Effective: July 1, 2026

Note: “Resident” refers to all CHNw GME trainees and includes Fellows unless otherwise specified. Source: original handbook content provided by CHNw.

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SECTION 1 — Institutional Commitment & Values

Purpose / Scope / Applies To:

State CHNw's values, mission, and institutional responsibilities for GME; applies to all programs, residents, fellows, faculty, and staff.

1.1 Mission, Values, and Educational Philosophy

• Community Health Network's Department of Academic Affairs and its educational programs support the **PRIIDE** values: Patients First; Relationships; Integrity; Inclusion; Diversity; Excellence. GME policies and the clinical learning environment reflect these values.

• Our educational philosophy is collegial, participatory, and learner-centered, with attention to well-being, inclusion, and high-quality, safe patient care.

1.2 Institutional Commitment to GME

July 1, 2026

Community Health Network, Sponsoring Institution ACGME # 8001700711 along with Tricia Hern, MD, Designated Institutional Official and the Graduate Medical Education Committee (GMEC) is committed to its role as the sponsoring institution of graduate medical education programs offered at Community Health Network.

Pursuant to this commitment, Community Health Network will:

- Provide graduate medical education that facilitates professional, ethical and personal development in accordance with national and specialty ACGME and CPME requirements.
- Provide graduate medical education (GME) to train the workforce of the future in the "Community Way": *high quality patient care and safety, systems integration, and teamwork*, operating within our mission: "Deeply committed to the communities we serve, we enhance health and well-being"
- Provide the necessary administrative, educational, financial, human and clinical resources to ensure the effective implementation and support of its training programs. These resources will include:
    - Financial support and protected time for the GME Office, residency program directors, faculty, and program coordinators to carry out their educational and administrative responsibilities to the institution and their respective programs;
    - Adequate space, communication resources, technology programs and support; and access to appropriate reference material and electronic databases.
    - Oversight through its GMEC and GME office that each program provides effective educational experiences for its GME trainees that lead to measurable achievement of educational outcomes in the ACGME and CPME competencies.
    - Oversight and continuous improvement work in the clinical learning environment to assess and provide an environment focused on patient safety, health care quality, teaming, supervision, well-being and professionalism.

All parties are dedicated to this commitment to our graduate medical education infrastructure.

Tricia Hern, MD
Designated Institutional Official (DIO)

Patrick McGill, MD
Network President and CEO
Representative Senior Administration

E.Ann Cunningham, DO
Program Director, Asst DIO
Representative GMEC

1.3 Organizational Roles

• Senior Institutional Executive (SIE): **Patrick McGill, MD, DHA, MBA** President & CEO; ensures resources to support GME

• Designated Institutional Official (DIO): **Tricia Hern, MD**, leads GMEC and institutional compliance.

• Assistant DIO: **E. Ann Cunningham, DO,** leads and supports GME & department initiatives

• Director Institutional Accreditation: **Crystal Neal,** leads day-to-day operations in GME & department

• Program Leadership and GMEC: Provide program oversight and align programs with ACGME/CPME requirements.

SECTION 2 — Governance and Oversight

Purpose / Scope / Applies To:

Define bodies that govern/oversee GME (GMEC, Resident Council, institutional reviews, and approvals to accreditors; applies to programs, faculty, residents, and administrators.

2.1 Graduate Medical Education Committee (GMEC)

• Required by ACGME; GMEC works under the DIO to set policy, oversee quality/resources, manage accreditation, and review program Annual Program Evaluations as well as the Annual Institutional Report (AIR).

• GMEC provides oversight of all GME training programs through each individual Program's Annual Program Evaluations, periodic internal reviews and special reviews, and annual review of corrective actions of ACGME or CPME citations; ensures all Common Program Requirements apply across programs; and upholds all Sponsoring Institution Requirements.

For a full listing of GMEC responsibilities, refer to the ACGME Institutional Requirements

2.2 Resident Council (RC)

• Peer-elected resident body; meets at least quarterly, provides and maintains confidentiality and ensures non-retaliation when concerns arise; the council escalates concerns to DIO/GME/GMEC and may utilize AlertLine/HR/ACGME/CPME or network leadership channels if needed.

- In all cases, when a specific concern is discussed, the names of the residents/fellows participating in the discussion and process will be confidential and not shared with anyone outside of the Resident Council.

- If concerns affect a specific residency or program as a whole or at the request of a single resident/fellow expressing a concern, the president of the RC will bring individual or aggregate program or institutional concerns to the DIO, the GME office, and GMEC as needed.
- All reports of concerns shall protect the confidentiality of the resident/fellow and the Resident Council concern process may be used by any resident/fellow without fear of retaliation of any form. Concerns of residents may also be escalated through employee relations or AlertLine. The ACGME/CPME also has a process for receiving resident concerns.
- The Resident Council is the voice of residents for issues of workplace and culture of learning and teaching, work conditions, and program management. Resident council reports at GMEC every meeting and raises concerns on behalf of the residents.
- Retaliation in any form is specifically prohibited and may result in action by the program director, DIO, GMEC up to and including termination of the retaliating individual(s). Nothing in this policy will limit the member's right to access formal legal processes (i.e., EEOC or external bodies.)

2.3 Institutional and Common Program Requirements

• Our graduate medical education programs must meet or exceed the common program requirements per ACGME and CPME (see ACGME institutional and common program requirements and CPME 320 for detailed information).

ACGME: https://www.acgme.org/programs-and-institutions/programs/common-program-requirements/

The ACGME Common Program Requirements are a basic set of standards (requirements) in training and preparing resident and fellow physicians. These requirements set the context within clinical learning environments for development of the skills, knowledge, and attitudes necessary to take personal responsibility for the individual care of patients. In addition, they facilitate an environment where residents and fellows can interact with patients under the guidance and supervision of qualified faculty members who give value, context, and meaning to those interactions.

CPME: https://cdn2.podiatry.com/eZineImages/PracticePerfect/899/320-Council-Approved-October-2022-April-2023-edits.pdf

Standards and requirements in this publication are divided into institutional standards and requirements, and program standards and requirements. Standard 6.0 and the associated requirements were developed as a collaborative effort of the Council on Podiatric Medical Education, the American Board of Foot and Ankle Surgery (ABFAS), and the American Board of Podiatric Medicine (ABPM). Under no circumstances may the standards and requirements for approval by the Council supersede federal or state law. Prior to adoption, all Council policies, procedures, standards, and requirements are disseminated widely in order to obtain information regarding how the Council's community of interest may be

2.4 Institutional Reviews & Approvals

• The DIO (or or the Assistant DIO and Network Institutional Director of GME in the absence of the DIO) must review and/or co-sign all submissions to ACGME/CPME (new program applications, complement changes, PD appointments, participating site changes, progress reports, appeals/adverse actions, duty-hour change requests, inactive/reactivation, voluntary withdrawals). The items described above should be sent to the DIO for inclusion in the agenda of the next GMEC meeting. Program directors who are applying for accreditation of new programs must also be present at the GMEC meeting to describe the program and answer any questions the GMEC may have.

Programs may not submit to the ACGME/CPME or external accreditors without prior review by the DIO and GME office.

Upon review by GMEC, the DIO will sign the document prior to sending it to the ACGME/CPME.

2.5 Annual Program Evaluation (APE) & Annual Institutional Review (AIR)

• As required by the ACGME Institutional Requirements, the Graduate Medical Education Committee (GMEC) has the responsibility for periodic review of all residencies and fellowships that are sponsored by Community Health Network. Programs submit annual updates (resident/faculty/graduate performance, program quality, Clinical Learning Environment clinical performance, SWOT, Resident and Faculty surveys and financial summaries). Annual updated reports will be submitted to the GME office, for presentation at GMEC early in the new academic year (August) to review previously completed academic year.

• GME uses APE data and other metrics and info to inform the AIR, presented by the DIO to GMEC and the network board/designee.

2.6 Network Human Resources and CPN policies

• Policies and processes in GME are aligned with the network and CPN policies and processes where possible. Community Physician Network (CPN) Physician and APP handbook, and other network policies are referenced where appropriate and can be found at https://chnw-che.policystat.com/

SECTION 3 — Resident Lifecycle

Purpose / Scope / Applies To:

Information related to recruitment/eligibility, onboarding, contracts, promotion/evaluation, graduation, and transfers; applies to all applicants and trainees in CHNw programs.

3.1 Eligibility & Selection

- Eligible applicants: Applicants must have one of the following educational qualifications, graduate (MD) of a US or Canadian LCME-accredited medical school; graduate (DO) of a US COCA-accredited osteopathic medical school; graduate (DPM) of a CPME-accredited podiatric medical school; or international medical graduates with valid ECFMG certification. Graduation must be within 3 years of residency application. Medical schools must be on the list of approved medical schools per the Indiana Professional Licensing Agency.
- Examinations/licensure: Parts I and II USMLE, COMLEX or NBPME (as applicable) passage required (preferably on the first attempt); more than three attempts on any one part may disqualify Indiana licensure; applicants must be eligible for Indiana license.
- Work authorization: Applicants must be legally authorized to work in the U.S.; CHNw GME does not sponsor employment-based visas.
- Clinical experience: At least one year of U.S. direct patient care (not research/observership/volunteer).
- Applicants must provide three letters of recommendation with the author's name, phone number, and address listed. References may be checked and appointment is contingent on acceptable recommendations.
- CHNw GME Programs participate in national matches (NRMP or equivalent) and accept applications via ERAS/CASPR-CRIP or GMEC-approved mechanisms; CHNw GME programs maintain equal opportunity and non-discrimination practices rooted in diversity and do not discriminate with regard to sex, race, age, religion, color, creed, ancestry, marital status, national origin, sexual orientation (including gender identity), disability, status as a protected veteran or any applicable legally protected status.

3.2 Onboarding & Pre-Start Requirements

• I-9 completion and proof of work authorization required at start of employment; prior to first day, resident/fellows must pass an occupational health exam and required immunizations (flu annually; COVID per network/CMS)
• Completion of annual network education (ANE) learning modules (HIPAA, OSHA, COI, etc.) and relevant onboarding modules. Orientation materials/requirements will be at the Network, GME and Program levels and will be intended to orient the resident to the administrative and professional organization of the program, facilities, nursing, social services, risk management,

patient safety, sleep deprivation and management, safety and quality, pharmacy, due process and other important information.

• Residents must read the GME Handbook and program policies; are governed by medical staff bylaws at training sites and must complete site-specific requirements. Each resident and fellow is fully responsible for being knowledgeable about and complying with the contents of all applicable policies and procedures. Residents and fellows are also expected to familiarize themselves with Community Health Network and Community Physician Network policies, which are found on InComm/Tools/PolicyStat. Residents, fellows and faculty are governed by the Medical Staff Constitution, bylaws and policies, for each facility at which they are trained.

3.3 Contracts, Reappointment & Promotion

• Appointment terms are defined in the employment agreement.

• Promotion is based on:

  •ACGME/CPME competencies, (patient care, medical knowledge, practice based learning and improvement, professionalism, interpersonal and communication skills and systems based practice)

  • Review of assessments of specialty milestones, faculty assessments, completion of required experiences/procedures/surgical numbers, and adherence to program policies

  • For residents in osteopathic recognition tracks or who desire to practice manual medicine after graduation, the application of skills of manual medicine must be mastered.

  • Step/Level 3 (or equivalent) passing score no later than end of PGY-2 unless a program-approved extension of training is granted. Programs may make recommendations to the GME office for a deviation from this requirement in extenuating circumstances and those recommendations will be considered based on clinical competency and other factors deemed appropriate by the GME office.

• Program specific criteria for promotion may also be outlined in Exhibit A of the handbook.

• Resident promotion will be advised via a promotion letter to the resident prior to the new academic year.

• Non-promotion/non-renewal: When feasible, written intent is provided ≥4 months before contract end-date; if the primary reason arises within the last four months, notice is provided as circumstances allow. Non promotion/non-renewal decisions may be appealed using the Due Process outlined in the GME handbook.

3.4 Evaluation & Graduation

• Evaluation: Formal resident/fellow evaluations will be made in accordance with ACGME and CPME standards as set out in the Requirements. Additional informal evaluations may be made by the program director whenever he/she feels necessary. Each program must develop specific written methods of assessment and evaluation of the trainees. Formal evaluations will take two forms: formative and summative. Faculty supervision assignments should be of sufficient

duration to assess the knowledge and skills of each resident/fellow to properly evaluate and delegate to him/her the appropriate level of patient care authority and responsibility.

