate level of supervision is in place for all residents at all times.

DEFINITIONS

Supervision – The crucial responsibility that an attending physician has to enhance the knowledge of the resident and to ensure the quality of care delivered to each patient. It includes imparting knowledge, skills and attitudes by the attending to the resident and ensuring that patient care is delivered in a timely, appropriate, and effective manner.

POLICY

- All patient care is delivered under the ultimate supervision of qualified faculty.
- Each residency develops a program specific clinical grid, or Supervision Grid, which delineates levels of supervision for common patient care activities.
- Supervision Grids, updated each year, are available to nursing staff in all areas either in hard copy or uploaded to online systems.
- The resident is responsible to communicate in an effective and timely manner with the supervising physician regarding findings of the evaluation, physical examination, interpretation of diagnostic tests, and intended interventions.
- The attending physician on an inpatient service will review and co-sign resident documentation based on PGY level according to the Accreditation Council for Graduate Medical Education (ACGME).
- The attending physician in the ambulatory setting will review a substantive portion of entries in the medical record.
- Any entries made by non-licensed residents will be co-signed by the attending physician.
- Supervision can be exercised through a variety of methods, depending upon the circumstances and experience of the resident. These methods include:
 - Direct Supervision
 - Physical presence of the faculty member.
 - Presence of a fellow or senior resident.
 - Indirect Supervision
 - Immediate availability of supervising faculty or senior resident, either within the institution or via telephone.

COMMON PROGRAM REQUIREMENTS

Resident Transfer

POLICY

In the event a resident transfer to a KPSC sponsored residency program from another residency program, the program director must receive written verification of previous educational experiences regarding the performance evaluation of the transferring resident prior to acceptance into a KPSC program. The written verification must be completed, signed and dated by the previous residency program director.

If a KPSC sponsored resident leaves the program prior to completion, the program director is responsible for providing a written summative performance evaluation of the resident's educational experiences in a timely manner.

COMMON PROGRAM REQUIREMENTS

Transition of Care

STATEMENT

The Joint Commission and the Accreditation Council for Graduate Medical Education require all health care providers to implement a standardized approach to handoff communications and maintain formal educational structure in handoff and care transitions.

PURPOSE

To provide guidance on and expectations for the development and implementation of a standardized process for communication that ensures effective information transfer among providers during the handoff with the overarching goal of minimizing the potential for medical errors. The primary objective of handoff communication is to provide accurate information about a patient's care, treatment and services, current condition and any recent or anticipated changes.

SCOPE/COVERAGE

This policy and procedure cover all Kaiser Permanente Southern California faculty members, residents and fellows who have responsibility for patient care in the clinical environment.

DEFINITIONS

Communication: process by which information is exchanged between individuals and groups. To be effective, the communication should be complete, clear, concise, and timely.

Handoff: the transition of responsibility and accountability for patient care across the continuum from one health care professional to another which can occur within health care settings, between health care settings, across levels of care and between providers.

Sign-out: the act of transmitting information about a patient during a handoff or transition of care.

Transitions of Care: a broad range of services designed to ensure health care continuity and promote the safe and timely transfer of patients and responsibility for patients from one level of care to another or one type of setting to another or from one care provider to another.

PROVISIONS/PROCEDURES

It is understood that specific handoff procedures will vary from one specialty/practice site to another. This policy outlines general principles and expectations of patient handoff, with the adoption of specific process and form to be determined by each program and site which shall include the following:

- Interactive communication between the giver and receiver of patient information, including an opportunity for the receiver to ask for clarification of any issues or items presented.
- A system for providing updated information regarding each patient's condition, treatment and anticipated needs during the coverage period.

