Written Policies (see description)

- Resident/fellow appointments (Institutional Requirements 4.2.-4.2.a.3.)
    - Appointment and Promotion
- Criteria for promotion and/or renewal of a resident's/fellow's appointment (Institutional Requirement 4.4.)
    - Promotion and Reappointment
- Due process in instances where actions of suspension, non-renewal, non-promotion, or dismissal are taken against a resident/fellow (Institutional Requirement 4.4.b))
    - Disciplinary Action
    - Appeal of Disciplinary Action
- Procedures for submitting and processing resident/fellow grievances (Institutional Requirement 4.5.)
    - Grievance
- Vacation and leaves of absence (Institutional Requirement 4.8.-4.9.b.)
    - Resident Time Away Guidelines
    - Leaves of Absence for Medical Residents
- Physician impairment (Institutional Requirement 4.9.b.)
    - Impaired Physician
- Harassment (Institutional Requirement 4.9.c.)
    - Harassment Discrimination Retaliation
- Accommodations for disabilities (Institutional Requirement 4.9.d.)
    - Reasonable Accommodation Process
- Discrimination (Institutional Requirement 4.9.e.)
    - Previously uploaded Harassment Discrimination Retaliation
- Supervision of residents/fellows (Institutional Requirement 4.10.)

    - Resident Supervision
- Clinical and educational work hours (formerly called duty hours) (Institutional Requirement 4.11.)
    - Clinical Experience and Education
- Moonlighting (Institutional Requirements 4.11.1., and 4.11.1.a)-d))
    - Moonlighting
- Interactions with vendors (Institutional Requirement 4.12..)
    - Vendors
- Non-competition guarantees or restrictive covenants (Institutional Requirement 4.13..)
    - Non Compete
- Substantial Disruptions in patient care or education (Institutional Requirements 4.14.-4.14.a.)
    - Extraordinary Circumstances
- Closures or reductions in size of ACGME-accredited programs, and closure of the Sponsoring Institution (Institutional Requirements 4.15.-4.15.b.)
    - Reduction/Closure

Spokane Teaching Health Center

Updated and approved at GMEC 4/14/26

Appointment and Promotion Policy

Appointment

This policy applies to residents and fellows in all STHC sponsored Graduate Medical Education programs.

Appointments are for twelve (12) months

Each residency/fellowship program provides clinical rotations of sufficient quality and duration so learners who successfully complete the program are qualified to sit for respective board certification (if applicable) and examinations. All program activities are conducted within the guidelines of external agencies that evaluate and accredit training programs and hospitals. The obligation to train physicians in the practice of their specialties includes the provision of inpatient and outpatient settings in which the specialty may be practiced; the provision of equipment and facilities for the care of patients; the provision of supervision, feedback and evaluation of professional work of the residents/fellows by faculty members; and the provision of didactic experiences to supplement practical clinical experiences.

Resident/fellow must be in attendance of all scheduled rotation duties and required training made explicit by their appropriate training program. Residents/fellows agree to comply with leave of absence protocols. A resident/fellow who fails to comply with these protocols or who takes an unapproved leave of absence is assumed to have resigned their appointment, unless extenuating circumstances apply. If a learner is considered to have resigned from their residency/fellowship, the Program Director will so notify the resident/fellow in writing.

Residents/fellows are expected to actively participate in the care of patients who present to the hospital or clinic to which the resident/fellow is assigned. Residents/fellows are expected to take an active role in teaching medical students, other learners, and staff.

The appointment of resident/fellow is conditioned upon compliance with the board certification requirements of their residency/fellowship program. Failure to do so will result

in the rescission of the resident/fellow appointment and withdrawal of privileges, salaries, and benefits. Residents/fellows must comply with all GMEC and clinical site policies.

Each resident/fellow will have timely access to evaluations of their performance throughout their residency/fellowship. The Program Director (or his/her designee) shall discuss with each resident/fellow their overall progress toward the educational objectives and satisfactory completion of their program. Such discussions will occur at least semi-annually in compliance with the ACGME Institutional, Common and Specialty-specific Program Requirements.

Program appointment, advancement, and completion are not assured or guaranteed to the resident or fellow but are contingent upon the resident/fellow's satisfactory demonstration of progressive advancement in scholarship and continued professional growth.

Promotion

Each resident's performance will be evaluated at least twice in each academic year by the Clinical Competency Committee (CCC). The program specific milestones will be utilized, along with evaluations from faculty, peers, administrative and clinical staff, to determine resident progress. When a resident achieves satisfactory performance in scholarship, patient care and professional growth, the CCC, in conjunction with the Program Director, will deem the resident ready for promotion and a contract for the next academic year will be issued.

Created by: System Graduate Medical Education	08/2023	Origination	MM/YYYY	Owner	
		Last Approved	MM/YYYY	Policy Area	Graduate Medical Education
Approved by: Providence Human Resources and Legal	04/2025	Effective	MM/YYYY	Applicability	[SI – Program]
		Last Revised	MM/YYYY		
		Next Review	MM/YYYY		

GME Promotion and Reappointment Policy
Approved by GMEC 04/14/26

Purpose

This policy outlines the criteria and process for promoting Resident/Fellows to the next level of training or renewing their appointment in a Residency/Fellowship program at STHC.

Scope

This policy applies to all Medical Resident/Fellows at STHC Sponsored Program.

Policy

A. The progress of each Resident/Fellow will be reviewed at least semi-annually. The Faculty and Program Director or designee may review the progress of each Resident/Fellow throughout the academic year including:

1. At minimum, the following competencies: Medical Knowledge, Patient Care, Systems Based Practice, Practice Based Learning, Professionalism, Interpersonal and Communication Skills and any other required evaluation tools as dictated by the Program.
2. Evaluations of Resident/Fellow including Direct Observation, Self, Attending, Faculty, Preceptor, Clinical Staff, Patient and Peers.
3. Successful completion of rotation expectations as detailed in goals and objectives.
4. Meeting all accrediting bodies, specialty boards, or Sponsoring Institution requirements.
5. Completion of routine Advisor/Resident/Fellow meetings.
6. The Program Director or designee, at minimum, may meet with each Resident/Fellow annually to ensure:
    1. Resident/Fellow is progressing as expected within the program.
    2. Collaborate with the Resident/Fellow's to ensure they are meeting individual and program goals and outline plans to accomplish those goals.

Advancement Process:

Created by: System Graduate Medical Education	08/2023	Origination	MM/YYYY	Owner	
		Last Approved	MM/YYYY	Policy Area	Graduate Medical Education
Approved by: Providence Human Resources and Legal	04/2025	Effective	MM/YYYY	Applicability	[SI – Program]
		Last Revised	MM/YYYY		
		Next Review	MM/YYYY		

GME Promotion and Reappointment Policy
Approved by GMEC 04/14/26

The Program Director or designee has authority to make progression or promotions decisions. Such decisions may include substantial contributors, like the Clinical Competency Committee, who will assist in making recommendations

Non-Renewal of Appointment or Non-Promotion

A. If a Resident/Fellow's agreement will not be renewed, or they will not be promoted to the next level for training, written notice should be provided by the program at least 90 days prior to the expiration of the Resident/Fellow's current agreement, except in the circumstances noted in Section B below.

B. If the primary reason(s) for the non-renewal or non-promotion occur(s) within the 90 days prior to the end of the agreement, written notice must be given as soon as circumstances will reasonably allow.

C. Resident/Fellows have the right to appeal a written notice of intent not to renew the agreement, or of intent to renew the agreement but not to promote the Resident/Fellow to the next level of training.

D. The Program must provide Resident/Fellows with a copy of the STHC GME Academic Improvement Policy.

Created by: System Graduate Medical Education	08/2023	Origination	MM/YYYY	Owner	
		Last Approved	MM/YYYY	Policy Area	Graduate Medical Education
Approved by: Providence Human Resources and Legal	04/2025	Effective	MM/YYYY		
		Last Revised	MM/YYYY	Applicability	[SI – Program]
		Next Review	MM/YYYY		

GME Disciplinary Action Policy
Approved by GMEC 04/14/26

Purpose

The objective of this policy is to establish clear guidelines and procedures for addressing instances where a Resident/Fellow at STHC fails to meet academic expectations, performance, behavior or engages in misconduct.

Scope

This policy applies to all Medical Resident/Fellows at STHC Sponsored Program.

Policy

Definition

A. Academic Deficiency: The Resident/Fellow is not meeting one or more of the Core Competencies, as revised from time to time, which may include: patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and system-based practice. Examples of academic deficiencies, include, but are not limited to:
    a. Observed concerns related to knowledge, skills, job performance or scholarship;
    b. Failure to achieve acceptable exam scores within the time limits identified by the training program;
    c. Unprofessional conduct;
    d. Professional incompetence including conduct that could prove detrimental to patients, employees, staff, volunteers, visitors, or operations.