- Formative: Timely evaluations using multiple objective assessments of clinical and non-clinical competence will be completed including end-of-rotation evaluations, written and verbal feedback, semiannual reviews and milestone based feedback to document progressive resident/fellow performance improvement appropriate to educational level; potential for increased frequency or more advanced methods of evaluation may occur if performance is below expectations.
- Semi-annual reviews are required and will provide the resident/fellow with documented semi-annual evaluation of performance based on milestones when applicable with feedback on their progression.
- Summative: Final evaluation verifies readiness for independent practice without direct supervision and is required for graduation. The program director will provide the final summative evaluation for each resident/fellow upon completion of the program. The evaluation will become part of the resident/fellow's permanent record maintained by Community Health Network and will be accessible for review by the resident/fellow on request.

• Graduation: Completion of all program/board requirements, procedures/case volumes, professionalism, chart completion, and licensure eligibility. *

- Be eligible for a permanent medical license, including having passed all relevant board step exams within the Indiana allowed attempts
- Complete all specific competencies, procedures and duration of the program as required by the specific Board for the specialty program. Complete evaluations of the learning experiences and of the faculty and/or program as required by ACGME/CPME, program and the network.
- Complete all required patient care duties, including charting and inbasket completion.
- Successfully complete/adhere to other graduation criteria as outlined in exhibit A

*a program director can make a recommendation for graduation for GME to consider when extenuating circumstances exist that do not meet all standard requirements. The recommendation will only be considered if the resident/fellow has completed board specialty and ACGME/CPME program requirements and is deemed clinically competent.

Each program will provide its trainees with information relating to eligibility for certification by the relevant certifying Board.

3.5 Non-Academic / Technical Standards for appointment, reappointment and retention

• The Graduate Medical Education Committee (GMEC) has specified the following non-academic criteria ("technical standards") that all residents/fellows are expected to meet to participate in the medical education program and the practice of medicine sufficiently to provide safe care; capacity for lifelong learning, sound judgment, and functioning under stress

with professionalism and teamwork. As appropriate, individual training programs may add more specific standards to these criteria.

- **Observation:** must be able to comprehend and participate in the basic medical sciences in order to effectively assess the condition of all patients assigned to him or her for examination, diagnosis, and treatment
- **Communication:** must be able to communicate effectively and sensitively (including exhibiting sensitivity to social and cultural differences) with patients to elicit information; describe changes in mood, activity, and posture; assess non-verbal communications; and effectively and efficiently transmit information to patients, fellow residents, students, faculty, staff, and all members of the health care team.
- **Motor Skills:** must have sufficient motor function to elicit information from patients by palpation, auscultation, percussion, and other diagnostic maneuvers; be able to perform basic laboratory tests; possess all skills necessary to carry out diagnostic procedures; and be able to execute motor movements reasonably required to provide general care and emergency treatment to patients. Must have adequate physical energy and stamina to carry out taxing duties over long periods of time.
- **Intellectual Conceptual Integrative, and Quantitative Abilities:** must be able to measure, calculate reason, analyze, and synthesize in a timely manner. Must be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures. Must be able to comprehend and learn factual knowledge from readings, didactic presentations, gather information independently, analyze and synthesize learned information, and apply information to clinical situations. Residents/fellows must be able to develop sound clinical judgment and exhibit well- integrated knowledge about the diagnosis, treatment and prevention of illness within their scope of practice. In addition, trainees should grow in their comfort with uncertainty and ambiguity, and seek advice from others when appropriate.
- **Behavioral/Social Attributes:** The resident/fellow must possess the emotional health, maturity and stability required for full utilization of his or her intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of patients, and the development of mature, sensitive, and effective relationships with patients and others. Must demonstrate skills of self-management, both intellectual and emotion, must be able to interact productively, cooperatively and in a collegial manner with individuals of differing personalities and backgrounds and contribute to providing care as a team member. Compassion, integrity, empathy, concern for others, commitment, responsibility, tolerance and motivation are personal qualities that each resident/fellow should possess.

3.6 Resident Transfers

• Incoming transfers require verification of prior education (rotations, evaluations, procedures/clinical performance) and a summative competency based evaluation from the prior PD. PD will document the conversations regarding transfer resident with prior PD/others. Decisions on advanced standing are made by PD with DIO input.

Summative evaluation from prior program should address: Clinical judgment, Medical knowledge, Performance on standardized tests, clinical skills; including history-taking, physical examination and procedural skills. Personal skills, including interaction and communication with patients; ability to work cooperatively with colleagues and subordinates; and professional conduct and ethical behavior. Reasons for departure from previous program, if relevant. Any activities related to licensure, impairment, or other issues which might affect the applicant's ability to perform duties as a trainee should also be addressed.

3.7 Residents with Medical Students

• Residents are required to develop their teaching ability by assuming a role in clinically teaching early learners, as well as participate in activities and education to develop teaching skills. Medical student evaluations will be submitted to the school by the responsible attending with input from the residents and staff. Residency faculty and curriculum will provide guidance in the development of these teaching skills including additional support or guidance as needed.

SECTION 4 — Professional Responsibilities & Clinical Care

Purpose / Scope / Applies To:

Define supervision, clinical duties, professionalism, academic integrity, and relationship/boundary expectations; applies to all trainees and faculty.

4.1 Supervision & Progressive Authority

• Supervision in the setting of Graduate Medical Education assures safe and effective care to the individual patient; resident/fellow and team development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishment a foundation for continued professional growth. Supervision of residents and fellows is required by the ACGME/CPME of all specialty training programs. The degree of supervision, and the methods, are determined by the development of the resident, program requirements, and the core faculty supervisors.
• Each patient has an identifiable appropriately credentialed and privileged attending physician or licensed independent practitioner responsible for care. Supervision levels: Direct; Indirect (immediately available); Oversight (post-hoc review).
• Supervision may be exercised through a variety of methods. For many aspects of patient care, the supervising physician may be a more advanced resident or fellow. Other portions of care provided by the resident can be adequately supervised by the appropriate availability of the supervising faculty member, fellow, or senior resident physician, either on site or by means of telecommunication technology. Some activities require the physical presence of the supervising faculty member. In some circumstances, supervision may include post-hoc review of resident-delivered care with feedback.

• Levels of Supervision

- To ensure oversight of resident/fellow supervision and graded authority and responsibility, the program must use the following classification of supervision:
    - **Direct Supervision**: the supervising physician is physically present with the resident/fellow and patient during the key portions of the patient interaction or as the program defines when physical presence of supervising physician is required
    - **Indirect Supervision**: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident for guidance and is available to provide appropriate direct supervision.
    - **Oversight** – The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered

• Program Directors and Faculty assign graded responsibility based on ability assessed through competency in milestones. Supervising faculty must delegate care based on patient needs and resident/fellow abilities and patient needs. Senior residents or fellows supervise junior residents also based on patient needs and assessed skills of the resident programs define escalation thresholds (e.g., ICU transfer, end-of-life decisions).

• Programs must set guidelines for circumstances and events in which resident/fellows must communicate with appropriate supervising faculty members, such as the transfer of a patient to an intensive care unit, or end-of-life decisions.

- Each resident/fellow must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence

4.2 Clinical Duties & Patient Care

• Provide compassionate, equitable, patient-centered care; formulate plans; write orders; coordinate consults; communicate with patients/families/teams; perform procedures appropriate to competency level; complete handoffs; complete records before moving to next assignments.

• Conduct him/herself professionally, ethically, and personally in a manner consistent with the standards and aims of the medical staff of the affiliated hospitals and Community Health Network, always having in mind the PRIIDE values of Community Health Network.

• Adhere to the affiliated hospitals' policies and procedures for the medical staffs including the "Bylaws, Rules, and Regulations for the Medical Staff" of each hospital in which the resident is assigned. Adhere to Clinical Experience and Education regulations and policies of Network and Network GME rules at all training sites; respect patient rights, ethical/legal standards, and cost-conscious care; ask for assistance when needed. (https://www.ecommunity.com/medical-staff-office/bylaws)

• Demonstrate the knowledge and skills necessary to provide care, based on physical, cultural, socioeconomic, psychosocial, educational, safety and related criteria, appropriate to the age of patients served in the assigned service area in a culturally sensitive manner. Reflect a fundamental concern with and respect for patients' rights. Develop an understanding of ethical and medical/legal issues surrounding patient care, hospitals' policies governing these issues, and structures available to support ethical decision making.

• Participate in institutional orientations, relevant committees, projects, and other leadership assignments and activities involving the clinical staff.

• Perform/Complete additional duties and expectations as assigned by the program. Inquire if there is uncertainty of expectations of clinical duties or patient care.

• Follow Network policies regarding reporting to work during inclement weather. All scheduled caregivers and providers should report to their designated work site unless notified by practice/site dyad leaders that their location will be closed, or unable to travel due to posted Road Conditions in their county of residence. Refer to full policy on policy stat: https://chnw-chn.policystat.com/policy/16007761/latest/

4.3 Professional Appearance & Academic Conduct

• Comply with Network Professional Image Standards for direct patient-facing caregivers. https://chnw-all.policystat.com/policy/20532079/latest

• Community Health Network residents and fellows are expected to maintain a high level of academic integrity in their scholarly activities. Academic misconduct is a direct violation of professionalism. Academic misconduct includes, but is not limited to, acts such as fabrication, falsification, plagiarism, and cheating. Individuals who assist others in academic misconduct are also in violation of the principle of academic integrity. Residents and fellows who engage in academic misconduct are subject to disciplinary action. While this integrity applies to all activities related to patient care, it also applies to the submission of scholarly work, authorship, data and all other aspects of professional work.

4.4 Relationships & Boundaries; Learners as Patients/Providers

• Non-platonic relationships in supervisory/evaluative chains (faculty↔resident; resident↔staff; in some cases resident↔resident) violate policy due to power differentials and perceived favoritism; disclose conflicts for reassignment; violations may result in corrective action up to dismissal. See policy in Appendix

• Avoid providing medical care to trainees whom you teach/evaluate; established patient relationships should be separated from evaluation duties when feasible; maintain boundaries/confidentiality and transfer care when conflicts arise. [Source]

“Resident” refers to all CHNw GME trainees and includes Fellows unless otherwise specified.

SECTION 5 — Work Hours, Fatigue, Safety & Documentation

Purpose / Scope / Applies To:

Define ACGME/CPME duty hours, fatigue mitigation, patient safety and handoffs, and documentation standards; applies to all programs and trainees.

5.1 Duty Hours (ACGME/CPME)

• Resident work hours are carefully planned and constructed within the ACGME/CPME standards and guidelines to achieve a balance among education, service, patient safety and resident well-being. Each program must develop specific written policies which conform to

these guidelines and any specialty specific ACGME/CPME guidelines. All programs must ensure that ACGME/CPME standards are maintained and that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations.

The structure of duty hours and on call responsibilities focus on the safety, needs and well-being of the patient; continuity of care; and the needs of the resident. In providing such care in stressful and demanding environments, the overriding policy is that faculty must monitor resident performance; and residents must recognize signs of fatigue, stress and burnout in themselves and each other, even when duty falls within allowable standards.

• Clinical and educational work hours must not exceed 80 hours per week, averaged over four weeks; residents must log hours weekly and report violations.
• Single scheduled assignments must not exceed 24 continuous hours; up to 4 additional hours are permitted for safe transitions of care and education but will be counted in the 80 hours; no new clinical duties assigned during this period. Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call
• On call structure and clinical responsibilities are set by program and PGY level; transitions must comply with ACGME/CPME rules.

5.2 Fatigue & Fitness for Duty

• Programs must educate all residents and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. Faculty and residents receive annual education on sleep, alertness, and fatigue mitigation. Each resident is expected to have read and to comply with these policies and complete all training about fatigue management. Resident duty schedules and call schedules are made with these policies in mind. Duty hours must be entered and signed off by each resident on a weekly basis through the New Innovations Residency Management Suite. The program director and GME director will regularly review duty hour logs in New Innovations as required by ACGME standards. Violations of duty hour policies will be reviewed by the program director and actions will be taken to correct the violations as required by the ACGME standards.
• Programs maintain backup coverage systems; supervisors must act when fatigue is identified.
• Adequate sleep facilities and safe transportation options are available for residents who may be too fatigued to safely return home. (e.g., taxi/rideshare) safe transportation is reimbursable per program guidance.

5.3 Patient Safety, Handoffs & Transitions of Care

•The Sponsoring Institution must facilitate professional development for core faculty members and residents/fellows regarding effective transitions of care and in partnership with its ACGME-accredited program(s), ensure and monitor effective, structured patient hand-over processes to facilitate continuity of care and patient safety at participating sites.
• Handoffs must be structured and ensure continuity; the learning environment encourages escalation of safety concerns without fear of retaliation. It is essential for patient safety and

resident education that effective transitions in care occur. Residents may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be aligned with ACGME duty hour rules and logged.
• Programs define events requiring immediate attending notification (e.g., ICU transfer, end-of-life decisions).