COMMON PROGRAM REQUIREMENTS

Transition of Care

- A strategy to minimize interruptions during handoff procedure.
- Each program's handoff process will include:
 - To whom each resident will sign out and whether handoff includes on-call phone or pager
 - Location that will minimize interruptions and prevent any risks to patient confidentiality or other compliance violations as well as provide access to necessary materials to support the handoff, i.e. access to electronic clinical information
 - Standardized handoff content which includes at a minimum:
 - identification of patient name, medical record number, age
 - identification of supervising/consulting physician(s)
 - diagnosis/current status/condition/acuity of patient
 - recent events, including changes in condition or treatment, current medication status, recent lab tests, allergies, anticipated procedures, and actions to be taken
 - outstanding tasks – what needs to be completed in the near future
 - outstanding labs/studies; what needs to be followed up during shift
 - changes in patient condition that may occur requiring interventions or contingency plans
 - interventions or contingency plans
 - any special family or communication/language issue
- Any written documentation of handoff process must be maintained in a confidential manner
- Other expected standards include:
 - Each training program will include the transition of care process in its curriculum such that development for faculty and residents is provided
 - Resident demonstration and written evaluation of competence in handoff procedure
 - Program assessment of effectiveness of handoff procedure

COMMON PROGRAM REQUIREMENTS

Resident Evaluation

STATEMENT

KPSC residency program faculty members evaluate resident performance in a timely manner during and at the conclusion of each rotation, or similar educational assignment, and document this evaluation at the completion of the assignment.

DEFINITIONS

Formative Evaluation – Reviews resident performance for a specific rotation or educational assignment.

Summative Evaluation – Performed and provided upon completion of the residency program.

POLICY

Each program will:

- Provide objective assessments of competencies in patient care, medical knowledge, proactive-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- Use multiple evaluators (e.g., faculty, peers, patients, staff).
- Document progressive resident performance improvement appropriate to educational level.
- Provide each resident with a documented semiannual evaluation of performance with feedback.
- Complete formative evaluations, for which:
 - Program faculty will evaluate resident performance in a timely manner during and at the conclusion of each rotation or similar educational assignment.
 - Evaluations of resident performance will be accessible for review by the residents.
- Complete a summative evaluation, for which:
 - The program director will evaluate each resident upon completion of the program.
 - Evaluations will document the resident's performance during the final period of education and verify that the resident has demonstrated sufficient competence to enter practice competently and without direct supervision.
- Residents are provided copies of the formative and/or summative evaluations upon request.
- Compliance with this policy will be assessed through the:
 - Annual KPSC Resident Survey
 - Annual ACGME resident survey
 - Mid-cycle internal review

COMMON PROGRAM REQUIREMENTS

Faculty Evaluation

POLICY

- At least annually, the program must evaluate faculty performance as it relates to the residency program.
- Evaluations include review of the faculty's clinical teaching abilities, commitment to the educational program, clinical knowledge, professionalism, and scholarly activities.
- Evaluations include at least annual confidential evaluations by the residents.
- Annual faculty evaluations are forwarded to the chief of service for incorporation into physician evaluation.
- Compliance with this policy will be assessed during the review of the Annual Program Evaluation (APE).

COMMON PROGRAM REQUIREMENTS

Program Evaluation and Improvement

STATEMENT

The KPSC GME Program seeks to develop and maintain high caliber residency programs that provide an excellent educational experience and learning environment. Each program must document formal systematic evaluation of the curriculum at least annually.

POLICY

The program director must appoint the Program Evaluation Committee (PEC).

- The Program Evaluation Committee:
 - must be composed of at least two program faculty members and should include at least one resident.
 - must have a written description of its responsibilities; and,
 - should participate actively in:
 - Planning, developing, implementing, and evaluating educational activities of the program
 - Reviewing and making recommendations for revision of competency-based curriculum goals and objectives
 - Addressing areas of non-compliance with ACGME standards
 - Reviewing the program annually using evaluations of faculty, residents, and others, as specified below

The program, through the PEC, must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a written and Annual Program Evaluation (APE).

The program must monitor and track each of the following areas:

- Resident performance
- Faculty development
- Graduate performance, including performance of program graduates on the certification examination
- Program quality:
 - Residents and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually
 - The program must use the results of residents' and faculty members' assessments of the program together with other program evaluation results to improve the program
- Progress on the previous year's action plan(s)
- The PEC must prepare a written plan of action to document initiatives to improve performance in one or more of the areas listed above, as well as delineate how they will be measured and monitored. The action plan should be reviewed and approved by the teaching faculty and documented in the meeting minutes.

INSTITUTIONAL POLICIES

GME Disaster Policy

APPLICABILITY

This policy applies to all Kaiser Permanente Southern California (KPSC) Accreditation Council for Graduate Medical Education (ACGME)-accredited residency and fellowship programs, associated faculty, residents and fellows (collectively, trainees) and staff.