B. Misconduct: Conduct by a Resident/Fellow that violates workplace rules or policies, applicable law, or established behavioral standards. Examples of misconduct include, but are not limited to:
    a. Unethical conduct, such as falsification of records;
    b. Illegal conduct (regardless of filing of criminal charges or criminal conviction);
    c. Sexual misconduct or sexual harassment;

d. Workplace violence;
e. Unauthorized use or disclosure of patient information;
f. Violation of STHC and/or STHC policies or procedures, including without limitation the Code of Conduct;
g. Scientific misconduct.

C. Disciplinary Action: Any of the following actions taken in response to a Resident/Fellow's Misconduct or Academic Deficiency: probation, suspension, non-promotion to the next PGY level, non-renewal of the Resident/Fellow's contract, and dismissal from the program.
D. Non-disciplinary measures for academic improvement are set forth in the GME Academic Improvement Policy. In circumstances under which non-disciplinary measures are unsuccessful, formal disciplinary action may be undertaken pursuant to this policy and process.

Process:

A. Administrative Leave
   a. Should the Program Director or designee and the Designated Institutional Official (DIO) (or their designee) determine that immediate action is required prior to completion of a review or investigation of possible misconduct or academic deficiency, in order to protect the health and safety of patients, staff or other persons, or the interest of STHC the Resident/Fellow may be placed on immediate administrative leave, with pay as appropriate. This action is not disciplinary and cannot be appealed pursuant to the GME Appeal of Disciplinary Action Policy. This type of leave is intended to be a short-term measure to allow for a review of the underlying concern and determination as to whether Disciplinary Action is warranted.
B. Disciplinary Action
   a. Disciplinary Action is issued to a Resident/Fellow as the result of Academic Deficiency or Misconduct.
   b. A program is not required to issue a Resident/Fellow any form of non-disciplinary, remedial action as a prerequisite to recommending or taking Disciplinary Action.

Serious Academic Deficiencies and/or misconduct may warrant disciplinary action, up to and including dismissal, regardless of whether a Resident/Fellow ever received or was subject to any prior form of remedial action.

C. Types of Disciplinary Actions:
   a. Probation: A temporary modification of a Resident/Fellow's participation in or responsibilities within the training program; these modifications are designed to facilitate the Resident/Fellow's accomplishment of program requirements. Generally, a Resident/Fellow will continue to fulfill training program requirements while on probation, subject to the specific terms of the probation. The Program Director or designee shall have the authority to place the Resident/Fellow on probation (and shall identify the Resident/Fellow's status as "on probation") pursuant to this policy and have wide discretion based on their professional judgment to determine the terms of the probation. Probation may include special requirements or alterations in scheduling a Resident/Fellow's responsibilities, a reduction or limitation in clinical responsibilities, or enhanced supervision of a Resident/ Fellow's activities.
   b. Suspension: A period of time in which the Resident/Fellow is not allowed to take part in all or some of the activities of the program. Time spent on suspension may not be counted towards the completion of program requirements. During the suspension the Resident/Fellow will be placed on administrative leave with pay.
   c. Non-Promotion to the Next PGY Level: A lack of promotion of the Resident/Fellow to the next level of training unless or until Resident/Fellow's performance improves to the required level. In instances where a Resident/Fellow will not be promoted to the next level of training, the program must provide the Resident/Fellow with written notice of intent no less than 90 days prior to the expiration of the Resident/Fellow's current agreement.
   d. Non-Renewal: Non-renewal of a Resident/Fellow Agreement for the next academic year. In instances where a Resident/Fellow's agreement will not be renewed, the program must provide the Resident/Fellow with written notice of intent no less than 90 days prior to the expiration of the Resident/Fellow's current agreement.

e. Dismissal: A permanent separation of the Resident/Fellow from the program.

D. Recommending Disciplinary Action:
   a. When a Program Director or designee has determined that disciplinary action is warranted, the Program Director or designee must consult with the DIO about the intended actions and inform the Clinical Competency Committee. In making determination of what disciplinary action to recommend, the Program Director or designee should consider the totality of circumstances as then known, including but not limited to, the severity of the Resident/Fellow's behavior, potential for patient harm, prior attempts at behavior modification and the results of these attempts, and the Program Director's (or designee's) experience and judgment on Resident/Fellow knowledge, skill, and professionalism.
   b. The Program Director or designee will prepare a written notice of recommendation for Disciplinary Action. The written notice of recommendation will be reviewed by the DIO and CCC prior to being provided to the Resident/Fellow. This notice must include:
      i. A recommendation of the specific Disciplinary Action to be taken.
      ii. A description of the Academic Deficiency(ies) and/or incident(s) of misconduct that are the basis for the Disciplinary Action.
      iii. The specific remedial action or improvement that is required, unless the Corrective Action is dismissal or non-renewal.
      iv. A defined period of time with a start and end date of improvement (if applicable).
      v. Notice of the right to appeal, along with a copy of the GME Appeal Disciplinary Action Policy.
      vi. The Disciplinary Action recommendation should be signed by the Program Director or designee and delivered by the Program Director or designee to the Resident/Fellow in person, if possible. The Resident/Fellow should be required to co-sign and acknowledge receipt upon receiving.
      vii. A copy of the Disciplinary Action must be placed in the Resident/Fellow's personnel file.

E. Pending Final Decision
    a. The Program Director or designee may remove the Resident/Fellow from participation in the program pending expiration of the time frame to request appeal and final resolution of the appeal. In making a determination as to whether to remove the Resident/Fellow from the program pending final resolution, the Program Director or designee should consider whether the Resident/Fellow's continued participation could endanger the health or wellbeing of patients, staff, or others. The Program Director or designee should also consider the nature of the underlying concern giving rise to the Disciplinary Action (i.e. an allegation of serious misconduct tends to weigh in favor of removal from participation pending resolution). The Resident/Fellow shall continue to be paid their salary until there is a final decision on the Disciplinary Action and the appeal (if invoked by the Resident/Fellow) is final.
    b. Resident/Fellows may appeal a Disciplinary Action pursuant to the GME Grievance Policy.

F. Finalization of Disciplinary Action:
    a. The recommended Disciplinary Action will become final at such time as: the time frame for requesting an appeal expires and the Resident/Fellow withdraws an appeal; or the appeal process concludes and the hearing panel upholds or modifies the recommended Disciplinary Action, pursuant to the GME Appeal of Disciplinary Action Policy.

Other Administrative Actions

A. Administrative action as set forth below are non-disciplinary in nature. Resident/Fellows do not have the right to request review of administrative actions pursuant to the GME Appeal of Disciplinary Action Policy.
    a. Automatic Resignation: The Resident/Fellow may be considered to have automatically resigned under the following circumstances:
        i. Failure to provide Visa or License Verification: Failure of the Resident/Fellow to provide verification of eligibility to work legally in the United States or verification of current compliance with state licensing requirements of the

Washington State Board of Medicine and/or DEA registration may result in the Resident/Fellow's automatic resignation from the STHC training program.

ii. Unapproved Absence: Resident/Fellows must communicate directly with the Program Director or designee in the event they are unable to participate in the training program for any period of time in excess of 24 hours. Based on the Resident/Fellow's communication, the Program Director or designee may grant a leave in times of exceptional circumstances and/or pursuant to STHC policy.

iii. Extended Unapproved Absence: If a Resident/Fellow is absent without approved leave in accordance with the Medical Resident Time Away Policy and Medical Resident Leave Policy for 48 hours or more, they may be considered to have resigned voluntarily from the program unless they submit an acceptable written explanation of any absence taken without leave. This written explanation must be received by the Program Director or designee within 10 days of the first day of absence without leave. The Program Director or their designee will review the explanation, and any materials submitted by the Resident/Fellow regarding the absence without leave in question. The Program Director or designee will notify the Resident/Fellow in writing of their decision within 10 days of submission of the Resident/Fellow's written explanation. Failure of the Resident/Fellow to submit a written explanation or failure to explain adequately or to document the unexcused absence to the satisfaction of the Program Director or designee may result in the Resident/Fellow's automatic resignation from the GME Training Program.

iv. Licensure Exam Failure: Failure of the Resident/Fellow to Pass the United States Medical Licensing Examination Step 3 or Comprehensive Osteopathic Medical Licensing Examination Level 3 in accordance with the requirements and timeframe set forth in the STHC policy.