5.4 Documentation & Medical Record Standards (CPN)

• Documentation must be accurate, complete, legible, and timely to support quality care and compliant billing. Acceptable clinical documentation must meet minimal standards as outlined in the Network Clinical Documentation policy.
https://chnw-all.policystat.com/policy/14634626/latest
• Ambulatory encounters completed within 2 business days; procedural notes within 24 hours.

- Because accurate and timely clinical documentation is critical to care provided by CPN, the following progressive actions may result for failing to comply with this policy:
  - Step 1
    If documentation remains incomplete for more than fourteen (14) days, a written notice letter will be sent to the provider alerting them to the incomplete documentation. The provider shall have fourteen (14) days to complete the delinquent documentation.
  - Step 2
    If documentation remains incomplete for more than twenty-five (25) days, the provider will receive a second written notice. The provider shall have no more than fourteen (14) days to complete the delinquent documentation. If the provider does not complete the delinquent documentation within fourteen (14) days, then the provider will be subject to corrective action up to and including discharge.
  - Recurring non-compliance
    Provider's that have recurring Step 2 written notice actions may be subject to further corrective action up to and including discharge.

• HIM monitors delinquent documentation and issues written and final notices; persistent non-compliance may result in corrective action.
• EPIC/CareConnect use follows Network policies; residents complete all records before rotating to the next assignment.

SECTION 6 — Leave, Benefits & Well-Being

Purpose / Scope / Applies To:

Consolidate time away rules (PTA, GME leave, other leaves), benefits, wellness resources, and accommodations; applies to all trainees and programs. This institutional level Paid Time Away Policy follows ACGME and CPME requirements. Individual programs must develop more program specific time off and leave policies that are consistent with this policy and with the program specific ACGME-RC/CPME or specialty board requirements. These policies are applied in tandem with the Network employee PTA and leave policies when applicable, and specifically follows and adopts for GME programs the Network FMLA and other Leave of Absence policies. GME specific policies are subject to change per GME discretion.

6.1 Paid Time Away (PTA)

• 21 paid days per academic year for vacation/illness/personal needs; additional days as allowed by program for exams and (final-year) interviews as outlined by program, programs should work to create as much consistency as possible across programs and determinations/changes to time away are subject to GME approval. Additional time may be allowed for residents and fellows for program required or approved educational seminars and conferences. At the program director's discretion and with DIO approval, the additional time may be considered part of training time and expenses may be paid in accord with Network and program travel policies
• Approval for time away must be obtained in advance per program policy; days do not carry over and are not paid out; programs may limit timing to protect operations
• Excess time away may require make-up time to satisfy board and ACGME/CPME requirements.
• The program director or designee may deny requested time off to remediate documented deficiencies or as part of a disciplinary plan.
• In the case of a stated hospital or regional emergency, urgent professional responsibilities may cancel previously arranged paid time off
• Terminal PTA is subject to Program Director (PD) approval.

Residents entering fellowship will be given preferential consideration. These residents may be approved to:

- Use PTA at the end of residency, or
- Take unpaid leave immediately prior to the end of the academic year.

Residents not entering fellowship may be permitted a modified end-of-residency schedule:

- Up to one (1) on-site administrative day (no patient care appointments), and
- Up to one (1) virtual day for in-basket management and completion of outstanding tasks.

All arrangements are at the discretion of the PD and may be modified based on program and clinical needs.

6.2 GME Leave (ACGME IR 4.8) — Medical/Parental/Caregiver

• ACGME requires at least 6 weeks of paid medical/parental/caregiver leave once during training, available from day one, plus one additional paid week outside that leave.
• Approved reasons for leave will align with FMLA definitions (birth/adoption/foster placement; care for self or immediate family with a serious health condition).
• Leave may be taken in two-week increments up to six weeks; some leaves may extend training based on specialty board rules.
• PTA may run concurrently as program/policy require; short-term disability may apply to medical leaves (e.g., maternity). Resident/fellow may be required to exhaust a portion of PTA or hold back paid days (PTA) for a leave of absence.
• Community Health Network GME residents/fellows will be provided 6 weeks of applicable leave, outside of PTO and/or Medical leave provided.

- Requests for leave with extenuating/unique circumstances will be considered by GME when they do not follow the FMLA framework or are more than what the framework allows.
  Bereavement will be included in the 6 weeks of GME leave, the duration of time given will be in accordance with Nw distinction of Immediate/close/extended family as outlined in Nw policy. Additional occurrences of bereavement that may equal more than GME leave may be paid at the discretion of GME or taken as unpaid time away.

If a resident/fellow does not experience a qualifying event during their residency, they will use their PTA for any time needed off.
Non-medical, non-qualifying leave may still be approved by the program director on a case-by-case basis and will be unpaid and could result in a lapse in benefits.
Network parental leave policy does not apply to GME residents/fellows and any time away for parental leave will be used in accordance with GME leave policies.

6.3 Other Leaves & Time Away

• **Bereavement**: Paid leave per network family definitions; may impact training timelines and is deducted from GME leave.
• **Jury Duty**: Paid per policy; coordinate with program and follow shift guidance, time away in excess of allowable time away per board rules may extend residency.
• **Military Leave**: Short tours per policy; extended active duty as unpaid leave with benefit continuation per federal law; may extend training.
• **Unpaid Time Off**: Case-by-case approval; may affect benefits and graduation date.
Resident/fellow may be required to exhaust or hold back paid days (PTA) for later use after the conclusion of the leave of absence. The resident/fellow should notify the program director and those responsible for the scheduling of rotations and call as soon as the need for a leave of absence is confirmed. The resident/fellow should be expected to make up or trade call assignments before or after their time of leave so their total residency call amount remains

consistent with what other resident/fellows in the program are assigned. Electives can be completed around the time of the leave return date if authorized by the program director. The standards of goals and objectives along with clinical obligations will remain the same for all resident/fellows.

• **Time Away for Medical Appointments**: Programs support attendance; follow program parameters for scheduling and notice.

6.4 Board/Program Time-Away Compliance

• Programs and trainees must track time away to ensure eligibility for board certification and on-time graduation; make-up time will extend residency when required.

• Extension of training due to leave of absence: For a leave of absence that extends beyond the maximum time off allowed by the specialty Board, the program director or designee will provide a new date of graduation to GME upon completion of leave time and determine how long the resident/fellow should extend residency in accordance with applicable board requirements and/or competency concerns resulting from the missed time. Extensions will occur at the end of the academic year in which the absence occurred. Resulting in an off cycle academic year from that point forward until the resident's or fellow's last year. Any required make-up time will be paid and all employee benefits provided.

6.5 Benefits & Support

- **Insurance**: Medical/dental/vision plans available; comprehensive list of employee benefits can be found on the InComm site, under Community Service Center—Human Resources—myBenefits. There are some deviations in GME provided benefits for Paid Time Off/Leaves of Absence from Network standard benefits and you can contact the GME office (Crystal Neal) for inquiries into those benefits.
- **Employee Benefits, salary expectations, and time off** are specifically outlined in the contract appendix for each trainee. The GMEC annually reviews benefits and salaries for approval for the subsequent academic year (July-June).
- **Mental Health resources**: VITAL WorkLife (877□731□3949), VITALWorkLife.com is a free service to all providers in the network including residents and fellows, and offers concierge services, coaching, and non-diagnostic counseling. Network Employee Assistance Program (EAP) (317□621□7742) provides confidential services at no cost to the employee and to household members of an employee. Fitness for duty evaluations may be required when performance/safety concerns arise. Residents/fellow may also access the Indiana State Medical Association (ISMA) for support with issues regarding physician impairment, chemical dependency or mental health.

  • **Licensure/Exam Fees**: Reimbursement for Step/Level 3, permanent Indiana license, DEA, and one specialty board sitting (program specified).

  • **Meals**: Annual stipend for on-duty use; The meal stipend is intended to provide a means of nutritional options to trainees while they are on inpatient rotations and on call in the hospital. In efforts to maintain cross-GME professional standards related to meal charges

and to be mindful users of Community Health Network's resources, please adhere to the following guidelines:

- Residents and Fellows must be on active duty to be eligible to charge meals (190-202007)
- Residents and Fellows may charge food items for their own personal consumption only (not intended for students, faculty, family members, or any others)
- Starbucks or coffee-stand drink purchases are limited to 1-2 per shift
- The food from each expenditure charged should be consumed while on duty
- Gift shop purchases are not included in the meal plan
- Academic Affairs Department will periodically monitor individual and collective resident/fellow spending and will provide reports at least quarterly to enable residents/fellows to budget their stipend appropriately to cover all rotations through the academic year.

- **Parking & Fitness**: The Network provides a parking permit without charge to the resident/fellow. In most instances, parking is without charge to the public and designed lots/spots are reserved for physicians.

• **Public Liability**: Provided by the Network. Ask the Human Resources representative working with the GME programs for details.

6.6 Accommodations for Disabilities (ADA)

• Residents may request reasonable accommodations through the program and HR; approved accommodations preserve confidentiality and must remain within ACGME/CPME and specialty board standards. A request for accommodation may be made at any time during residency/fellowship training. For the resident/fellow to receive maximum benefit from his/her residency/fellowship training time, requests for accommodation should be made before the beginning of the program or as early as possible after an event which may affect the resident/fellow's ability to meet the non- academic qualifications. A request should not be made after the fact or in response to a negative evaluation or action taken by the training program.

Requests for accommodations should be made in writing to the program director, including proposed accommodation needs. The resident will also fill out an accommodation request on Incomm HR service center. To determine eligibility for accommodation under the ADA, documentation of relevant medical conditions will be requested. Having a medical condition alone is not enough to make a person eligible for accommodation.

The ADA requires that medical information be kept confidential by the Human Resources department. However, the law allows the Human Resources department to share information regarding medical information in limited circumstances with individuals who are considered to have a legitimate need to know this information. These persons can include supervisor(s), first aid and safety personnel, personnel investigating compliance with the ADA, and other persons considered to have a legitimate need to know. The law does not prohibit the employee

requesting the accommodation from voluntarily discussing your condition or medical information with others.

SECTION 7 — Conduct, Safety, and Professional Boundaries

Purpose / Scope / Applies To:

Consolidate workplace culture policies, non-discrimination, boundaries, impairment, and ethics; applies to all trainees, faculty, and staff in the learning environment.

7.1 Respectful Workplace & Anti-Harassment

• CHNw maintains a harassment-free environment with zero tolerance for retaliation; concerns may be reported to PD/DIO/GME/HR/AlertLine for investigation and action. Refer to PolicyStat policy Anti-Harassment and Discrimination Policy for the Network policy. In addition to the Network's Policy on Harassment and Workplace Threats and Violence, the office of Graduate Medical Education and its GMEC have adopted the following guidelines for its medical education programs:

- There may be situations where residents/fellows feel they are abused or sexually harassed in the medical education setting. Because the relationship between faculty and residents is hierarchical, it remains the ethical responsibility of the faculty to assure that residents/fellows are professionally mentored and respectfully treated.
- All supervisors, whether program faculty or others, will be held to the highest standards in working with trainees.
- Criticism of performance will be discussed in private with the resident/fellow.
- Discussions about patient care with consulting medical staff with or among residents/fellows will be carried out in a civil tone and volume.
- Shouting, cursing, name calling, or personal attacks have no place in any discussions.
- When physically present in the hospitals, professional conversation and interactions are critical to patient care and to the functions of the hospitals and must be carried out civilly.

Any resident/fellow, attending physician, professional staff member or faculty member may report any such concerns about harassment, discrimination or workplace violence, including verbal communication to the program director, DIO, GME office, through Alertline, human resources or through program leadership, all of which will investigate and respond. All concerns will be investigated.

7.2 Equal Opportunity & Non-Discrimination

• CHNw provides equal employment opportunity consistent with applicable laws and values of dignity, respect, and courtesy and will seek and employ qualified individuals in all positions and in all departments; provide equal opportunity for advancement of employees; and administer

these and all other matters concerned with employment in a manner which will not discriminate against any person in accordance with Title VII of the Civil Rights Act of 1964 (i.e. age, race, color, disability, religion, gender or national origin) and the Americans with Disability Act as amended. To this end, and to provide a productive work environment, Community prohibits all forms of discrimination, including but not limited to: harassment on the basis of race, gender, ethnic background, age, religion, disability, or sexual orientation. Network policy: https://chnw-all.policystat.com/policy/15647050/latest

7.3 Professional Boundaries & Relationships among colleagues

• Non-platonic relationships within supervisory/evaluative chains are prohibited due to power differentials; disclose conflicts for consideration/reassignment; violations may result in corrective action. Protocol in appendix.