STATEMENT

KPSC will continue to provide administrative and educational support for Graduate Medical Education (GME) programs and trainees following an event or series of events that cause significant interruption to the provision of patient care and disruption of the clinical learning environment. Safety of patients, members, trainees, faculty, and staff shall be the first priority. Other key priorities will include continuity of education, compliance with ACGME and other regulatory requirements, continuity of clinical operations, and timely completion of training.

DEFINITIONS

Disaster: A natural or human-caused event that significantly disrupts the clinical learning environment in which KPSC provides care and education.

Isolated Internal Disasters: Disasters that stress hospital infrastructure (such as local fire, flood, sustained power, or water outage) without affecting outside community resources.

External Disasters: Disasters (commercial building fires, plane crashes) that generally leave hospital infrastructure intact and operational. May disrupt transportation or communications.

Regional Disasters: Disasters (earthquakes) that impact both the community and medical center; hospital may or may not be operational. Possible declaration of disaster by government.

National Disasters: Disasters (pandemic, warfare) that cause widespread impact and disruption; medical center may or may not be operational. Possible declaration of disaster by government.

POLICY

- The Designated Institutional Official (DIO) is responsible for maintaining effective communications among program directors and faculty physicians, the Regional Director of GME, GME staff, affiliate institutions, Southern California Permanente Group
- Immediately following the disaster or interruption in patient care, each affected GME program will undertake all reasonable measures to ascertain the whereabouts of all residents and fellows and ensure their safety. Additional steps will be undertaken when residents and fellows have been injured or quarantined, rendered unable to travel, or cannot be located. Programs will report their status to the DIO and Regional Director of GME as soon as possible and will provide periodic updates.
- As soon as possible, the DIO and Regional Director of GME will gather information from facilities and programs regarding the extent of the damage and the impact of the disaster on short-term (days/weeks) and long-term (weeks/months) function of individual programs and/or sites of training.

INSTITUTIONAL POLICIES

GME Disaster Policy

If feasible, the Institutional Graduate Medical Education Committee (IGMEC) will hold an emergency meeting following the disaster to review the available information regarding the impact of the disaster on clinical operations and training programs and make decisions. In some instances, circumstances surrounding these events may dictate a need for immediate decisions and preliminary planning by the DIO and Regional Director of GME. If necessary, the Rapid Response Subcommittee of IGMEC may be convened to carry out assessments of the situation and make or ratify decisions regarding KPSC residency programs.

- Factors that may be reviewed, assessed or acted upon may include:
 - Safety of patients, trainees, faculty and staff
 - Trainees and faculty available for clinical and educational duties
 - Extent/impact of damage of physical plant/facilities
 - Extent/impact of damage to clinical technology and clinical information systems
 - Extent/impact of damage to communication technology (phones, pagers, computers, inter/intranet)
 - Changes in volumes of patient activity in the short-and-long-term
- If the Rapid Response Subcommittee or full IGMEC determine that a program, medical center, or the institution cannot provide an adequate educational experience for trainees because of the disaster, both the individual program(s) and the institution will take steps to:
 - Temporarily facilitate clinical and educational activity by trainees from remote sites using electronic and telephonic means of communication. Residents and fellows will be subject to recall to a clinical site at the discretion of the Program Director and DIO.
 - Temporarily relocate residents or fellows to an alternate site of training within KPSC or to a current local affiliate training site.
 - Arrange temporary transfer for residents or fellows to another KP-sponsored program or an external program until the institution can provide an adequate educational experience. Insofar as is possible at the time of the transfer, the Program Director will inform any trainee being transferred regarding the minimum duration of the transfer and anticipated total duration. This information will be updated and communicated to any affected trainee by the Program Director.
 - Assist residents or fellows in a permanent transfer to another program if necessary.
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 - Continue financial support in the event of the disaster depending upon short-and-long-term impact to each program and the institution. For the duration of temporary transfer or as directed by ACGME requirements, KPSC will continue to provide salary and benefits.
- The DIO will contact the ACGME Institutional Review Committee as soon as possible to provide information about the disaster and the response by the institution and IGMEC
- The DIO will serve as the primary institutional contact between KPSC and the ACGME Institutional Review Committee regarding disaster plan implementation and reporting