B. The DIO, or their designee will review the concern and deem the Resident/Fellow to have automatically resigned based on the criteria set forth in this policy. In conjunction with the Program Director or designee, the Sponsoring Institution will provide written notice to the Resident/Fellow of the Resident/Fellow's automatic resignation.
C. The notice of automatic resignation should be delivered by the Program Director or designee to the Resident/Fellow in person, if possible. If hand delivery is not possible, the notice should be delivered to the Resident/Fellow's residence by certified mail/return receipt requested or by national overnight courier service.
D. Automatic resignation does not entitle the Resident/Fellow to the appeal procedures set forth in the Appeal of Disciplinary Action policy.

Created by: System Graduate Medical Education	08/2023	Origination	MM/YYYY	Owner	
		Last Approved	MM/YYYY	Policy Area	Graduate Medical Education
Approved by: Providence Human Resources and Legal	04/2025	Effective	MM/YYYY		
		Last Revised	MM/YYYY	Applicability	[SI – Program]
		Next Review	MM/YYYY		

GME Appeal of Disciplinary Policy
Approved by GMEC 04/14/26

Purpose

The purpose of the GME Appeal of Disciplinary Action policy is to define the criteria for a Resident/Fellow of the Graduate Medical Education program to appeal a program decision as it relates to disciplinary action.

Scope

This policy applies to all Medical Resident/Fellows at STHC Sponsored Program.

Policy

Requesting an Appeal: The Resident/Fellow may appeal a decision by the Program Director or designee for any Disciplinary Action by submitting a written request for appeal to the DIO (Designated Institutional Officer) or formally appointed designee within 7 days of receipt of written notification of the Disciplinary Action to the Resident/Fellow. In the case of the DIO's absence, vacancy of the DIO position, or medical leave, the regional CMO will appoint a designee to replace the DIO during the appeals process. The Resident/Fellow may, at the Program Director's discretion, be placed on paid leave to prepare for the appeal until the hearing, which will occur within 30 calendar days of the DIO or Designee's receipt of the Resident/Fellow's written request of appeal. The Resident/Fellow's contract is typically extended in cases to allow for the appeal. The request for appeal may be hand delivered or emailed to the DIO or Designee. The Resident/Fellow appealing a dismissal or suspension decision may be placed on paid leave pending the outcome of the dismissal.

Appeals Process: Appeals are adjudicated by the GME Performance Committee ("GPC"), an ad hoc committee or a committee consisting of the DIO or Designee of the resident/fellows Sponsoring Institutions and at least three GME professionals appointed by the Sponsoring Institution DIO. The DIO or Designee chairs the appeals process as follows:

Created by: System Graduate Medical Education	08/2023	Origination	MM/YYYY	Owner	
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Approved by: Providence Human Resources and Legal	04/2025	Effective	MM/YYYY		
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GME Appeal of Disciplinary Policy
Approved by GMEC 04/14/26

a) After Receipt of the request for appeal, the DIO or Designee will inform the Program Director or designee, GPC (or designated committee) members, and Resident/Fellow of the date, time, and place of appeal. The DIO or Designee will also provide written instructions regarding logistics of the appeal, including timing of the written submissions described below.

b) The Resident/Fellow and Program Director or designee will have an opportunity to submit written statements and supporting documents, and appear personally in front of the committee.

c) The Program will provide the Resident/Fellow's relevant training program materials to the Committee upon request.

d) Other than as described in (c) and (d) above, or as agreed to by the involved parties and as directed by the DIO or Designee, there is no discovery between the Resident/Fellow and the Program. The written statements and supporting documents, submitted by or on behalf of the Resident/Fellow and the Program are not disclosed to the other.

e) As chair of the Committee, the DIO is the only individual endowed with the authority to request supplemental statements or documents from parties outside the trainee and Program Director or designee. If such supplemental statements are required, the Resident/Fellow or Program must submit the request in writing through the DIO or Designee for review and if allowed, all communication must go through the Committee so that any additional documentation can be submitted in a manner free of coercion. The DIO or Designee may not advise the person to accept or decline the offer to provide a statement to the Program or Resident/Fellow. These statements may be submitted

confidentially directly to the DIO or Designee for GPC use only, at the request of the individual providing the statement.

f) The GPC may ask questions and solicit information from the Program's faculty members, the Program Director or designee, the Resident/Fellow making the appeal and any individuals the Resident/Fellow asks to provide a statement.

g) At the conclusion of the hearing, the GPC will meet in closed session to deliberate. The DIO or Designee will draft a summary of the findings of the ~~R~~GPC for the members to endorse, including any dissenting opinions. The DIO or Designee will send these findings to the Program and the Resident/Fellow making the appeal as soon as feasible.

h) The decision of the GPC is final. There is no right to further appeal of the decision of the GPC.

i) The hearing is not recorded or transcribed.

j) The hearing is an academic appeals process, not a judicial proceeding. Attorneys may not actively participate or attend the appeal hearing. Attorneys may assist the Resident/Fellow, Program and committee members in preparing for the hearing.

k) The appeals process and committee deliberations are confidential peer review proceedings.

l) Appeals may not be filed after the Resident/Fellow has left the training program.

Created by: System Graduate Medical Education	08/2023	Origination	MM/YYYY	Owner	
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Approved by: Providence Human Resources and Legal	04/2025	Effective	MM/YYYY		
		Last Revised	MM/YYYY	Applicability	[SI – Program]
		Next Review	MM/YYYY		

GME Grievance Policy
Approved by STHC GMEC 04/14/2026

Purpose

The purpose of this policy is to establish a fair and transparent process for resolving grievances raised by Resident/Fellow physicians employed by all programs at Spokane Teaching Health Center.

Scope

This policy applies to all Medical Resident/Fellows at Spokane Teaching Health Center Sponsored Programs. This policy applies to grievances related to perceived non-compliance with local, regional, institutional policies or applicable accreditation standards. It is important to note that this policy does not provide recourse for Resident/Fellows to appeal adverse academic actions such as training, extension of training, probation, suspension, non-renewal, or dismissal. Discrimination, harassment, retaliation, and unprofessional behavior are addressed separately in other policies.

Policy

Resident/Fellow may initiate a grievance using the following procedure:

A. Resident/Fellows are encouraged to first bring their concerns to the attention of the Program Director or designee of the Sponsored Training Program. The Program Director or designee will investigate the allegations made in a timely manner following notification of the concern.

   If the Resident/Fellow believes the Program Director or designee cannot fairly consider and/or resolve the grievance due to a conflict of interest, they may file the grievance with the Sponsoring Institution Official Designated Institutional Official (DIO) in accordance with "B" below.

Created by: System Graduate Medical Education	08/2023	Origination	MM/YYYY	Owner	
		Last Approved	MM/YYYY	Policy Area	Graduate Medical Education
Approved by: Providence Human Resources and Legal	04/2025	Effective	MM/YYYY		
		Last Revised	MM/YYYY	Applicability	[SI – Program]
		Next Review	MM/YYYY		

B. If the Program Director or designee cannot provide sufficient remedy for the complainant or the grievance is submitted directly to the DIO, the DIO will investigate the grievance. The DIO has the authority to decide whether a violation occurred without convening the grievance panel described in Section C below. In such cases, the DIO will inform the complainant in writing of the grievance resolution, decision to deny the grievance and reason for not convening a grievance panel.

C. If the DIO's investigation does not conclusively determine a violation did or did not occur, a grievance panel consisting of three senior faculty members will be convened within three weeks of the grievance's receipt. The panel, moderated by the DIO will review the allegation and may interview the Resident/Fellow, faculty who have knowledge about the allegations in the grievance, or Program Director or designee before reaching a decision. The panel's decision will be communicated to the faculty or Resident/Fellow.

D. Should a grievance be substantiated, the DIO, in conjunction with the Program Director or designee, will work to provide a corrective action plan to address the concerns outlined in the grievance.

If the grievance alleges a violation by a non-Providence employee or an external organization with which Providence has an affiliation agreement for training, the complainant should notify their local Program Director or designee. The local Program Director or designee, in consultation with the Program's Sponsoring Institution DIO and local Chief Executive or designee will work with the leadership of the external organization to address and resolve the grievance.

Resident Time Away Guidelines and Protocols

	Vacation	Sick	Leave/CME
1	15 plus 5 days of mandatory at end of PGY 1 year	12	Leave for board exam
2	20	12	By permission of the PD and only to fulfill scholarly activity requirements
3	20	12	By permission of the PD and only to fulfill scholarly activity requirements
4	20	12	By permission of the PD and only to fulfill scholarly activity requirements. Also, if Chief Resident, may attend a Chief Resident Conference at the end of the PGY 3 year before taking on Chief duties.
5	20	12	By permission of the PD and only to fulfill scholarly activity requirements
FMLA			Details after collaboration with Pro gram Director/Coordinator and Providence HR Department.
Call obligations			No one accrues call obligations during their time off, as some of it is vacation an d/ or sick leave and some is covered by FM LA.
Wellness ½ days			Each residents receives up to 3 wellness ½ days off per year.
Per individual program time away policies, if a resident misses more than allowed by the individual program policy, the Program Director will need to determine outcome for excessive days missed.			