- Community Health Network's Graduate Medical education mission is promoted by professionalism in faculty/resident/fellow/staff relationships. Actions of faculty/residents/fellows/staff that harm this atmosphere undermine professionalism and hinder fulfillment of the network's educational mission
- Faculty and program directors, GME staff are expected to follow high standards for professionalism in working with trainees.
- Due to the hierarchal nature of the learning environment, non-platonic relationships between faculty/staff/residents/fellows can become problematic. Given the supervisory role faculty/staff and upper level residents/fellows play in evaluations and recommendations of lower level residents and/or staff, these relationships increase the possibility of an abuse of power or a perceived abuse of power, resulting in favoritism or unsubstantiated advancement, etc. When these relationships occur, other faculty/residents/fellows/staff may be negatively affected if the relationship contributes to an unprofessional environment within the program/department.
- Community Health Network Graduate Medical Education Programs view non-platonic relationships between faculty/fellows and residents, faculty and staff, resident and staff and, in some circumstances, resident to resident as a violation of this policy, even when both parties have consented or appear to have consented. Consent in these circumstances is challenging to assess given the fundamental asymmetric nature of the relationships in the learning environment especially when residents/fellows are involved in the supervision or evaluation and professional recommendations of residents/staff and/or when staff is involved in the same of/for residents and fellows.
- Community Health Network Graduate Medical Education acknowledges that GME residency/fellowship training has the potential to be a time when resident to resident relationships may evolve to a non-platonic relationship. Should a resident/fellow find him/herself in a supervisory relationship with another resident whom they will have supervisory responsibilities for, he/she should notify his/her supervisor immediately and ask for reassignment.

- Any concerned person may initiate complaints about alleged violations of this policy. Such complaints should be brought to the attention of the program director, DIO, or Chief Academic Officer, or SIE.Possible sanctions may include, but are not limited to, reprimand, consideration in promotion decisions, termination of employment, and immediate dismissal.
- Residents/fellows disciplined or terminated on grounds of violation of this policy shall have such rights as are provided by the Due Process policies.

• Avoid treating trainees whom you teach/evaluate; separate care from evaluation when feasible; transfer care to mitigate conflicts. Protocol included in appendix.

7.4 Physician Impairment & Drug-Free Workplace

• CHNw partners with ISMA Physician Assistance Program or similar programs for confidential assessment, treatment referral, and monitoring; for-cause testing may be required; refusal may result in Residents and fellows may be unable to complete duties due to mental, physical or substance use illnesses.

All GME leaders will work with residents to identify performance issues and impediments to good clinical practice, patient care and ongoing education. At times, residents may be determined to be unfit for duty. In those circumstances, an evaluation of the cause(s) for the difficulties will be required. This may involve referral to an external agency such as the ISMA for evaluation of cognitive, psychological, physical or substance use issues. These referrals for assessment will be supported by the GME leadership in time away from work, resource allocation, and return to duty when deemed fit.

Community Health Network expects and requires all residents/fellows to report to work on time and inappropriate mental and physical condition. It is the hospital's intent and obligation to provide a drug-free, healthful, and secure environment for its patients, visitors and employees.

Community Health Network recognizes drug dependency as an illness and a major health problem. Community also recognizes drug usage as a potential health, safety, and security problem. Therefore, Community Health Network partners with the Indiana State Medical Association (ISMA) Physician Assistant Program (PAP), website http://www.ISMAnet.org or similar programs, to coordinate efforts in identifying and assisting residents/fellows and other physicians practicing at Community Health Network with illnesses impairing their ability to practice medicine. These illnesses may include chemical dependency, psychiatric illnesses, and/or physical illnesses.

The objective is to ensure all physicians who provide care at Community Health Network, including resident/fellow physicians, be in a healthy state of well-being so as to provide safe, high-quality patient care. If intervention is deemed appropriate, it is undertaken in a

confidential, positive, supportive manner, consistent with the laws of the State of Indiana, with the goals of recovery and rehabilitation foremost in mind.

For-Cause Drug Testing of Residents and Fellows

If any individual has a concern or question regarding a resident/fellow's mental or physical condition due to supposed substance abuse, he or she should contact the program director or the DIO immediately and follow this up with written documentation of the event.

The program director has the authority to direct a "for cause" alcohol and drug screen. The program director should contact the Designated Institution Official (DIO) or his/her designee who will in turn, contact Employee Health, ISMA PAP and/or a similar program. A resident/fellow who declines a for cause screening may be suspended or placed on leave to be sure that patients or colleagues are not put at risk.

• Community Health Network prohibits the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance on hospital premises or while conducting hospital business off hospital premises. Violations of this policy may result in immediate termination of Graduate Medical Education training.

7.5 Ethical Conflicts in Care

• Use established ethics consultation processes to address value conflicts (informed consent, futility, etc.). The policies related to ethical care and patient care are in our network policy system, PolicyStat. These include policies about informed consent, futility of care, etc. https://chnw-all.policystat.com/policy/16039232/latest

Residents and faculty are expected to complete periodic training in ethics of patient care, research and scholarly activity, and ethics of health care systems. These trainings are part of the core competencies of medical education and common program requirements.

7.6 Vendor & Industry Relationships

• Follow network policies on gifts and industry interactions https://chnw-all.policystat.com/policy/19334859/latest ; ACGME/ACCME guidance discourages vendor influence in educational settings (ACGME Institutional requirement 4.12.)

SECTION 8 — IT, Privacy & Communication

Purpose / Scope / Applies To:

Consolidate HIPAA, IT security/device use, and communication tools; applies to all trainees and faculty.

8.1 HIPAA & PHI

• Use only approved systems for PHI; encrypt email by placing "secure:" in the subject; encrypt all other forms of PHI transfer (phones, thumb drive, etc) minimize PHI transport; report any loss of laptop or other device with access to PHI immediately. Refer to PolicyStat policy titled Administrative, Technical, and Physical Safeguards for full policy. https://chnw-all.policystat.com/policy/18993826/latest

• Residents are strictly prohibited from accessing any records, including their own, for any reason other than to provide patient care to a patient currently under their care. If an event arises and the resident believes there is a business need to access the record they should first consult with GME or Nw Organizational Risk to inquire if it's allowable access. Inappropriate use of EHR access is subject to corrective action up to dismissal.

8.2 IT Security & Devices

• Never share credentials or use another user's ID; violations may result in termination.
• Network-issued devices are CHNw property during training; adhere to loss/reporting and confidentiality policies. Laptops must be returned upon completion of training/employment.

8.3 Email, Texting & Communication Etiquette

• CHNw email is an official communication channel for formal communication by the GME office, program directors and faculty with residents/fellows ; each resident/fellow is issued a Network ID and email account for use during training and residents must review email in a timely manner and manage expectations appropriately. Review regularly and maintain mailbox capacity to ensure delivery of communication.
• Use only secure texting for clinical information; Refer to PolicyStat policy titled Administrative, Technical, and Physical Safeguards for full policy https://chnw-all.policystat.com/policy/18993826/latest .
• Keep HR, licensing (IPLA), and program records updated with current contact information; follow procedures for address changes.

SECTION 9 — Education, Research & Scholarly Activity

Purpose / Scope / Applies To:

Summarize CME time/funding, scholarly activity expectations, IRB/CITI requirements, and library support; applies to faculty and trainees.

9.1 CME Time & Funding

• Continuing Medical Education (CME) refers to educational activities that help physicians maintain, develop, or increase their knowledge, skills, and professional performance. CME activities can be live events, online courses, or other formats, and they cover a wide range of medical specialties and topics relevant to clinical practice, research, healthcare administration, and leadership. CME days are any day in which half or more of the day is spent participating in a CME event approved for CME by an acceptable accreditation body and approved by the Program Director

- Residents/Fellows receive 5 CME days per academic year where the resident/fellow or faculty can choose what activity they attend and where it is located with Program Director approval. This may include CME activities completed remotely from home. A resident/fellow may complete home based CME credits in the amount of no less than 6 hours and must present proof of CME to program director. The amount of allowable home based CME is based upon Program Director's discretion. CME funds and days will not carryover between academic years.

• Follow travel timing; generally limited to continental U.S.;

- **CME Travel Policy Procedure:**
  - All CME activities require prior Program Director approval. Requests should be made well in advance but no less than one (1) month in advance.
  - CME meetings and/or travel which occur on weekends are usually not made up by giving alternative days off elsewhere.
  - For meetings starting at noon or after, travel including flights, should be the morning of the meeting. For meetings starting before noon, travel should be the afternoon or evening before usually leaving after 1 pm.For meetings ending before 5 pm, travel back home should be in the afternoon/evening of the day the meeting ends. For meetings ending after 5 pm, travel back should be late that evening or the following morning so as to return to work by 1 pm.
  - Hotel rooms, cars, and food will be paid for only for the above times frames. Any expenses which occur outside the above times would be at the employee's personal expense. For information on reimbursable expenses and requirements, search PolicyStat for "Network Travel and Expense Reimbursement Policy". https://chnw-all.policystat.com/policy/17520574/latest
  - Flights may be taken earlier or later than the above as long as they are not more expensive and do not interfere with required patient care. If adding additional personal travel into a CME activity, any additional expenses, including higher cost of airfare, hotel or food, will be at the expense of the participant. Any additional days missed will require PTA be used.

- Travel for CME is generally limited to the continental United States. In the event a resident, fellow or faculty member identifies a relevant, unique CME opportunity outside of these parameters, Program Director and GME leadership review and approval is required.
- Any questions regarding this policy should be directed to the Program Director, Coordinator or GME and should be clarified before booking hotels or travel.

• Minor educational purchases (journals/memberships/books/apps) are limited to a yearly total of $500 from the allotted CME funds; Medical/computer equipment or supplies purchases are not allowed, with limited exceptions of one stethoscope per residency training; and one podiatry lead shield for respective specialty residents.

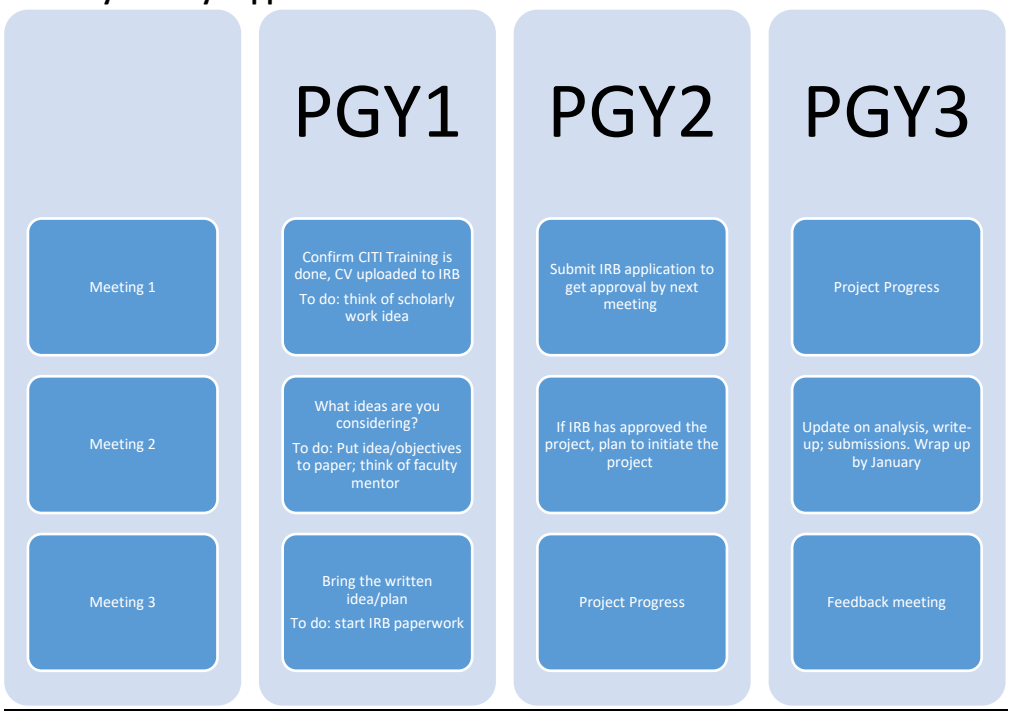
9.2 Scholarly Activity & IRB Compliance

• GME programs require that Residents/faculty engage in active learning and scholarly activity such as QI/PS projects, research, reviews, curricula, etc.; each program has a Scholarship Oversight Committee. Additionally, contribution to professional committees, educational organizations, or editorial boards are also scholarly activities recognized by ACGME.
• Each program has a Scholarship Oversight Committee to help support and guide project development.
• IRB submission is required for human subjects research (including educational studies/case reports) Although these types of studies may be exempt or expedited, people who want to lead such projects must follow the guidelines of the IRB to assure protection of data. To facilitate research regulatory compliance, learners should use their ecommunity.com email address (ie, NOT the A-number login) and address these compliance items:

1. CITI Training: Information on CITI training is provided by GME office at orientation. This is to be updated every 3 years. Required modules include HSR-SBE and HSR-Biomed for all faculty and residents within the GME community. Maintenance of CITI Training requirements is monitored by program coordinators. This training must be completed and up to date prior to any project initiation.
2. CV: A signed (wet signature), updated copy of CV is to be submitted to program coordinators at the time of orientation. This is to be updated every 2 years. Program coordinators monitor and prompt for submission.
3. Licensure: Program coordinators will ensure that PDFs of resident and faculty licensure are submitted to IRB for maintenance of requirements.