INSTITUTIONAL POLICIES

GME Disaster Policy

- requirements for the Sponsoring Institution; and for liaison with DIOs, program leaders and deans at external sponsoring institutions and medical schools.
- In the event of a disaster affecting other Sponsoring Institutions of GME programs, the Program Directors, GME staff and Regional Director of GME will work collaboratively with the KPSC DIO, who will coordinate on behalf of KPSC the possible acceptance of temporary or permanent transfers of trainees from other institutions. Such coordination will include requesting complement increases with the ACGME as required to accept additional trainees.
- Workforce stoppages or shortages during a strike may interfere with the clinical learning environment for medical students, affiliate resident rotators, residents, and fellows. Residents, fellows, affiliate resident rotators or medical students should not be expected to fulfill functions that normally would be performed by workers who are on strike.
- KPSC Program Directors and Site Directors will approve and initiate all learner rotation changes and ensure such changes are updated by GME staff in KPSC's electronic residency management system. Such changes, if major, will be approved by the DIO and ratified by IGMEC.
- KPSC Program Directors and Site Directors will clarify any changes to resident rotation goals and objectives, supervision, and other areas required in a clinical learning environment.
- KPSC trainees will continue to receive salary and benefits during a work stoppage or disaster. ACGME Program Requirements, including limits on clinical and educational hours, will be observed.

Programs will be responsible for establishing procedures to protect the academic and personnel files of all residents and fellows from loss or destruction by disaster. This will include a plan for storage of backup computerized data in a separate geographic location away from the program site.

INSTITUTIONAL POLICIES

Regional Certification Policy

PURPOSE:

To identify resident and fellow physicians, including employees of Kaiser Foundation Hospitals, Inc. (“trainees”) as well as those rotating from affiliated institutions (collectively, “affiliate trainees”) who are required to maintain American Heart Association (AHA) Advanced Cardiac Life Support (ACLS), Basic Life Support (BLS), Pediatric Advanced Life Support (PALS) and/or AHA/American Academy of Pediatrics (AAP) Neonatal Resuscitation Provider (NRP) certification.

Abbreviations:

(ACLS) - Advanced Cardiac Life Support
(BLS) - Basic Life Support
(PALS) - Pediatric Advanced Life Support
(NRP) - Neonatal Resuscitation Program

POLICY:

1. Kaiser Permanente (KP) accepts AHA approved, ACLS, BLS, PALS and AHA/AAP NRP cards of completion (AHA or AHA/AAP logo is displayed for approved cards). AHA courses are standard for all KP-sponsored trainees in Southern California.

NOTE: Substantially equivalent certifications may be accepted from affiliates, if approved by KFH leadership at the affected Medical Center. These may include American Red Cross BLS for Healthcare, American Red Cross ACLS, and ART/BART for affiliate trainees who hold these alternate certifications

2. The following trainees are required to have BLS certification: All trainees (PGY - ALL) – All Programs
3. The following trainees are required to have ACLS certification: Trainees in all Adult Programs assigned within a Kaiser Foundation Hospital for the duration of the academic year(s) in which those rotations occur (i.e., except those whose assignments are ambulatory for the entire academic year).

NOTE: If resident/fellow performs Procedural Sedation, they must have an active ACLS certification. At the time of the Affiliate Trainees rotation, if it is 2 months or less, we will accept the higher certification without active BLS. Active BLS is preferred, but not required.

4. The following trainees are required to have PALS certification: Trainees in all Programs that rotate in inpatient Pediatrics for the duration of the academic year(s) in which those rotations occur.
5. The following trainees are required to have AHA/AAP NRP completion: Trainees in all Programs that rotate in Nursery/NICU, for the duration of the academic year(s) in which those rotations occur.