KB0088073

Leaves of Absence for Medical Residents Policy

Providence Medical Group Inland NW WA ("ministry")

Department: Human Resources
Approved by: Chief Human Resources Officer
Date Last Reviewed: 7/2/2023
Date Last Revised: 7/2/2023
Date Adopted: 7/2/2023

Policy Name: Leaves of Absence for Medical Residents

Scope: All medical residents

Purpose: In keeping with our mission and values, the purpose of this policy is to describe the various paid leaves available to medical residents in accordance with the Accreditation Council for Graduate Medical Education (ACGME) requirements.

Terms:

Actively at work: Attending to normal duties at the medical resident's assigned place of employment. Being "actively at work" includes working on any regularly scheduled days, holidays and time away days as long as the medical resident is capable of active work on those days.

Elimination period: The waiting period during which the medical resident is not eligible for short-term disability pay.

Family member: A child (biological, adopted, foster, stepchild, legal ward, or a child for whom the caregiver stands in loco parentis), parent(s) (biological, adoptive, foster, stepparent, legal guardian of the caregiver or the caregiver's spouse or registered domestic partner, or a person who stood in loco parentis when the caregiver was a minor child), spouse, registered domestic partner, grandparent, grandchild, and sibling.

Objective medical evidence: Clinical information such as diagnosis, physical findings, chart notes, telephone contact with the physician offices, treatment plans, lab reports, x-rays, medical testing, a description of functional limitations, and documentation of functional limitations such as impaired concentration, poor social-emotional regulation, impaired judgment, and diminished ability to start, maintain, and complete tasks that are due to a mental health diagnosis.

Planned absences: Any time the medical resident knows that they will need to be absent from work for a leave-qualifying event (e.g., scheduled procedure, appointment, surgery or an anticipated pregnancy delivery).

Regular and appropriate care: The medical resident is receiving regular and appropriate care if they are:

- Receiving care as often as medically required from the physician whose specialty or experience is the most appropriate for the diagnosed disability.
- Receiving treatment that conforms to generally accepted medical standards for treating the diagnosed illness or injury.
- Participating in treatment at the intensity and frequency that is consistent with the diagnosed illness or injury.
- Engaging in face-to-face office visits with a physician or medical resident.

- Attending all scheduled appointments and treatments.
- Complying with the treatment recommended by the physician or medical resident.
- Receiving appropriate physical and psychological rehabilitative services.
- For mental illness related disabilities, engaging in active treatment with a behavioral health medical resident or other physician.

Treating physician: The medical provider responsible for directing care of the eligible medical resident's disabling condition.

Policy: In keeping with our mission and values, we provide benefit eligible (.5 FTE or greater) medical residents with an employer-paid short-term disability program designed to financially protect them during periods of non-work-related illness or injury, including maternity.

Leaves Provided Under Federal and State Law. Applicable federal and state law leaves will run concurrently with other leaves whenever possible and in accordance with applicable law. Medical residents should refer to the Leaves of Absence - Family and Medical Leaves and Other Leaves Policy for additional information.

1. **Short-Term Disability**
    A. **Short-Term Disability Requirements.** The 26-week short-term disability program is designed to provide financial protection to medical residents unable to work due to a non-work-related illness or injury, including maternity. This program is available to all benefit-eligible medical residents.
    B. **Short-Term Disability Eligibility.** Eligible medical residents will be covered by short-term disability beginning on their date of hire or the date moved into an eligible FTE status (.5 FTE or greater).
    C. **Elimination Period Before Benefits Can Begin.** Short-term disability pay applies for disabilities lasting longer than 7 consecutive calendar days. If available, time away hours can be applied for regular workdays missed during the elimination period. For example, a full-time medical resident (1.0 FTE) can use 40 hours of time away to replace pay for absences during the first 7 calendar days of disability. Recurrences 14 days or more following a return from a short-term disability warrant application for a new claim requiring another 7-calendar day elimination period.
    D. **Short-Term Disability Pay**
        1. The employer-paid benefit pays 100% of pay, subject to all applicable taxes, for up to 8 weeks following a 7-day elimination period. Short-term disability pay reduces to 66⅔ percent for disabilities longer than 9 weeks up to a combined 26 weeks. Long-term disability may apply for disabilities lasting longer than 26 weeks.
        2. Short-term disability pay is taxable as ordinary income in the year received. Applicable state and federal taxes will be withheld from payments along with other regular deductions.
        3. The short-term disability program does not pay for intermittent absences of short duration. Accordingly, benefits are not payable for disabilities lasting fewer than 7 consecutive calendar days.
        4. If available, time away hours can be used to replace pay during the elimination period and to supplement the reduced short-term disability benefit. (Please note that some shift-based medical residents may have different time-off benefits that can be applied.)
        5. The following applies to caregivers who live in a state with a state disability insurance (SDI) program:
            a. Caregivers are required to apply for benefits with both SDI as well as short-term disability.
            b. The short-term disability benefit will be reduced by the SDI benefit amount for a combined total benefit as noted above.
            c. If a caregiver is denied benefits by the state, the offset will remain in place until the caregiver exhausts their appeal opportunities with the state and the claim remains in denied status.
    E. **Short-Term Disability Procedures**

1. **Reporting a claim.** Leaves of absence lasting 3 days or longer should be reported to the third-party administrator as soon as practicable or in advance for known or planned absences (e.g., scheduled surgery, estimated delivery date). At intake, it will be determined if the reason for the leave would qualify for short-term disability pay. The deadline for filing a short-term disability claim is no later than 10 days from the medical resident's first day of absence due to their disability. If this deadline is not met, short-term disability pay may be denied.
2. **Conditions to Receive Benefits.** Medical residents are eligible to receive short-term disability pay if all the following conditions are met. A non-work-related injury or illness is sustained (see "Special Rules for Maternity") and the medical resident:
    a. Is an active caregiver at the time of disability
    b. Is under regular and appropriate care of a physician. The physician is required to provide objective medical evidence to support the disability. This evidence must indicate:
        1. That the illness or injury prevents the medical resident from performing their work.
        2. That the medical resident is undergoing appropriate treatment.
        3. The start date of the illness or injury.
        4. The expected duration of medical resident's disability.
    c. Is compliant with courses of treatment established by the treating physician.
    d. Ensures that heath care and treatment documentation that is acceptable is provided upon request in a timely manner.

F. **Special Rules for Maternity.** Pregnancy claims will be approved for, and limited to, 2 weeks pre-partum (including the 7-calendar day elimination period) based on estimated date of delivery and 6 (regular) or 8 (Cesarean) weeks starting with the child's date of birth unless objective medical evidence supports the extension of this already approved period. Following the disability period, additional time off may be available for baby bonding. Time Away hours can be used for income during the baby bonding period.

G. **Authority to Approve and Continue Benefits.** Final determination of benefit eligibility will be made by our third-party administrator, based on objective medical evidence. Medical residents are required to ensure that supporting medical evidence is provided to our third-party administrator no later than 20 days from the date the claim is filed or first date of absence, whichever is later. Periodic updates from the treating physician will be required to justify continued payment of benefits. Supporting medical information for extensions must be submitted within 7 days of the certified disability end date. The medical resident may also be required to undergo an independent medical evaluation with a physician chosen by our third-party administrator to validate or clarify medical evidence presented as support of the claim. If the treating physician has copying charges or other costs related to gathering information to substantiate a claim, the medical resident will be responsible for the costs incurred.

H. **When Benefits End or Are Not Paid.** Below are some examples of situations when short-term disability benefits may end or not be paid. The medical resident is not eligible for coverage under the program for any of the following reasons:
    1. Returns to work at their regularly scheduled number of hours.
    2. Receives the maximum short-term disability benefit for a qualifying disability.
    3. Fails to provide the appropriate notice of the need for a leave.
    4. Refuses medical care or fails to cooperate with a course of treatment.
    5. Stops receiving regular and appropriate care from a health care medical resident.
    6. Unreasonable refusal to comply with a "return to work" plan.
    7. Has an illness or injury that is caused by, or contributed to, being engaged in an illegal situation or occupation.
    8. Becomes incarcerated for a criminal conviction.
    9. Indicates that a condition is work-related.
    10. Is no longer employed at the ministry.