• Slicer-Dicer/EMR use: Residents/Fellows shall not access any patient information for scholarly activity without IRB approval with one exception: the learner may review, but not record/save, a general report for study feasibility, for example, to determine number of patients who could potentially meet the study criteria
• Do not access identifiable EMR data for scholarship without IRB approval (limited feasibility queries without saving data are permitted).

Scholarly Activity Support Services



9.3 Library & Information Resources

• The Network Medical Library provides databases, journals, literature searches, and interlibrary loan; access via InComm; librarians support evidence requests and orientations. Library services can be accessed on InComm at the library home page (InComm>Departments>Library). The website provides evidence based resources, practice guidelines, electronic journals and databases. Included is access to Up-To-Date, PubMed database, Ovid databases, EBSCO databases, Lexicomp, Cochrane Library etc., as well as access to thousands of electronic journals. The main phone number is 317-355-3600. Other questions, requests and comments can also be sent directly to library@ecommunity.com.

SECTION 10 — External Rotations & Moonlighting

Purpose / Scope / Applies To:

Provide rules for off-site/away rotations (IN, out-of-state, international), global health, and moonlighting; applies to trainees and programs.

10.1 Off-Site / Away Rotations

• Must have a primary goal of an educational focus that cannot be obtained within Community Health Network. PD and GME approval required. Away Rotation application form included in appendix.

• Resident/fellow may be required to arrange for coverage of clinic duties (desktop coverage) and call trades with other residents/fellows so all duties are covered.
• Required Notice for application: in-state ≥3 months; out-of-state often ≥6 months to allow processing of agreements/coverage; international ≥3 months and requires evacuation insurance and named supervisor.
• Malpractice: Rotations within Indiana will be covered as CHNw rotations; out-of-state may require certificate of insurance arranged in advance; international rotations are not covered by CHNw malpractice. Additional malpractice insurance beyond the current coverage will not be provided by Community Health Network. (You may be able to get this from the place you are going if needed). The resident/fellow is responsible for ensuring coverage is within the required limits of the rotation.
`trainees must comply before clinical activity.

10.2 Global Health Rotations

• Typically not allowed but may be considered at the discretion of GME department for a resident/fellow in good standing when program resources permit; similar education must not be available locally; follow away-rotation procedures and safety requirements including obtaining travel insurance. Rotation requests will not be considered if the GME office and/or legal department believe that current political, health, or risks outweigh the potential benefits.

10.3 Moonlighting

• Moonlighting is discouraged, never required, and prohibited for PGY-1. Policy available in appendix.
• Prior written PD approval required for each activity; all moonlighting hours count toward duty hours.
• External sites must provide a separate contract, verify full Indiana licensure/DEA/CSR, and supply malpractice coverage; approval may be withdrawn if performance suffers.

SECTION 11 — Administrative Policies

Purpose / Scope / Applies To:

Summarize institutional disaster/closure contingencies, malpractice coverage, and related administrative policies; applies institution-wide.

11.1 Disaster & Continuity of Education

• If a disaster disrupts education, CHNw will arrange temporary transfers (maintaining pay/benefits) or facilitate permanent transfers to allow timely completion; the DIO/PD communicate with ACGME within required timelines. Continuation of GME Support in the Event of a Disaster Protocol included in Appendix.

11.2 Closure or Reduction

• In closure, reduction, or loss of accreditation, CHNw will support residents/fellows to complete training at CHNw if possible or assist with transfer; records will be maintained appropriately; residents will be informed of adverse accreditation actions in a timely manner. Closure or Reduction Policy for Residency and Fellowship Programs included in Appendix.

11.3 Malpractice & Liability; Non-Compete

• CHNw provides professional liability coverage for duties within scope of employment and tail coverage upon policy termination for services provided while covered; community volunteer and moonlighting activities are not covered unless explicitly arranged.
• Restrictive covenants/non-competes are prohibited for residents and fellows in accordance with ACGME policy.

11.4 Special Review Protocol

• The ACGME Institutional Requirements state that the GMEC must demonstrate effective oversight of underperforming programs through a special performance review process. Special Review Protocol included in Appendix.

SECTION 12 — Due Process & Concern Resolution

Purpose / Scope / Applies To:

Consolidate performance management steps, appeals, and resident-initiated concern resolution; applies to all trainees and programs.

- The duties, privileges, authorities and responsibilities of residents/fellows are governed by their contract, the applicable policies in the GME Handbook, PolicyStat and by the rules, regulations, policies and procedures of the Medical Staffs and Hospitals. In all matters, the resident/fellow must act within Network PRIIDE values. This process is supplemental to the guidelines of Community Health Network (Network) policies concerning employee discipline and replaces Network policies with respect to actions and processes specifically described here. The Network policies delineating and describing the concerns process, classification of offenses, discipline and due process procedures apply to situations not specifically covered by this policy. Those policies may be found on InComm/Tools/PolicyStat, and search Human Resources https://chnw-all.policystat.com/policy/20038501/latest .
- Depending on circumstances, the below procedures may be utilized when a resident/fellow fails to meet the expectations of a program. The program is not required to follow a progressive system of discipline. Serious deficiencies and/or misconduct may warrant action up to and including termination as a first offense, regardless of whether less formal actions have been taken in the past. Programs are to review the resident/fellow's past performance as well as the current performance problem on an individual basis to determine level of intervention needed for the given situation.
- IF performance concerns affect either patient care or resident well-being, the process will follow guidance from the medical staff. It is possible that a resident whose patient care or self-management are of concern will be moved to an evaluation of impairment and not follow the steps for academic program improvement in sequence. At any time, any egregious violation of a network employment policy may result in immediate suspension or termination from the program and from employment. When performance issues are determined to be routine developmental issues by faculty and program director, no notification of medical staff will occur. When performance issues seriously impact patient safety or are deemed out of the scope of routine education, the medical staff will be notified confidentially.

12.1 Feedback & Routine Evaluation

• Programs provide structured, milestone-based feedback using multiple evaluators with semi-annual reviews; the CCC advises on promotion, remediation, and dismissal.

- Structured Feedback: In accordance with ACGME common program requirements, all programs must provide objective assessment of competence in based on the specialty-specific Milestones. Programs must use multiple evaluators, document progressive resident/fellow performance improvement appropriate to educational level and provide each resident/fellow with documented semiannual evaluation of performance with feedback at a minimum.
  Additionally, the Clinical Competency Committee will review resident/fellow performance on a semi-annual basis, and they will advise the program director regarding resident/fellow progress, including promotion, remediation, and dismissal.
  Resident/fellows in Non-ACGME programs must provide objective assessments in accordance with their respective program requirements.
  If the program director determines that routine structured feedback is not leading to the necessary improvement, or if the program director determines the problem is significant enough to warrant more formal action than routine feedback, the program director can proceed with formal actions as indicated by the situation.

- Oral Counseling:

  Formal oral counseling consists of a verbal conference between the program director/designee, faculty members (as appropriate), persons designated by the program director/designee with relevant information/involvement (as needed), and the resident/fellow. The program director/designee will specifically state the performance problem, and the resident/fellow will be given the opportunity to present his/her point of view. The program director/designee and resident/fellow will attempt to resolve the performance issues. A record of this session will be made by the program director/designee.

12.2 Performance Improvement Plan (Educational)

• A Performance Improvement Plan (PIP) is an educational remediation plan; not a corrective action and therefore not appealable; it defines goals, required activities, monitoring, and review dates in a tool designed to improve a resident/fellow's proficiency in one or more ACGME Core Competencies. A PIP does not trigger a report to any outside agencies, but it may be reported if an outside agency specifically inquires whether a PIP has ever been issued during training. Any resident whose performance is below expectations must be evaluated more frequently (than semi-annually) to assure understanding of progress within the program and quality of patient care. A PIP may be altered or adjusted as reviews competencies in question occur.

Copy or PIP included in appendix

12.3 Corrective Actions

• Corrective Action is a written notice of a performance problem or violation of policy.

- **A Written Counseling** is a formal document (Example in Appendix) outlining a performance problem or violation of policy and when completed will include the specific performance problem(s), concerns, or deficiencies; identify a corrective action plan; outline expected timeframe: (typically ~90 days) for improvement; inform resident/fellow of potential outcome if performance does not improve. The notice must be signed by the resident/fellow, acknowledging receipt of the document.
    - The resident/fellow has the option to appeal the Corrective Action (see section H. Appeal Process for Disciplinary Action /Suspension /Termination). Upon completion of assigned monitoring duration, if a resident/fellow has failed to satisfy terms of corrective plan they will be informed of next steps. Any additional actions imposed will follow the designated procedures for the disciplinary action initiated and consequences; residents may appeal corrective actions. If the resident/fellow has made substantial improvement, but additional time is needed for further correction, the Corrective Action Plan may be extended up to 30 days to address residual deficits. The resident/fellow will be informed of the extension of the Corrective Action period and what deficits need to be remedied during this period of extension. If the resident/fellow has adequately completed the plan to the program director/designee's satisfaction the Corrective Action period will be terminated. Corrected performance is expected to be maintained.
- **Probation** (Final Notice) is a formal notification to the resident that there are serious identified areas of unsatisfactory performance that will require immediate remediation and/or improvement, or the resident will not be permitted to continue in the program.

  Probation notice will be prepared by the program director/designee on the Corrective Action form, and it will include the specific performance problem(s), concerns, or deficiencies; identify a corrective action plan; outline expected timeframe for improvement; inform resident/fellow of potential outcome if performance does not improve. The notice must be signed by the resident/fellow, acknowledging receipt of the document.
    - The resident/fellow has the option to appeal the Corrective Action (see section H. Appeal Process for Disciplinary Action /Suspension /Termination). If the resident/fellow's performance deficiencies are not resolved during the period of probation to the satisfaction of the program director and/or GME, or the resident/fellow refuses the probationary period and plan, the resident/fellow's training may be terminated by the DIO on the written recommendation of the program director and in consultation with Human Resources (HR). The resident/fellow will be given a copy of such recommendation and a written notice of discharge/termination of training. At that time, the resident/fellow will follow all Network HR procedures.

12.4 Suspension & Termination

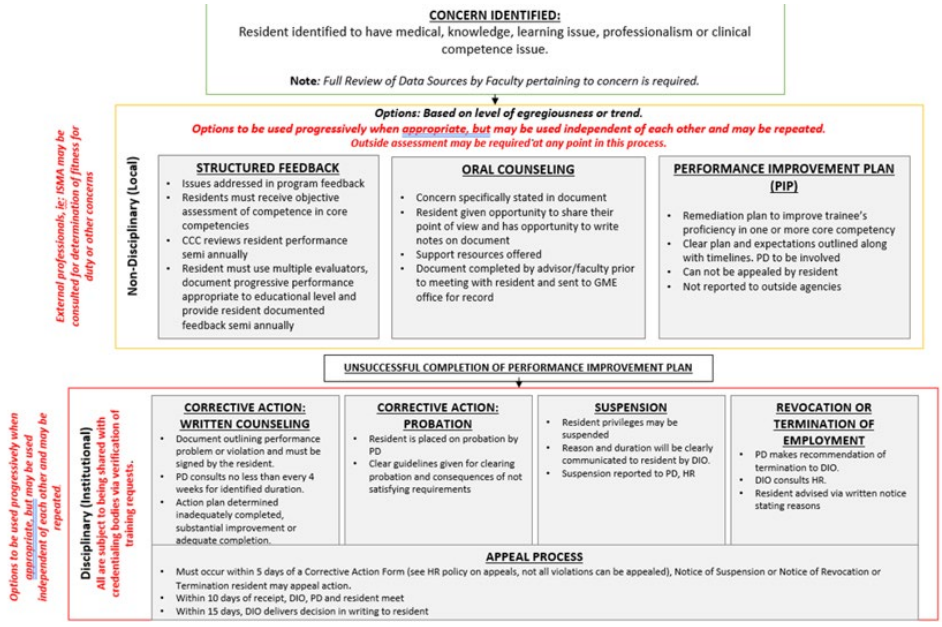
• The DIO/designee may impose suspension when safety/ethics risks are present; termination may occur when deficiencies persist or for egregious violations; HR procedures apply as referenced; both are appealable. The DIO/designee has absolute discretion in such circumstances with respect to the terms of the suspension. Suspension may precede termination or remediation. The suspension will be reported in writing to the program director, the affected resident/fellow and Network Human Resources. The resident/fellow has the right to appeal the summary suspension (see section 12.5. Appeals)

12.5 Appeals — Timelines

• Resident may appeal in writing within 5 business days of receipt of notice; a meeting with the DIO/designee and appropriate parties occurs within 10 business days of receipt of the resident appeal; if appropriate, the DIO/designee can appoint, at their discretion, an ad hoc committee composed of a subset of identified GMEC members for further review and recommendation. Within 15 business days from the DIO/designee, program director/designee, and resident/fellow meeting, the DIO/designee will notify the resident/fellow and the program director of his/her decision in writing with a clear statement of facts and the reasons for their decision. The decision of the DIO/designee is final.