INSTITUTIONAL POLICIES
Regional Certification Policy

MAINTENANCE OF ACLS/BLS/PALS/NRP CERTIFICATION:

1. It is the trainee's responsibility to maintain ACLS/BLS/PALS and/or AHA/AAP NRP certification. Kaiser Permanente may provide notification to remind them of their responsibility. However, trainees should not rely solely on this notification before taking appropriate steps to ensure that their certification remains valid and does not expire.
2. Copies of evidence of completion must be maintained for trainees that require ACLS/BLS/PALS and/or NRP certification.
3. Trainees must present original documentation as evidence of completion of the renewal.
 - a. Should a trainee who is an employee of Kaiser Foundation Hospitals, Inc. permit his/her required certification(s) to expire, the trainee will be placed on an unpaid administrative leave. He/she shall not be scheduled for duty until certification is obtained and verified.
 - i. If appropriate current documentation of the ACLS/BLS/PALS and/or NRP is not obtained and verified within 30 business days, the trainee is subject to termination after consultation with HR.
 - ii. Should an affiliate trainee rotating at Kaiser Permanente permit his/her required certification(s) to expire, he/she shall be suspended from duty and the Sponsoring Institution notified. He/she shall not be scheduled for duty until certification is obtained and verified.
4. Any manager who knowingly permits a trainee to work for any reason after the date of expiration of required certification(s) shall be subject to disciplinary action

REFERENCES:

The Joint Commission Hospital Accreditation Standards Manual

Kaiser Permanente License, Certification, and Registration Verification [NATL.HR.010](#)

APPROVAL:

Approved by the Institutional Graduate Medical Education Committee (IGMEC) held on April 18, 2019, chaired by Dr. J. Craig Collins, Designated Institutional Official and Karianne Holguin, Regional Director Southern California Graduate Medical Education.

INSTITUTIONAL POLICIES

Licensing

PURPOSE

The purpose of this policy is to comply with Medical Board of California (MBC) and Osteopathic Medical Board of California (OMBC), licensing requirements, as applicable; and to align with requirements of the Accreditation Council for Graduate Medical Education (ACGME) and specialty boards.

POLICY

This policy applies to all residents and fellows in Kaiser Permanente Southern California (KPSC)-sponsored programs, including non-ACGME fellowships.

Postgraduate Training License

Effective January 1, 2022, every PGY-1 trainee must obtain a Postgraduate Training License (PTL) within 180 days after enrollment in a Board-approved postgraduate program. The PTL will be valid until 90 days after the trainee has completed the required twelve (12) months of training, for graduates of U.S. or Canadian medical schools or twenty-four (24) months for graduates of international medical schools. If a PTL was granted prior to January 1st, 2022, the original expiration date of 36 months from start date of training program should not be relied upon. Residents and fellows are strongly encouraged to transition from PTL to full licensure as soon as eligible.

Step 3 of the USMLE or the COMLEX Level 3

Residents must pass the USMLE Step 3 or COMLEX Level 3, as appropriate, during PGY-1 (Intern) Year. Any continuing resident who has not passed before July 1 of PGY-2 will be placed on Academic Probation and will have up to 2 months from the start of PGY-2 to retake and pass USMLE Step 3 or COMLEX Level 3.

Failure to pass at the second attempt will result in termination from the program for failure to maintain Medical Board of California licensing requirements.

Medical License

After passing the Step 3 of the USMLE or the COMLEX Level 3 exam and successfully completing twelve (12) months of training for U.S. and Canadian medical school graduates or 24 months for international medical school graduates, the trainee will apply for a full Physician's and Surgeon's Certificate (P&S License) with the MBC or OMBC within 90 days to continue training as a resident in California.

A Fellow holding an out-of-state medical license must possess a P&S license with the MBC or OMBC prior to starting fellowship training. Fellows from outside of California will still have the 90 days grace period after they start.

Failure to obtain or maintain required licensure by stated deadlines will result in an unpaid suspension of 30 business days. Failure to obtain an active license within the 30 business days of unpaid suspension will result in termination. Resident or Fellow may be eligible for rehire when a license is obtained, should the position still be available, and at the sole discretion of the Program Director.

The licensing requirements stated above are automatically revised, if necessary, to comply with applicable laws or regulations.

INSTITUTIONAL POLICIES

Professionalism

The following SCPMG guideline, “Permanente Professionalism” is applicable to KPSC residents and fellows.