I. **Appeals.** The caregiver has 60 days from the receipt of notice of a denial for short-term disability benefits to file an appeal. Requests for appeals should be sent to the address specified in the claim

denial.

2. **Paid Parental Leave.** The ministry provides eligible medical residents (0.5 FTE or greater) the opportunity to take time off with pay to spend time bonding with their families following a birth, adoption, or foster child placement. Paid parental leaves for absences from work are subject to the limits and conditions described below.
    A. **Eligibility.** Medical residents with a full-time equivalent (FTE) of 0.5 or higher and scheduled to work 20 hours or more per week will be eligible for paid parental leave coverage as of the date of hire.
    B. **Benefits.** Medical residents may begin their leave immediately following the birth, adoption, or foster child placement. The parent who gives birth should first apply for short-term disability before requesting additional paid parental leave under this section of the policy.
        1. Medical residents on an approved leave will be paid 100 percent of their base pay in effect at the time the medical resident begins their leave. Paid parental leave benefits are taxable as ordinary income in the year received. Applicable state and federal taxes will be withheld from benefit payments along with other regular deductions.
        2. Medical residents in states and/or cities that have paid parental leave programs must also apply for benefits with the applicable state/city to be eligible for this supplemental ministry-paid benefit. The ministry-paid parental leave will be offset by any state/city paid parental leave benefit amounts for a combined total benefit of 100 percent of base pay at the time the leave commenced.
        3. If a medical resident is denied benefits by the state/city, the ministry will pay the medical resident the difference between base pay and the anticipated state/city paid benefits as an offset until the medical resident exhausts their appeal opportunities with the state/city and the claim remains in denied status.
        4. Medical residents are eligible for up to 6 weeks of ministry-paid parental leave in a rolling 12-month period (regardless of the number of qualifying events – e.g., multiple births, adoptions or foster placements or combination thereof during a 12-month period). Medical residents may choose to take this time off in increments of up to 3 occurrences, each a minimum of 1 week (7 calendar days). All available time must be used within 12 months following the birth or placement.
3. **Leave to Care for a Family Member.** The ministry provides eligible medical residents paid time off to provide care to a family member, subject to the limits and conditions described below.
    A. **Eligibility.** Medical residents will be eligible for paid leave coverage as of the date of hire.
    B. **Benefits.**
        1. Medical residents on an approved leave to care for a family member will be paid 100 percent of their base pay in effect at the time the medical resident begins their leave. Leave to Care for a Family Member benefits are taxable as ordinary income in the year received. Applicable state and federal taxes will be withheld from benefit payments along with other regular deductions.
        2. Medical residents in states and/or cities that have paid leave benefits must also apply for those benefits with the applicable state/city to be eligible for this supplemental benefit. The ministry-leave benefit will be offset by any state/city paid leave benefit amounts for a combined total benefit of 100 percent of base pay at the time the leave commenced.
        3. If a medical resident is denied benefits by the state and/or city, the ministry will pay the medical resident the difference between base pay and the anticipated state/city paid benefit as an offset until the medical resident exhausts their appeal opportunities with the state/city and the claim remains in denied status.
        4. Medical residents are eligible for up to 6 weeks of this type of ministry leave. Medical residents may choose to take this time off in increments of up to 3 occurrences, each a minimum of 1 week (7 calendar days). Leave to Care for a Family Member will only be available once during the residency program.
4. **Special Leave:** In addition to the above, medical residents may be eligible for 1 week of Special Leave paid at 100% of their base pay in order to allow for time off if the medical resident has exhausted all other leave options. Special Leave is available only once during the duration of the residency program.

Help: For questions about this policy, or assistance with understanding your obligations under this policy, please contact human resources.

The statements of this policy document are not to be construed as a contract or covenant of employment. They are not promises of specific treatment in specific situations and are subject to change at the sole discretion of the ministry.

IMPAIRED PHYSICIAN POLICY

INTRODUCTION

Impairment of performance by resident physicians can put patients at risk. Impairment will be managed as a medical/behavioral illness. Implicit in this concept is the existence of criteria permitting diagnosis, opportunity for treatment, and with successful progress toward recovery, the possibility of returning to training in an appropriate capacity. Impairment may result from depression or other behavioral problems, from physical impairment, from medical illness, and from substance abuse and consequent chemical dependency. Untreated or relapsing impairment is not compatible with safe clinical performance. The goals of this policy are:

1. To prevent or minimize the occurrence of impairment, including substance abuse, among residents.
2. To protect patients from risks associated with care given by an impaired resident physician.
3. To compassionately confront problems of impairment to effect diagnosis, relief from patient care responsibilities if necessary, treatment as indicated, and appropriate rehabilitation.

In achieving these goals, several principles are involved:

1. The safety of both the impaired individual and of patients is of prime importance.
2. The privacy and dignity of the affected individual should be maintained to the extent possible.
3. To the extent that its resources allow, the Washington Physicians Health Program will help facilitate education, intervention, preliminary assessment, diagnostic evaluation, treatment, and post treatment monitoring.

DIAGNOSIS OF IMPAIRMENT

The following are signs and symptoms of impairment. Isolated instances of any of these signs and symptoms may not impair ability to perform adequately, but if they are noted on a continued basis or if multiple signs are observed in an individual action may be indicated (See III E.). Warning signs and symptoms, although certainly not specific to problems of substance abuse, may include:

1. Physical signs such as fatigue, deterioration in personal hygiene and appearance, multiple physical complaints, accidents, eating disorders.

2. Disturbances in family stability.

3. Social changes such as withdrawal from outside activities, isolation from peers, embarrassing or inappropriate behavior at professional and social gatherings/events, adverse interactions with police, driving while intoxicated, undependability and unpredictability, aggressive behavior, and argumentativeness. Professional behavior patterns such as unexplained absences, spending excessive

Policy Name: Harassment Discrimination Retaliation

Scope: All workforce members

Purpose: In keeping with our mission and values, this policy establishes expectations for the work environment and standards for behaviors of all workforce members.

Terms:

Workforce Member means employees, caregivers, volunteers, trainees, interns, medical staff, students, independent contractors, vendors, and all other individuals working at the ministry whether or not they are paid by or under the direct control of the ministry.

Harassment may involve but is not limited to inappropriate behavior including comments, slurs, jokes, gestures, innuendoes, physical contact, graphics, writings, and pranks based on a legally protected characteristic such as those listed below. Harassment may involve a co-worker, a core leader, a customer or a vendor. Inappropriate behavior that is related to one of those protected characteristics rises to the level of harassment when: (1) submission to the harassment is made either explicitly or implicitly a term or condition of employment; (2) submission to or rejection of the harassment is used as the basis for employment decisions affecting the individual; or (3) the harassment has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

Sexual Harassment is a form of harassment that may include but is not limited to unwelcome sexual advances, requests for sexual favors and other visual, verbal or physical conduct of a sexual nature.

Discrimination is when a workforce member is subjected to an employment decision based on a protected characteristic, as defined by local, state, or federal law, including but not limited to race, color, religious creed (including religious dress and grooming practices), national origin (including certain language use restrictions), ancestry, disability (mental and physical including HIV and AIDS), medical condition (including cancer and genetic characteristics), genetic information, marital status, age, sex (which includes pregnancy, childbirth, breastfeeding and related medical conditions), gender, gender identity, gender expression, sexual orientation, genetic information, and military and veteran status.

Retaliation is when a workforce member is subjected to an employment decision as a result of engaging in a protected activity, such as a good-faith report of discrimination harassment or illegal activity.

Policy: The ministry strives to provide a positive work atmosphere that reflects our core values. Workforce members are expected to demonstrate behaviors that create a supportive and inclusive work environment, and share responsibility for maintaining a positive workplace. The ministry strictly prohibits unlawful harassment or discrimination, and expects everyone in our workplaces to conduct themselves in a manner consistent with this philosophy. As such, core leaders, co-workers, third parties and other individuals with whom workforce members come into contact must not engage in harassing or discriminatory conduct. These standards of conduct apply in any situation where a

workforce member is engaged in activities on behalf of the ministry, including off-site activities such as attendance at seminars, business travel and any business-related entertainment or social function. Allegations of unacceptable behavior will be taken seriously and investigated.

Procedures:

1. Workforce members should immediately report any concerns regarding sexual or other harassment or discrimination promptly to their core leader. If the core leader is unavailable or the workforce member believes it would be inappropriate to contact that person, the workforce member should immediately contact another core leader or the human resources leader or designee.
2. Core leaders must take appropriate action in response to all incidents or reported concerns. A co-worker or core leader who becomes aware of possible sexual or other harassment or discrimination or retaliation must promptly inform human resources so that the ministry may try to resolve the claim.
3. Reported concerns regarding potential harassment will be investigated to eliminate inappropriate conduct. Appropriate corrective action will be taken, as necessary, based on the outcome of the investigation. Confidentiality of the person reporting harassment will be maintained to the extent possible. Individuals who report a concern in good faith or who cooperate in an investigation will not be subject to retaliation.
4. Any workforce member who violates the expectations of this policy will be subject to corrective action, which may include termination of employment. Violations of the standards in this policy by any vendor, supplier, or other non-employee will be handled appropriately.