If a termination or suspension is reversed, the resident/fellow will be re-instated in the residency program and offered make up time for the time lost from the program during the appeal. Pay will be re-instated retroactive to the date of termination.

Below is a visual of the Due Process Procedures for Concerns, Performance Problems and Offenses: Correction, Discipline, Suspension and Termination Copy of due process chart can be found in the appendix



12.6 Resident-Initiated Concern Resolution & Non-Retaliation

• Residents may raise concerns via the program director or directly to the DIO; the DIO may refer to HR/other bodies; a written decision is documented. Retaliation is prohibited and may result in disciplinary action up to and including termination of the retaliating individual(s). It is the policy of the Community Health Network to have an identified procedure of how a resident/fellow can address his/her concern(s). This procedure may be used in conjunction with or in place of the confidential concern procedure outlined in "Resident Council" for all the above concerns. Nothing in this policy shall be construed as limiting the resident/fellow's right to access formal legal processes (i.e. EEOC).

This procedure is supplemental to Community Health Network policies which provides the opportunity and mechanism to confidentially report concerns such as witnessed HIPAA violations or other violations of ethical standards or law.

Definition:

Concern: Any dispute or grievance about the resident/fellow's conditions of work, faculty member, the specialty program in which he/she is matriculating, or the interpretation/application of any rule, regulation, contract, letter of appointment, practice or policy of Community Health Network or its affiliated hospitals. It does not include any individual performance problems, discipline, failure to promote, nonrenewal of appointment, or termination.

Procedure:

1. The resident/fellow shall promptly discuss the concern(s) with his/her program director.
2. If the matter is not satisfactorily resolved, or the resident/fellow is not comfortable speaking with the program director because the concern involves the program director, the resident/fellow may forward his/her written concern(s) to the DIO.
3. The DIO shall review the written concern, and he/she may, as deemed necessary, refer the concern to an appropriate body or person (e.g., Human Resources) for an advisory recommendation.
4. Following review of the written concern and advisory recommendation (if applicable), the DIO shall promptly render a final decision, including any related recommendations. A written record of the concern and decision will be kept in the Academic Affairs Office. The record will be confidential except as may be needed for further consideration (e.g., additional disciplinary actions or HR use).
5. The DIO will follow up on any recommendations which he/she has made.

APPENDIX

4.4 Relationships & Boundaries; Learners as Patients/Providers

7.3 Professional Boundaries & Relationships with Colleagues

10.1 Off-Site / Away Rotations

10.3 Moonlighting

11.1 Disaster & Continuity of Education

11.2 Closure or Reduction

11.4 Special Review Protocol

12.2 Performance Improvement Plan (Educational)

12.3 Corrective Actions

4.4 Relationships & Boundaries; Learners as Patients/Providers

GME Learners as Patients and Providers Guidelines

STATEMENT OF PURPOSE:

To establish guidelines regarding care of residents, medical students, and employees as patients within the GME environment

GUIDELINE STATEMENTS:

A. Faculty, fellows, and residents in a GME program should not care for residents, fellows, students or other trainees when the physician might be asked to offer an educational evaluation/performance evaluation, make a determination about clinical competencies, or otherwise act in the role as educator.

B. Faculty, fellows, and residents should not care for medical students who are applicants to or intending to match in our program, or who may rotate and receive an evaluation from them. In the event of an established patient/provider relationship, the faculty providing care to the student should not be involved in the evaluation or feedback process of the student when feasible and maintain appropriate boundaries of care and confidentiality.

C. Delivering care to a family member of a faculty, fellow, resident or staff member should be done at the judgment of the and within faculty, resident or fellow with appropriate boundaries of care and confidentiality. When possible, it is ideal to have this care of the family member occur outside of the program.

D. Faculty, fellow and resident providers may assist with referrals, or in an emergency situation, may assist to get the learner or learner's family member to the appropriate caregiver or team needed.

E. As soon as a learner conflict of interest is identified with a patient-provider relationship, the provider should recommend and assist with transfer of care to a different practice when feasible.

7.3 Professional Boundaries & Relationships with Colleagues

Relationships with Colleagues

STATEMENT OF PURPOSE:

To establish guidelines regarding non-platonic relationships between colleagues in the hierarchal learning environment

GUIDELINE STATEMENTS:

A: Community Health Network's Graduate Medical education mission is promoted by professionalism in faculty/resident/fellow/staff relationships. Actions of faculty/residents/fellows/staff that harm this atmosphere undermine professionalism and hinder fulfillment of the network's educational mission. Faculty and program directors, GME staff, are expected to follow high standards for professionalism in working with trainees.

B: Due to the hierarchal nature of the learning environment, non-platonic relationships between faculty/staff/residents/fellows can become problematic. Given the supervisory role faculty/staff and upper level residents/fellows play in evaluations and recommendations of lower-level residents and/or staff, these relationships increase the possibility of abuse of power or a perceived abuse of power, resulting in favoritism or unsubstantiated advancement, etc. When these relationships occur, other faculty/residents/fellows/staff may be negatively affected if the relationship contributes to an unprofessional environment within the program/department.

Therefore, Community Health Network Graduate Medical Education Programs view non-platonic relationships between faculty/fellows and residents, faculty and staff, resident and staff and, in some circumstances, resident to resident as a violation of this policy, even when both parties have consented or appear to have consented. Consent in these circumstances is challenging to assess given the fundamental asymmetric nature of the relationships in the learning environment especially when residents/fellows are involved in the supervision or evaluation and professional recommendations of residents/staff and/or when staff is involved in the same of/for residents and fellows.

C: Community Health Network Graduate Medical Education acknowledges that GME residency/fellowship training has the potential to be a time when resident to resident relationships may evolve into a non-platonic relationship. Should a resident/fellow find him/herself in a supervisory relationship with another resident whom they will have supervisory responsibilities for, he/she should notify his/her supervisor immediately and ask for reassignment. Complaints about alleged violations of this policy should be brought to the attention of the program director, DIO, or GME office. Possible sanctions may include, but are not limited to, reprimand, consideration in promotion decisions, termination of employment, and immediate dismissal. Residents/fellows disciplined or terminated on grounds of violation of this policy shall have such rights as are provided by the Due Process policies.

10.1 Off-Site / Away Rotations

Away Elective Process and Application

GRADUATE MEDICAL EDUCATION AWAY ELECTIVE

Please read the rationale/guidelines and complete all steps included in this form to submit to the GME office.

AWAY ROTATIONS

An away elective is a rotation that takes place at a non-affiliated institution, facility or other location and/or under the supervision of a physician or other faculty member not affiliated with Community Health Network.

An away elective should serve as an opportunity to acquire an educational opportunity which cannot be obtained within Community Health Network. These opportunities are considered a privilege and will not be approved for any resident not in good standing

Multiple factors exist for both the resident and the GME office when considering an away elective.
See below:

- Per Center for Medicare and Medicaid reimbursement rules, CHNw may not request reimbursement for a resident while they are on an away rotation. Due to this restriction, we must place a limit on the amount of away electives we allow. Currently the limit is no more than 3 over the duration of an individual's training. No more than 1 month per year unless given special approval.
- Board rules exist regarding time away from training, ie: continuity of care etc.
- Indiana Malpractice coverage is different than other states.
- Many locations will require state licensure for the state the rotation will take place in, resident will be responsible for those expenses.

Application process:
Resident must submit application at least 3 months in advance for in state rotations, 6 months for out of state as licensure may be needed.
Application must include:

- Completed Away Elective Form
- Goals and Objectives from the elective site coordinator
- Letter of support from PD explaining how this educational experience is not available within the network
- Confirmation from program coordinator that an Affiliation Agreement will be started within a week of approval of rotation. Rotation may NOT take place without an affiliation agreement in place. For out of state rotations, the affiliation agreement must be reviewed by CHNw legal

APPLICATION

Resident name:

Residency Program:

Proposed dates of rotation: Institution:

Site Coordinator Name and contact info?

Will licensure be required? Yes No

Are Goals and objectives attached? Yes No

Program Director Letter of Support attached? Yes No

Has Program Coordinator began affiliation agreement process? Yes No

10.3 Moonlighting

Community Health Network Moonlighting Policy, effective 10/25/24, approved by GMEC 8/2/19.

Moonlighting is discouraged by the network residency programs, given that residency is a full time obligation. In the event a resident would like to pursue moonlighting, the resident must request a form from his/her program director. The form must be completed and the proposed moonlighting approved in writing prior to commencing the moonlighting activity. (See Moonlighting)

Purpose: This policy is to specify the circumstances when residents or fellows in GME programs (ACGME, CPME, or other) are allowed to moonlight (do extra work for compensation).

Moonlighting is NOT required.

Moonlighting during training may influence resident or fellow wellness and is discouraged by the institution.

Prior to any moonlighting activities (internal or external), a resident or fellow must:

(1) Confirm he/she is in good standing as determined by the program director;

(2) Complete a written application (see attached); and

(3) Obtain signed permission from the program director

(4) Copy written signed form to GME office for tracking

Interns (first year residents) may not moonlight.

All moonlighting hours count as work/duty hours and must be reported in New Innovations by the trainee and are subject to the 80 hour work rule.

Resident and fellow conditions and performance will be monitored by the faculty and program director.

Settings or providers who wish to have residents/fellows moonlight MUST provide to the resident/fellow:

1. A separate contract for moonlighting activities
2. An assurance that the resident/fellow has a full state license for unsupervised medical practice in the State of Indiana, DEA number, and CSR number.
3. Written assurance of malpractice coverage for the moonlighting activity

Glossary (from ACGME)

- Moonlighting: Voluntary, compensated, medically-related work performed beyond a resident or fellow's clinical experience and education hours, and any additional work required for successful completion of the program.

- Internal moonlighting: Voluntary, compensated, medically related work performed within the site where the resident or fellow is in training or any of its related participating sites (i.e., CHNw facility sponsoring the program and all other CHNw facilities or locations).

- 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 (i.e., non-CHNw facility or location).

Programs must assure structure that offers residents/fellows adequate time off from work and for rest and personal activities. Moonlighting may not interfere with adequate time off.

Residents/fellows wishing to moonlight must file a form with the program director and GME office prior to the start of external moonlighting. Refile for each new activity/site and at least one time per academic year.

Residents/fellows engaging in moonlighting activities which have not been approved risk immediate dismissal from the training program. The Residency/Fellowship program director has discretion to remove approval for moonlighting at any time, based on resident/fellow performance or interference with training.

11.1 Disaster & Continuity of Education

Purpose: Written plan to address administrative support for each ACGME-accredited programs and residents/fellows in the event of a disaster or interruption in patient care. This policy applies to all ACGME and CPME programs.

Definition of Disaster: An event or set of events causing significant alteration to the residency/fellowship educational experience in one or more residency/fellowship programs.

Policy: If, because of a disaster, an adequate educational experience cannot be provided for each resident/fellow, Community Health Network through its Graduate Medical Education Program will:

1. Arrange temporary transfers to other programs/institutions if deemed necessary. Temporary transfers will continue until such time as the residency/fellowship program can provide an adequate educational experience for each of its residents/fellows. Residents/fellows who temporarily transfer to other institutions remain Community Health Network employees and receive pay and benefits from Community Health Network. Receiving institutions are responsible for requesting temporary complement increases from the respective ACGME-Review Committee (RC) and specialty board(s).
2. Inform each transferred resident/fellow of the minimum duration of his/her temporary transfer and continue to keep each resident/fellow informed of the minimum duration. If and when a program decides that a temporary transfer will continue to and/or through the end of a residency/fellowship year, it must so inform each such transferred resident/fellow.
3. Cooperate in and facilitate permanent transfers to other programs/institutions if deemed necessary. Programs/institutions will make the transfer decision expeditiously so as to maximize the likelihood that each resident/fellow will timely complete the resident/fellow year.