STATEMENT

Permanente Professionalism

A physician commits to on-going professional development, commitment to ethical principles, and demonstration of sensitivity to patient’s culture and diversity. A physician exhibits the following behaviors: altruism, accountability, excellence, humanitarianism, respect for others, honor and integrity.

DEFINITIONS

Altruism – putting the best interests of the patient over self.

Accountability – to patients, society, and the profession.

Excellence – commits to life-long learning.

Humanitarianism – commitment to service.

Respect for Others – collaborates with patients, colleagues, and staff.

Honor and Integrity – exhibits the highest standards of behavior.

SCPMG physicians strive to exemplify Permanente Professionalism, Partnership and Values.

A Permanente physician demonstrates Professionalism by working in a manner that exhibits the highest level of ethics and accountability, humanitarianism, and the best interests of the patient, a constant yearning to maintain clinical excellence, and collaboration with colleagues and others on the health care team.

A Permanente physician demonstrates the principles of Partnership by adopting best practices, keeping current with SCPMG business initiatives, voting in partnership elections when eligible to vote, and actively advocating for the success of SCPMG.

A Permanente physician demonstrates the Southern California Kaiser Permanente values by exhibiting partnership, accountability and flexibility, embracing innovation, demonstrating integrity, contributing to our diverse workplace, and achieving the highest results in quality and service.

Physician Professional Responsibilities

Accountability expectations:

- Schedules patient according to departmental and Area expectations
- Takes ownership of all duties assigned to the physician, both clinical and administrative
- Meets commitments in a timely fashion
- Uses referrals and consults appropriately
- Maintains clinical competencies appropriate for work responsibilities
- Maintains licensure, certifications, and required education
- Uses benefits appropriately as indicated in the Partnership Agreement/Rules and Regulations (PAR&R) with proper documentation as required

INSTITUTIONAL POLICIES

Professionalism

Flexibility Expectations:

- Adapts quickly to address the changing needs of patients, colleagues, department, and co-workers
- Adjusts goals and priorities based upon changing conditions
- Does everything he/she can to fulfill the unique needs of patients and colleagues
- Willing and able to change course of action when needed
- Successfully manages multiple priorities

Innovation Expectations:

- Contributes to efficiency in the workplace
- Willing to participate in implementation of new approaches to care, such as pilot programs and other new programs
- Adopts new treatments and technologies once approved by SCPMG, if necessary
- Supports and advocates for organizational change whenever supported by substantial evidence
- Participates fully in the physician's department quality improvement process
- Thinks creatively and develops new programs or supports colleagues who develop new programs

Integrity Expectations:

- Acts truthfully, honestly and ethically, even in the most difficult situations, and has a reputation for always doing what is right
- Values and promotes open, candid, and courageous communications to constructively address issues and challenges
- Demonstrates professionalism through civic virtue and citizenship by behaving in a manner that is consistent with the Principles of Responsibility and compliant with the law and all internal policies and procedures
- Treats everyone equitably, fairly, and able to be impartial when assessing a situation
- Accounts for and takes responsibility for errors
- Uses electronic assets and social media responsibly and in accord with internal policies

Partnership Expectations:

- Contributes equitably to departmental duties (panel size, call, difficult cases)
- Extends self willingly, extra call, difficult cases
- Establishes rapport with colleagues and staff (cordially engages)
- Collaborates and "partners" with patients and is empowering
- Participates in departmental meetings and hospital committee meetings
- Meets productivity standards for department
- Participates in the business of SCPMG and Kaiser Permanente

Diversity Expectations:

- Avoids judgmental or prejudiced behaviors

INSTITUTIONAL POLICIES**Professionalism**

- Is culturally sensitive to the needs of the community
- Actively supports Culturally Responsive Care (CRC) for members

Quality Expectations:

- Demonstrates technical ability
- Uses time and resources wisely
- Expresses self clearly

Service Expectations:

- Puts members' needs first
- Treats patients and their families with respect and courtesy
- Treats staff and colleagues with respect and courtesy
- Facilitates hand-offs between providers
- Goes out of the way to help a member or colleague
- Understands the unique needs of the patient

Results Expectations:

- Meets and exceeds targets Region has set related to different performance metrics
- Participates in programs that help us to achieve the targets we have set
- Strives to meet access and utilization metrics by working with employees and staff to track and fill schedule