Help: For questions about this policy, or assistance with understanding your obligations under this policy, please contact human resources.

The statements of this policy document are not to be construed as a contract or covenant of employment. They are not promises of specific treatment in specific situations and are subject to change at the sole discretion of the ministry.

This policy does not modify the express terms of any collective bargaining agreement. In the event of a conflict between this policy and the terms of a collective bargaining agreement, the collective bargaining agreement will prevail.

KB0066117

Reasonable Accommodation Process

Core Leader Resources

The Americans with Disabilities Act (ADA), the Pregnant Workers Fairness Act (PWFA), and other federal and state laws require employers to provide reasonable accommodations for qualified individuals protected by these laws.

The ADA is a federal law that prohibits employment-related discrimination against employees and job applicants with a disability. Under the ADA, employers must provide reasonable accommodations to a caregiver who cannot perform the essential functions of their job due to a "disability", unless the accommodation causes undue hardship. Disability is defined under the ADA as: a physical or mental impairment that substantially limits one or more major life activities; a person who has a history or record of such an impairment; or a person who is perceived by others as having such an impairment.

The PWFA is a federal law that requires employers to provide a reasonable accommodation for job applicants and caregivers with "known limitations" related to or arising out of pregnancy, childbirth or related medical conditions, unless the accommodation causes undue hardship. The PWFA specifically requires that employers provide reasonable accommodations for workers who are temporarily unable to perform the essential functions of their role due to pregnancy and/or childbirth-related reasons. In addition, many states have their own laws requiring that employers provide workplace accommodations for pregnant workers.

To satisfy ADA, PWFA and other reasonable accommodation requirements, employers must engage in a back-and-forth dialogue with caregivers or applicants, which is commonly referred to as the "interactive process." If a caregiver needs assistance to perform their job, we need to work with them, using the interactive process, to try and identify a reasonable solution or accommodation to support them.

Reasonable accommodation process

- **Request guidance from our ADM team:** Caregivers and/or core leaders can request accommodation support and guidance from our Absence and Disability Management team (ADM) by going to MyChooseWell and selecting "accommodation" from the directory. The core leader can submit a request on behalf of the caregiver and should do so if the caregiver voices a need for help to do their job. Please consult with ADM for any questions about the potential need to accommodate a caregiver who may need support to perform their job.
- **Non-leave-related accommodations**: Your assigned ADM case manager will support the process including making sure there is a good understanding of the restrictions or limitations and will assist the core leader in the interactive process. ***Core leaders must connect with the ADM team before placing a caregiver on leave or taking the caregiver off work.*** Once a claim with ADM is initiated:
  - Respond to ADM's requests and participate in the interactive process with the caregiver.
  - Work with your ADM case manager to identify potential accommodation options.
  - Determine which accommodation may be reasonable to implement. You have the discretion to try alternative solutions to ensure success, but make sure to obtain feedback from the caregiver on his/her/their preferred accommodation.
  - Monitor the effectiveness of the accommodations as there may be changes in the caregiver's condition or with the workplace equipment.
- **Leave-related accommodations**: Accommodations that require a leave must be initiated through the ADM claim process, ***before the caregiver is placed on leave.*** Throughout this process, it is essential for you to work with your Shared Services ADM support team.

As a core leader, there may be legal liability for you and the organization for not reasonably accommodating caregivers with disabilities or pregnancy-related limitations. It is critical to work with your Shared Services ADM support team during this process or if you have any questions.

Resources

- Leave of absence overview
- American with Disabilities Act (ADA)
- Pregnant Workers Fairness Act (PWFA)
- Reasonable Accommodation Policy
- Visit MyChooseWell and select Accommodation from the Directory.
- **HR Service Center:** 888-687-3753
  Contact HR
- Caregiver Relations – For policy interpretation or caregiver performance issues
- Absence & Disability Management team (ADM) - For return-to-work planning and help with restrictions/accommodations (contact an ADM Case Manager at MyChooseWell and select the Leaves & Work-related Incidents icon).

SPOKANE TEACHING HEALTH CENTER

Effective date: April 14, 2026

Approved by GMEC: April 14, 2026

SUPERVISION OF A RESIDENT

The residency/fellowship programs that are sponsored by Spokane Teaching Health Center are:

1. Family Medicine Residency Spokane
2. Family Medicine Rural Training Track Residency
3. Internal Medicine Residency Spokane
4. Transitional Year Residency Spokane

In general, and depending on the composition of the physician care team, the lines of supervision for that physician care team are in the following ascending order:

1. Medical Student
2. Junior Resident or Intern (R1)
3. Senior Resident (R2 - RS)
4. Attending Staff Physician

The attending staff physician assumes the ultimate patient care responsibilities. Accordingly, when the attending staff physician accepts a resident on the service, the attending staff physician becomes responsible for the supervision of the resident's patient care. Any deviation of professional standards must be reported to the resident's program director. The program director, in cooperation with the attending, will then determine a course of action to correct the problem.

The attending physician is responsible for reviewing the clinical records of all patients on his or her service, checking the work up and progress notes of the resident. The program director has the ultimate responsibility to certify that the resident meets the standards set by the ACGME with regards to these basics.

The attending physician is also responsible to monitor the ability to structure a differential diagnosis and diagnostic plan. The attending staff physician will review therapeutic options with the resident and approve all medications and therapies prescribed by the resident.

The individual program director will provide the resident with any remedial help in regard to any problems in these areas.

The attending physician agrees to provide each resident with a comprehensive, written evaluation at the end of each rotation. This may include a terminal interview, but this is at the discretion of the attending. The program director is required to meet with the resident at least twice yearly, to discuss these evaluations. The program director is responsible to address any perceived deficit.

The individual program directors take responsibility to supervise the scheduling of the residents and providing each of them a satisfactory educational program. They also must schedule the resident in a manner that provides adequate educational benefits, but recognizes the need for personal time for study and relaxation away from the hospital.

The attending physicians are responsible for notifying the individual program directors of any behavioral issues that deviate from professional standards. The program directors then have the responsibility to counsel the resident and seek outside help if deemed necessary.

Not all patients in the participating hospitals are covered by the preceptor type of teaching. If the resident staff is called to see a patient on an emergency basis, their care comes under the direct supervision of the staff physician who is responsible for the patient. Staff physicians should approve the resident's involvement and assume total patient care responsibilities as soon as possible after the patient is stabilized. These occurrences should be brought to the attention of the senior or chief resident staff immediately or as discussed, as soon as possible during the resident's report.

Senior resident staff on Medicine, Obstetrics and Pediatrics rotations are responsible for monitoring and instructing first year residents while on their service. They will be requested to evaluate the residents to the staff physician. Any concerns on their part should be voiced directly to the resident's program director.

The attending staff physician also has the responsibility to sign off the chart at discharge, approving the discharge and follow-up plan for the patient as written by the resident. The resident should follow the recommended format for this summary and modify it at the request of the attending. Each program has the responsibility to orient the residents to the recommended principles of an effective Discharge Summary.

The attending physician is responsible to report the resident when the resident is delinquent from the service. Any tardiness or absenteeism without appropriate explanation should be referred to the individual program director. If there is any question about the

resident's absence, the attending should contact the program office. It is also the attending's responsibility to report a resident's non-availability to the individual's program. It is then the program's responsibility to correct this problem.

The attending physician is responsible to assist the resident in developing an approach to ordering tests that incorporates the concern for cost containment. The attending should correct any inappropriate ordering of tests and approve all scans, special procedures, or out-of-town lab tests.

Attending staff physicians agree to participate in those program situations requiring staff input, such as certain counseling situations, grievance proceedings, on-site surveys, and yearly program review activities.

Attending staff physicians agree to supervise the resident during procedures on their patients. All procedures are to be staffed by a provider holding participating hospital staff privileges for the procedure. This responsibility may be delegated to senior residents, fellows, APPs or other attending staff physicians. Concern for sterile technique, lack of experience, poor anatomical knowledge, or poor dexterity, etc. should be voiced to the individual program director for correction.

Graduate Medical Education

Updated and approved by GMEC 04/14/26

Clinical Experience and Education Policy (formerly duty hours)

Graduate medical education must be carefully planned and balanced with concerns for patient safety and resident/fellow well-being. The clinical environment must be conducive to resident learning and support acquisition of knowledge, skills, and professionalism. Residents, Programs, Sponsoring Institutions and GMEC have responsibilities to ensure provision of the appropriate environment.