Procedures: The Designated Institutional Official (DIO) will call or email the ACGME Institutional Review Committee Executive Director with information and/or requests for information. Similarly, the program directors will contact the appropriate Residency Review Committee Executive Director with information and/or requests for information. The GMEC will meet as soon as possible following disaster declaration. The committee will determine whether existing programs can continue with or without restructuring and whether temporary transfers of residents/fellows to another institution will be necessary. If the disaster is expected to cause a serious or extended disruption of resident/fellow assignments that may affect programs' abilities to be in compliance with ACGME requirements (program, common, institutional), the DIO or designee will contact the ACGME to initiate an action plan for the programs involved, to submit program reconfigurations, and to inform each program's residents/fellows of transfer decisions. This should be done within 10 days after declaration of a disaster. Residents/fellows should call or email the appropriate Residency Review Committee Executive Director with information and/or requests for information. The due dates for submission to the ACGME shall be no later than thirty days after the disaster unless other due dates are approved by ACGME

11.2 Closure or Reduction

Closure or Reduction Policy for Residency and Fellowship Programs

Purpose

The closure of sponsoring or participating institutions, training programs, or the reduction of residency/fellowship positions may occur for a number of reasons, such as loss of program or institution accreditation or loss of revenue. While Community Health Network has no reason to believe such a program/institution closure or loss of accreditation will occur, it is Community Health Network's responsibility to address these possibilities should they become a reality.

Policy

In case of a closure, reduction, or loss of accreditation, Community Health Network will make every effort to provide residents/fellows with treatment equal to that provided to other staff affected by the event.

Community Health Network will make every effort to allow those residents/fellows in the program to complete their education at a Community site. If possible, payment of stipends and benefits will continue to the conclusion of the current contract.

Procedures

Community Health Network will notify the Graduate Medical Education Committee (GMEC), the program directors, and the residents/fellows of a projected closing at as early a date as possible.

If any resident/fellow is displaced by loss of program accreditation or a reduction in the number of residents/fellows in a program, the Network will assist the residents/fellows in enrolling in an ACGME or CPME-accredited program(s) in which they can continue their Graduate Medical Education. The ACGME will also provide support if necessary for transfer due to closures.

Provision will be made for the proper disposition of residency education records, including appropriate notification to licensure and specialty boards.

Community Health Network will also inform residents/fellows of adverse accreditation actions taken by the Accreditation Council for Graduate Medical Education (ACGME) in a reasonable period of time after the action is taken.

The GMEC will supervise the implementation of this policy.

Special Review Protocol

Purpose: Demonstrate effective oversight of underperforming programs

The ACGME Institutional Requirements state that the GMEC must demonstrate effective oversight of underperforming programs through a special performance review process.

***ACGME REQUIREMENTS**:*
1.15. The Special Review process must include a protocol that: (Core)

> *1.15.a.1. establishes a variety of criteria for identifying underperformance that includes, at a minimum, program accreditation statuses of Initial Accreditation with Warning, Continued Accreditation with Warning, and adverse accreditation statuses as described by ACGME policies; and, (Core)*
>
> *1.15.a.2. results in a timely report that describes the quality improvement goals, the corrective actions, and the process for GMEC [Graduate Medical Education Committee] monitoring of outcomes, including timelines. (Core).*

Required Elements of the Special Review Protocol:

1. **Criteria for identifying underperformance**
   - Minimum required criteria
     - Programs with a status of *Initial Accreditation with Warning*
     - Programs with a status of *Continued Accreditation with Warning*
     - Programs with adverse accreditation statuses as described by ACGME policies:
       - Accreditation Withheld
       - Probationary Accreditation
       - Withdrawal of Accreditation
       - Expedited Withdrawal of Accreditation
       - Administrative Withdrawal of Accreditation
       - Reduction in Resident Complement
       - New or extended citations
       - Resident complaints about mistreatment or clinical environment
       - Faculty or leadership concerns
       - Low certifying exam pass rates
       - Recruitment/retention issues
       - Poor results from ACGME Resident/Faculty surveys
   - Other identified concerns as dictated by GME
2. **Process and Timelines**
   - DIO/GMEC will initiate a special review within 30 days of a program being identified as underperforming. The special review will be conducted by a Special Review Committee (SRC). The SRC will include, at minimum, the DIO, an administrative member of the GMEC, at least one faculty member and one resident from the GMEC –not from the program under review. Additional members may be included on the SRC as determined by the DIO/GMEC. The DIO or DIO appointed designee will chair the SRC.
   - The SRC will determine materials and data to be used during the Special Review. The program will be provided a timeline of what to expect in review and reporting

of the documentation provided. The Special Review panel will conduct interviews with the Program Director, key faculty members, at least one resident/fellow, and other individuals deemed appropriate by the SRC. The review process will be completed within 60 days of the program being put under review with a report provided to the program.

3. **Quality improvement goals and corrective actions**
    - The SRC will determine what goals and corrective actions are necessary based on the interviews and identified best practices for rectifying areas of underperformance. Improvement goals and corrective actions will be clearly defined and communicated.
4. **GMEC Monitoring**
    - GMEC will require quarterly progress reports from the program during their APE action plan updates.
5. **Special Review Report**
    - Special Review Report: The Special Review Panel shall submit a written report to the DIO and GMEC that includes, at a minimum, a description of the review process and the findings and recommendations of the Panel. These shall include a description of the quality improvement goals, any corrective actions designed to address the identified concerns, a timeframe for accomplishment of goals, and the process for GMEC monitoring of outcomes. The GMEC may, at its discretion, choose to modify the Special Review Report before accepting a final version.

12.2 Performance Improvement Plan (Educational)

PERFORMANCE IMPROVEMENT PLAN WORKSHEET (example)

Resident
Name: _____ Date: _____

Item	Description	Plan
Characterization of the lapse or performance improvement needed	*Use Competencies to characterize*	Specific behaviors and competencies expected to be developed or observed
GOAL(s)	*Describe in terms of specific milestone(s) and competency(ies)*	
Requirements: Educate	*If needed, activity(ies) for learner to study about expected behavior change, why it is important, what behaviors define success*	
Requirements: Behavior/Performance Change	*SMART objectives:* *Specific* *Measureable* *Achievable* *Realistic* *Time frame*	
Requirements: Monitoring	*Who, frequency, expectations for f/u meetings*	
Consequences for incomplete success/relapse		Date for revisit and review

Resident signature:_____ Date: _____

Program Director_____ Date: _____

DIO/GME Signature_____ Date: _____

12.2 Performance Improvement Plan (Educational) continued

CORRECTIVE ACTION

☐ **Written Counseling** ☐ **Formal Notice** ☐ **Final Notice**

Employee Name:	**Employee ID**:
Department/Location:	
Job Title:	**Today's Date**:

1. Describe the date, time, and nature of the problem:

2. List/Describe previous corrective actions:

3. Describe how or why the employee's unacceptable actions or behavior affects patients, the job, co-workers, office or company and/or is not consistent with PRIIDE values:

4. Outline the expected behavior, performance standard or policy/procedure to be followed and how or why it is to be performed as described:

5. List the steps of an action plan to remedy the problem including how the manager can assist the employee AND what the employee will commit to doing to remedy the problem:

6. What is the expected time frame required for improvement?

If performance does not improve the next step will be: further corrective action up to and including termination.

Performance improvement as indicated above is necessary to maintain your employment. Failure to meet performance expectations as outlined above may result in further disciplinary action, up to and including termination of employment.

Satisfactory performance is expected by all employees in all aspects of the job on an ongoing basis. It is our hope that this process will assist you in meeting the requirements of your position. Please feel free to ask questions as it relates to your work performance or this process.

EMPLOYEE COMMENTS:

Employee: I have read and received a copy of this corrective action. My signature indicates receipt of this document, not necessarily agreement. I understand that failure to meet performance expectations as outlined above may result in further disciplinary action, up to and including termination.

Supervisor Name Printed

Supervisor Signature

Date

Employee Name Printed

Employee Signature

Date

For Formal Notice and Final Notice of Corrective Action- reviewed by Human Resources

Name_____ Date_____

12.2 Performance Improvement Plan (Educational) continued

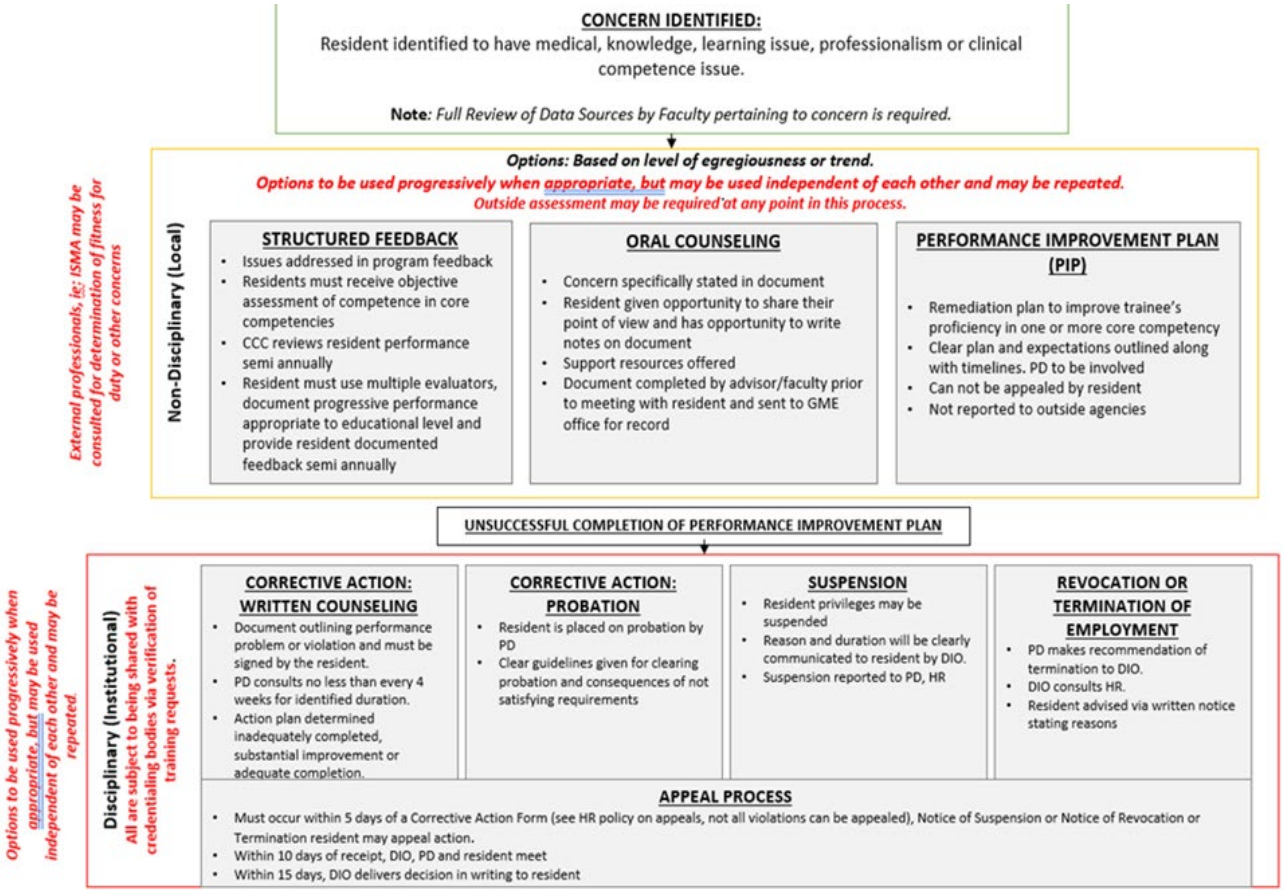


EXHIBIT A

Specialty Program Requirements & Job Description
Community Health Network, Inc.
Family Medicine Residency Program PGY–1

1. Program Specific Requirements.

   (a) Resident shall comply with all Family Medicine Residency Program policies and procedures ("FM Policies"). In the event there is a conflict between the FM Policies and the GME Handbook, the GME Handbook shall control.

   (b) Resident represents that he/she has read and understands the ACGME "Program Requirements in Family Medicine," and the "Requirements for Certification by the American Board of Family Medicine."

2. PGY–1 Job Description. PGY–1 Residents participating in the Family Medicine Residency Program shall:

   (a) Obtain and maintain a license or temporary medical permit to practice medicine in the state of Indiana in accordance with the requirements of the Indiana Medical Practice Act and the Indiana Professional Licensing Agency.

   (b) Provide appropriate care to assigned patients in a prompt manner.

   (c) Conform to the established guidelines for the Family Medicine Center as they relate to patient care, use of faculty and educational programs.

   (d) Follow guidelines for coverage for patients in all Facilities to maintain responsible continuous patient care during absences or illness.

   (e) Provide night time coverage as required by the Family Medicine curriculum including teaching responsibilities of other residents and medical students as applicable.

   (f) Report to the Family Medicine Residency Program Director (the "Program Director") or his or her designee or Faculty Preceptor, any Community encounters with a patient or any other expressed dissatisfaction with care.