Program Responsibilities

- Each program will schedule resident assignments in compliance with all applicable ACGME requirements. The rotation and call schedules will provide reasonable opportunities for rest and personal well-being. Faculty members know, honor, and assist in implementing the applicable clinical experience and education expectations. Each Program must employ procedures that allow for regular resident monitoring of hours worked as well as a mechanism to review the logged hours to identify clinical scenarios where hours spent in clinical duties are excessive.
  Programs will collaborate with residents to devise appropriate corrective action. The clinical experience and education report will be submitted to the GMEC for review.

Resident Responsibilities

- Residents meet the clinical expectations, accurately report work hours, and cooperate with monitoring procedures. Report work hours or other learning environment concerns promptly. Collaborate with program (and others) to devise appropriate corrective action. Report to work appropriately rested and fit to provide safe patient care.

GMEC Responsibilities (delegated from the Sponsoring Institution)

- Review data and provide platform for discussion about any clinical experience concerns. Data should include internal data such as APEs, programs' clinical hours reporting and resident reports as well as external data from the ACGME. GMEC can assist with developing policies to enhance Clinical experience and Education or provide monitoring for programs' policies. GMEC develops policies for call coverage to facilitate fatigue mitigation for residents if/when needed.

Maximum Hours of Clinical and Educational Work per Week

- Clinical & Educational work hours must be limited to no more than 80 hours per week, averaged over a 4-week period, inclusive of all in-house clinical and education activities, clinical work done from home, and all moonlighting.

At-Home Call

- Time spent on patient care activities by resident on at-home call must count toward the 80-hour maximum weekly limit. Types of work from home that must be counted include using an electronic health record and taking calls from home. Reading done in preparation for the following day's cases, studying, and research done from home do not count toward the 80-hours.

- 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 & education, averaged over 4 weeks. (At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.)
- Residents may return to the hospital to provide direct patient care for new or established patients. These inpatient hours must be included in the 80-hour maximum weekly limit.
- Residents are to track the time they spend on clinical work from home and report that time to the program.

Residents should have eight hours off between scheduled clinical work & education periods.

Residents must have at least 14 hours free of clinical work & education after 24 hours of in-house call.

Residents must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over 4 weeks). At-home call cannot be assigned on these free days.

Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments.

- Up to 4 hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education.
- Additional patient care responsibilities must not be assigned to a resident during this time.

Clinical and Educational Work Hour Exceptions

- In rare circumstances, after handing off all other responsibilities, a resident, on their initiative, may elect to remain or return to the clinical site in the following circumstances.

    - 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.

- These additional hours of care or education will be counted toward the 80-hours weekly limit.

Moonlighting (refer to Moonlighting Policy)

In-House Night Float

- Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements.

Maximum In-House On-Call Frequency

- Residents must be scheduled for in-house call no more frequently than every-third night, averaged over a 4-week period.

Graduate Medical Education Committee

MOONLIGHTING POLICY

This policy applies to residents and fellows in all accredited (ACGME) training programs.

Purpose: This policy will address specific guidelines and procedures for residents/fellows seeking to participate in moonlighting activities.

ACGME Definitions:

- Voluntary, compensated, medically-related work performed beyond a resident's or fellow's clinical experience and education hours and additional to the work required for successful completion of the program.
    - External Moonlighting: Voluntary, compensated, medically-related work performed outside the site where the resident or fellow is in training and any of its related participating sites.
    - Internal Moonlighting: Voluntary, compensated, medically-related work performed within the site where the resident or fellow is in training or at any of its related participating sites.

Sponsoring Institution Requirements:

- Providence Sacred Heart Medical Center GMEC and the sponsored residency/fellowship programs take seriously the responsibility of providing a high quality learning environment for residents/fellows, notably by ensuring an adequate balance between education and patient care activities within the duty hour limitations prescribed by the ACGME.
- Moonlighting activities may not fulfill any part of the required clinical experiences of the resident/fellow's training program and may not interfere with the resident/fellow's training.
- Residents/fellows are never required to engage in moonlighting. PGY-1 residents are not permitted to moonlight under any circumstance.
- Each residency/fellowship program may have its own supplemental policy on moonlighting activities, which may be more restrictive than this policy.

Malpractice Coverage: Professional liability coverage is not provided by Providence Sacred Heart Medical Center or Providence Medical Group as the employer for resident/fellow

moonlighting activities, as these are outside the requirements of their training program. The resident/fellow must either purchase sufficient malpractice insurance to cover their moonlighting activities or obtain written assurance from the outside employer that they will be provided with adequate professional liability insurance.

Procedure: Prior to the acceptance and commencement of any moonlighting activity, any resident/fellow wishing to moonlight must submit a completed and signed Moonlighting Attestation Form (program specific) to their Program Director for approval. The Program Director must provide written approval in advance of the moonlighting experience. A copy of the completed form will be placed in the resident/fellow's file.

Resident/Fellow Responsibilities: Upon approval of any moonlighting activity, it is the responsibility of the resident/fellow to:

1. Adhere to Clinical and Environmental Work Hours limitation set forth under the ACGME and the Providence Graduate Medical Education Committee (GMEC). Time spent moonlighting must be included in the calculation of Clinical and Environmental Work Hours done as part of the Program's Clinical and Environmental Work Hours monitoring.
2. Notify their Program Director if the facility, activities and/or hours of the moonlighting change and complete a Moonlighting Attestation Form.
3. Maintain the unrestricted medical licensure (if needed) required by their state (or the state in which the moonlighting is done) to participate in moonlighting activities.
4. Understand that participating in moonlighting activities without prior approval of his/her Program Director may be grounds for disciplinary action including dismissal from the training program.
5. Understands that moonlighting is not allowed to overlap resident duties or during times of leaves of absences from residency training.

Program Director Responsibilities: Once a resident/fellow has begun an approved moonlighting activity the Program Director must monitor the following:

1. The resident/fellow's performance to ensure that moonlighting activities do not interfere with the ability of the resident to meet the goals, objectives, assigned duties, and responsibilities of the educational program. Residents/fellows are cautioned not to return from moonlighting activities fatigued to the point it interferes with their educational responsibilities.
2. The resident/fellow's Clinical and Environmental Work Hours.

The Program Director may withdraw approval of the moonlighting activity at any time he/she determine that the resident/fellow is not in compliance with the conditions of approval or that it appears that the moonlighting activities are interfering with the resident/fellow's approved training program.

Residents/Fellows Utilizing Visas: Residents/fellows employed under a J-1 visa are strictly prohibited by law from participating in moonlighting activities. Resident/fellows employed under an H1-B and O-1 visas may be able to moonlight under specific, very limited circumstances and should contact the Providence Office of Graduate Medical Education for further information.

POLICY FOR INTERACTIONS BETWEEN GME AND HEALTH-CARE RELATED INDUSTRIES (Vendors Policy)

Principles

1. Attending faculty and house staff are committed to intellectual rigor and objectivity in providing medical information and medical care.
2. Industry detailing should not bias physician practice.
3. A primary focus for Spokane Teaching Health Center (STHC) clinical training programs is to prepare physicians in training and student physicians to render patient -focused, competent, evidence-based, responsible and cost-effective clinical care. The ability to critically evaluate information, from academic and commercial sources, and the ability to identify various commonly employed marketing strategies intended to influence physician practice, are components of this process.
4. Potential physician conflicts of interest generated by industry marketing activities should always be resolved in favor of sound patient care and unbiased medical education.
5. The STHC GMEC vests its residency program directors with the latitude to interpret the following guidelines according to the specific requirements of their own programs while still adhering to the STHC principles.
6. GMEC also believes that its program directors have the right to extend these guidelines to their own programs if deemed necessary.

GUIDELINES FOR GME PROGRAMS, RESIDENTS, FACULTY AND INDUSTRY REPRESENTATIVES

Physicians

1. Physicians should model behavior consistent with ethical guidelines developed by professional organizations regarding relationships between physicians and industry.
2. Whether presenting recommendations to patients or to an audience in teaching sessions, physicians should present information that is objective and balanced.

Industry Representatives

1. In addition to adhering to policies specifically dealing with graduate medical education programs, industry representatives must also adhere to existing relevant hospital-based policies written to deal with industry representatives' presence in those hospitals.
2. It is inappropriate for industry representatives to interrupt a resident's work time. During the workday, if an industry representative wishes to contact a resident, the contact must be via a message through the residency program administrative office. It is at the resident's discretion to decide if he or she wishes to respond.
3. Unless part of an already scheduled presence in the hospital or clinic (such as for demonstrating a medical device), if an industry representative wishes to meet with a full-time faculty member, the representative should do so via an appointment.

4. Unless needed to demonstrate use of medical devices, it is inappropriate for industry representatives to be in areas where confidential patient information is being elicited, discussed or reviewed.

Gifts, Honoraria and Payments

1. Any gift from an industry, be it either for marketing purposes or for educational purposes, may exert influence on the accepting physician. STHC requires that its member training programs decide the value and validity of allowing its employees to accept any class of gift (including but not limited to marketing paraphernalia, free meals and educational textbooks.)
2. Payments from industry to a STHC physician for giving a drug-sponsored lecture may make it seem that the lecturer is endorsing the industry product. (This "speakers' bureau" type of lecture is different than a lecture given during a CME-accredited conference where unrestricted grants from multiple sources are used to offset the costs of the conferences.) STHC requires that each of its member training programs decide the value and validity of allowing residents and faculty to be paid to give such lectures.
3. Physicians being paid in cash or products to listen to promotional lectures (live or televised) is inappropriate.
4. Accepting industry payment to offset travel or lodging expenses merely to attend an industry-sponsored, non-CME accredited conference is, or could be perceived as, inappropriate.

Free Drug Samples Free drug samples are not allowed in the Spokane Teaching Health Clinic.

Education

1. As part of its curriculum, each member training program shall educate its residents in understanding conflict of interest issues generated by physician-industry interactions.

SPOKANE TEACHING HEALTH

EFFECTIVE DATE: GMEC Approval 04/14/26

Policy: Non-Compete Agreements for Medical Residents

Purpose

This policy affirms STHC commitment to supporting medical education and training by ensuring that medical residents are not restricted by non-compete agreements as a condition of their residency.

Policy Statement

STHC will not require medical residents to sign non-compete agreements as part of their appointment, training, or continued participation in any residency program. Residents will not be asked to enter into any contractual provision that limits their ability to practice medicine, seek employment, or pursue further training after completion of the residency.

Scope

This policy applies to all individuals appointed as medical residents within the organization's accredited residency programs, regardless of specialty or training level.

Prohibited Practices

- Requiring or requesting that a resident sign a non-compete agreement
- Conditioning acceptance, renewal, promotion, or completion of residency on signing any restrictive covenant related to future employment
- Imposing penalties or adverse actions on residents who decline to sign such agreements

Permitted Practices

This policy does not restrict the use of:

- Standard confidentiality, HIPAA, or data-security agreements
- Intellectual property agreements related to research or innovation
- Moonlighting policies or duty-hour restrictions
  These provisions must not function as de facto non-compete clauses.

Responsibilities

Program leadership, human resources, and legal counsel are responsible for ensuring that all residency contracts and related documents comply with this policy.

EXTRAORDINARY CIRCUMSTANCES POLICY (Approved 02/24/2026)

This policy applies to residents and fellows in all accredited (ACGME) and non-accredited training programs.

Purpose: This policy will address specific actions and timelines for response, given the occurrence of an extraordinary circumstance, as outlined in the Accreditation Council for Graduate Medical Education (ACGME) Policy and Procedures Manual

Definitions: Per the ACGME, an extraordinary circumstance is defined as a situation that significantly alters the ability of the sponsor and its programs to support resident/fellow education. Examples include, but are not limited to, abrupt hospital closures, natural disasters or a catastrophic loss of funding.

Policy: To establish expectations that the Spokane Teaching Health Center will abide by the ACGME Policy and Procedures Manual for extraordinary circumstances. The extraordinary circumstances policy may be invoked by the Chief Executive Officer of the ACGME, in consultation with the Chair of the ACGME Board, the Spokane Teaching Health Center (STHC) Designated Institutional Official (DIO), and the Executive Director of the STHC as directed by the STHC Board of Directors if it is determined that the STHC ability to support resident/fellow education has been significantly altered.

Requirements: If an extraordinary circumstance is identified by a Spokane Teaching Health Center sponsored residency/fellowship program, that residency/fellowship program and the STHC will follow the process(es) defined in the ACGME Policy and Procedures Manual.

Priority will be given to resident/fellow placement within training programs sponsored by the STHC. These opportunities will be provided to the residents/fellows prior to the ACGME deadlines to allow residents/fellows to select among available options.

Disaster Response Policy: As quickly as possible, and in order to maximize the likelihood that residents/fellows will be able to complete program requirements within the standard time required for certification in that specialty, the DIO and STHC GMEC will make the determination as to whether or not the transfer of some or all residents to another training program is necessary.

If the DIO and STHC GMEC determine that STHC can no longer provide an adequate educational experience for its residents/fellows on a temporary basis, the DIO and Program Directors will, to the best of their ability, arrange for the temporary transfer of the residents/fellows to programs at other sponsoring institutions until such time STHC is able to resume providing the experience. Residents/fellows who transfer to other programs as a result of a disaster will be provided by their Program Directors with an estimated time that relocation to another program will be necessary. Should that initial time estimate need to be extended, residents/fellows will be notified by their Program Directors using written or electronic means identifying the estimated time of the extension.

If the disaster prevents Spokane Teaching Health Center from ever re-establishing an adequate educational experience within a reasonable amount of time following the disaster, permanent transfers will be arranged. An electronic bank of the resident/fellow's credentials and training documents and verification of all credentials will be maintained on a secure, outside server. Continued data entry will be maintained in the secure server of resident training experiences during disaster recovery efforts.

ACGME Requirements: Reporting Timeline

When an Extraordinary Circumstance is identified, the DIO will be the primary contact with the ACGME to provide information to be posted on the ACGME website. Upon invocation of

the Extraordinary Circumstances policy, the ACGME may determine that one or more site visits are required.

Spokane Teaching Health Center, as the sponsoring institution, will:

1. Revise its educational programs within thirty (30) days to comply with the applicable common and specialty specific Program Requirements, as well as the Institutional Requirements.
2. Arrange temporary transfers for each of its residents/fellows to other programs or institutions until such time as the program(s) can provide an adequate educational experience; or
3. Assist the resident/fellows in permanent transfers to other ACGME accredited programs in which they can continue their education. If more than one program or institution is available for temporary or permanent transfer of a particular resident/fellow, the preferences of the resident/fellow will be considered by the transferring program. Programs will expeditiously make the decision to reconstitute the program and/or arrange for temporary or permanent transfers of the residents/fellows to maximize the likelihood that each resident/fellow will complete the academic year with the least disruption to her or his education.

Within 10 days of the invocation of the Extraordinary Circumstances policy, the DIO or designee will contact the ACGME's Institutional Review Committee and Program Directors will contact the respective Review Committee Executive Director by phone, electronic means, or written documentation. Residents/fellows will be provided the contact information for the Review Committee Executive Director or the Office of Resident Services. If within 10 days of the invocation of the Extraordinary Circumstances policy the ACGME has not received communication from the DIO, the ACGME will attempt to establish contact with Spokane Teaching Health Center to communicate its expectations.

Spokane Teaching Health Center, as the sponsoring institution, will:

1. Submit program reconfigurations to the ACGME and inform the program's residents/fellows of the decision to reconstitute the program and/or transfer the residents either temporarily or permanently.
2. If the program transfers residents/fellows, each transferred resident/fellow will be informed of the estimated duration of his or her temporary transfer. When a program determines that a temporary transfer will continue through the end of the academic year, each transferred resident/fellow will be notified.
3. STHC in partnership with Providence Sacred Heart Medical Center will continue to provide resident salary, benefits and professional liability insurance until the transfer of the resident is complete.

Plans will be submitted no later than thirty (30) days after the invocation of the Extraordinary Circumstances policy unless other due dates are approved by the ACGME. The DIO will coordinate temporary or permanent transfers through the ACGME.

The DIO will work the receiving programs in submitting the request for processing through the Accreditation Data System (ADS).

REDUCTION/CLOSURE POLICY FOR RESIDENCY PROGRAMS

If the ACGME withdraws accreditation of a residency program, or if a decision is made voluntarily to close a residency program, the Spokane Teaching Health Center (STHC) will work with the residency to establish a phase-out plan that allows currently enrolled residents to complete their training. If that is not possible, the STHC, in conjunction with the residency program, will assist the displaced residents in obtaining positions in another accredited training program.

In the event the STHC decides to reduce the number of positions in any residency training program or close a residency training program, the STHC shall notify the GMEC, the DIO, and the residents in that program as soon as possible. Every effort will be made to accomplish the reduction without adverse effect on residents currently in training. If that is not possible, the DIO, in conjunction with the residency Program Director, will assist the displaced residents in obtaining a position in another accredited training program.