   (g) Exhibit professional integrity and refrain from dishonesty, disruptive behavior, falsification of records, sexual abuse of patients and/or staff, intentional or negligent mistreatment of patients and from drug and/or alcohol abuse.

   (h) Be prompt in all Facilities in seeing patients and promptly notify the Residency Program office of unexpected delays.

   (i) Conform to all Applicable Rules and Regulations regarding the recording of data in the patient record.

   (j) Shall not remove, download or copy records from any Facility without the prior written consent of Community.

   (k) As directed by Program Director, attend all Family Medicine Residency Program conferences including the Community Hospital East monthly Grand Rounds and conferences provided at remote Community facilities, if not in person, then by available remote access.

   (l) Present cases or give presentations when assigned by faculty.

   (m) Use educational leave appropriately.

   (n) Exhibit initiative and interest in his/her own education and patient care.

(o) Work cooperatively and respectfully with other members of the Community GME, Community personnel and patients.

(p) Refrain from any behavior that is disruptive of patient care or the function of Community or residency staff in the fulfillment of their responsibilities. Such behavior may result in summary suspension of privileges.

(q) Refrain from outside activities so as not to interfere with meeting the requirements of the Family Medicine Residency Program.

(r) Maintain confidentiality of electronic information by keeping passwords secure and ensuring that his/her electronic access is secure and uninterrupted. Resident shall access Community computer systems frequently enough to maintain assigned accounts in an active status.

(s) Assist Community in attraction and recruitment of medical students or other candidates to become members of the Program. Such assistance shall include but not be limited to interviewing and evaluating candidates; entertaining candidates at various recruiting functions including evening meals or morning breakfasts; or performing other such reasonable recruitment duties as the Program Director or designate may request.

(t) Other duties as assigned by the Program Director or his or her designee in accordance with ACGME guidelines.

(u) Participate in hospital committees or other Community physician led committees as assigned by the Program Director from time to time.

3. PGY–1 Compensation. In consideration for the Services provided under the Agreement, Resident shall receive the following compensation:

(a) Resident's salary shall be indicated in program contract presented to resident prior to employment. Such salary shall be paid in the normal course of Community's payroll subject to appropriate withholds and authorized deductions.

(b) Resident shall receive a start bonus of Seven Thousand Five hundred and 00/100 Dollars (**$7,500.00)**, subject to appropriate withholds and authorized deductions (the "Start Bonus"). The Start Bonus shall be paid to Resident no later than the second scheduled bi-weekly payroll date following the Commencement Date. **In the event Resident fails to complete his/her first year of residency with the Family Residency Program for any reason, Resident shall be required to refund the Start Bonus to Community.** Community is expressly authorized to withhold such refund from any amounts payable to the Resident. Resident agrees to execute the necessary document to provide for the salary deduction under applicable law in the form attached to contract. In the event the final payment hereunder is insufficient to meet this amount, then Resident agrees to pay said difference to Community within thirty (30) days following the termination of this Agreement.

(c) Resident shall be granted an annual allowance of Two Thousand Five Hundred and 00/100 Dollars ($2,500.00) for continuing medical education ("CME") expenses subject to approval by the Program Director or designated assistant. Any portion of the annual allowance not used during a contract year shall expire and shall not carry over to the following contract year.

(d) Resident shall be reimbursed for the fees related to one sitting of the USLME or COMLEX Step 3 and Indiana Permanent Licensure. These funds can be utilized in either the PGY-1 or PGY-2 year; if ineligible to sit for exam or apply for permanent licensure earlier, the funds can be used in the PGY-3 year.

4. PGY–1 Paid Time Off. Resident shall be entitled to the following paid time off during the term of this Agreement:

(a) Twenty-one (21) days of paid time off ("PTO") that includes: (i) sixteen (16) weekdays for vacation, illness, business, personal or other leaves of absence not otherwise addressed herein; and (ii) five (5) paid days off for continuing medical education ("CME"). Scheduled PTO must be approved in accordance with the GME Handbook. Paid time off for CME shall only be for the time spent at an educational conference and may include reasonable travel time surrounding a conference. Time off requests for PTO and CME must be approved in accordance with the GME Handbook.

(b) Five (5) paid days off during the two-week December holiday period that includes Christmas and New Year's Day or such other dates as determined by Community in its sole discretion ("Holiday Days"). The Holiday Days will be scheduled by the Program Director or designated assistant.

(c) Two (2) paid days off to take the United States Medical Licensing Examination ("USMLE") Step 3 or Comprehensive Osteopathic Medical Licensing Examination ("COMLEX") Step 3 during Resident's first OR second year, if eligible. No additional paid time off will be awarded to Resident if his or her first attempt is unsuccessful.

No scheduled PTO shall be taken during the period of new intern orientation during the last two weeks of June. Any PTO or CME time not taken during the term of this Agreement shall expire at the end of the term and shall not carry over to the following year; nor shall Resident be entitled to any payment for unused PTO or CME time.

IF RESIDENT EXCEEDS THE PAID TIME OFF ALLOWED ABOVE FOR ANY REASON, HIS/HER PROGRAM MAY BE EXTENDED IN ORDER TO ALLOW THE RESIDENT TO MAKE-UP THE DAYS MISSED AND GRADUATION MAY BE DELAYED, ALL IN ACCORDANCE WITH THE GME HANDBOOK.

Specialty Program Requirements & Job Description

Community Health Network, Inc.
Family Medicine Residency Program
PGY–II

1. Program Specific Requirements.

   (a) Resident shall comply with all Family Medicine Residency Program policies and procedures ("FM Policies"). In the event there is a conflict between the FM Policies and the GME Handbook, the GME Handbook shall control.

   (b) Resident represents that he/she has read and understands the ACGME "Program Requirements in Family Medicine," and the "Requirements for Certification by the American Board of Family Medicine."

2. PGY–II Job Description. PGY–II Residents participating in the Family Medicine Residency Program shall:

   (a) Obtain and maintain a license or temporary medical permit to practice medicine in the state of Indiana in accordance with the requirements of the Indiana Medical Practice Act and the Indiana Professional Licensing Agency.

   (b) Provide appropriate care to assigned patients in a prompt manner.

   (c) Conform to the established guidelines for the Family Medicine Center as they relate to patient care, use of faculty and educational programs.

   (d) Follow guidelines for coverage for patients in all Facilities to maintain responsible continuous patient care during absences or illness.

   (e) Provide night time coverage as required by the Family Medicine curriculum including teaching responsibilities of other residents and medical students as applicable.

   (f) Report to the Family Medicine Residency Program Director (the "Program Director") or his or her designee or Faculty Preceptor, any patient or family member's expressed dissatisfaction with care.

   (g) Exhibit professional integrity and refrain from dishonesty, disruptive behavior, falsification of records, sexual abuse of patients and/or staff, intentional or negligent mistreatment of patients and from drug and/or alcohol abuse.

   (h) Be prompt in all Facilities in seeing patients and promptly notify the Residency Program office of unexpected delays.

   (i) Conform to all Applicable Rules and Regulations regarding the recording of data in the patient record.

   (j) Shall not remove records from any Facility without the prior written consent of Community.

   (k) Attend all Family Medicine Residency Program conferences (including Community Hospital East monthly Grand Rounds).

   (l) Present cases or give presentations when assigned by faculty.

   (m) Use educational leave appropriately.

   (n) Exhibit initiative and interest in his/her own education and patient care.

(o) Work cooperatively and respectfully with other members of the Community GME, Community personnel and patients.

(p) Refrain from any behavior that is disruptive of patient care or the function of Community or residency staff in the fulfillment of their responsibilities. Such behavior may result in summary suspension of privileges.

(q) Refrain from outside activities so as not to interfere with meeting the requirements of the Family Medicine Residency Program.

(r) Maintain confidentiality of electronic information by keeping passwords secure and ensuring that his/her electronic access is secure and uninterrupted. Resident shall access Community computer systems frequently enough to maintain assigned accounts in an active status.

(s) Assist Community in attraction and recruitment of medical students or other candidates to become members of the Program. Such assistance shall include but not be limited to interviewing and evaluating candidates; entertaining candidates at various recruiting functions including evening meals or morning breakfasts; or performing other such reasonable recruitment duties as the Program Director or designate may request.

(t) Other duties as assigned by the Program Director or his or her designee in accordance with ACGME guidelines.

(u) Participate in hospital committees or other Community physician led committees as assigned by the Program Director from time to time.

3. PGY–II Compensation. In consideration for the Services provided under the Agreement, Resident shall receive the following compensation:

(a) Resident's salary will be subject to market rates and network approval each year. Resident salary will be communicated via promotion letters from the program. Such salary shall be paid in the normal course of Community's payroll subject to appropriate withholds and authorized deductions.

(b) Resident shall be granted an annual allowance of Two Thousand Five Hundred and 00/100 Dollars ($2,500.00) for continuing medical education ("CME") expenses subject to approval by the Program Director or designated assistant. Any portion of the annual allowance not used during a contract year shall expire and shall not carry over to the following contract year.

(c) Resident shall be reimbursed for the following the fees:

(i) Permanent Indiana medical licensure – The fee for licensure may be reimbursed in PGY–II or PGY–III years depending on eligibility of Resident; and

(ii) Permanent DEA registration – the registration fee may be reimbursed after Resident has obtained his/her permanent Indiana medical license.

4. PGY–II Paid Time Off. Resident shall be entitled to the following paid time off during the term of this Agreement:

(a) Twenty-one (21) days of paid time off ("PTO") that includes (i) sixteen (16) weekdays for vacation, illness, business, personal or other leaves of absence not otherwise addressed herein and (ii) five (5) paid days off for continuing medical education ("CME"). Paid time off for CME shall only be for the time spent at an educational conference and may include reasonable travel time surrounding a conference. Time off requests for PTO and CME must be approved in accordance with the GME Handbook.

(b) Five (5) paid days off during the two-week December holiday period that includes Christmas and New Year's or such other dates as determined by Community in its sole discretion ("Holiday Days"). The Holiday Days will be scheduled by the Program Director or designated assistant.

No scheduled PTO shall be taken during the period of new intern orientation during the last two weeks of June. Any PTO or CME time not taken during the term of this Agreement shall expire at the end of the term and shall not carry over to the following year; nor shall Resident be entitled to any payment for unused PTO or CME time.

IF RESIDENT EXCEEDS THE PAID TIME OFF ALLOWED ABOVE FOR ANY REASON, HIS/HER PROGRAM MAY BE EXTENDED IN ORDER TO ALLOW THE RESIDENT TO MAKE-UP THE DAYS MISSED AND GRADUATION MAY BE DELAYED, ALL IN ACCORDANCE WITH THE GME HANDBOOK.

Specialty Program Requirements & Job Description

Community Health Network, Inc.
Family Medicine Residency Program
PGY–III

1. Program Specific Requirements.

   (a) Resident shall comply with all Family Medicine Residency Program policies and procedures ("FM Policies"). In the event there is a conflict between the FM Policies and the GME Handbook, the GME Handbook shall control.

   (b) Resident represents that he/she has read and understands the ACGME "Program Requirements in Family Medicine," and the "Requirements for Certification by the American Board of Family Medicine."

2. PGY–III Job Description. PGY–III Residents participating in the Family Medicine Residency Program shall:

   (a) Obtain and maintain a license or temporary medical permit to practice medicine in the state of Indiana in accordance with the requirements of the Indiana Medical Practice Act and the Indiana Professional Licensing Agency.

   (b) Provide appropriate care to assigned patients in a prompt manner.

   (c) Conform to the established guidelines for the Family Medicine Center as they relate to patient care, use of faculty and educational programs.

   (d) Follow guidelines for coverage for patients in all Facilities to maintain responsible continuous patient care during absences or illness.

   (e) Provide night time coverage as required by the Family Medicine curriculum including teaching responsibilities of other residents and medical students as applicable.

   (f) Report to the Family Medicine Residency Program Director (the "Program Director") or his or her designee or Faculty Preceptor, any patient or family member's expressed dissatisfaction with care.

   (g) Exhibit professional integrity and refrain from dishonesty, disruptive behavior, falsification of records, sexual abuse of patients and/or staff, intentional or negligent mistreatment of patients and from drug and/or alcohol abuse.

   (h) Be prompt in all Facilities in seeing patients and promptly notify the Residency Program office of unexpected delays.

   (i) Conform to all Applicable Rules and Regulations regarding the recording of data in the patient record.

   (j) Shall not remove records from any Facility without the prior written consent of Community.

   (k) Attend all Family Medicine Residency Program conferences (including Community Hospital East monthly Grand Rounds).

   (l) Present cases or give presentations when assigned by faculty.

   (m) Use educational leave appropriately.

   (n) Exhibit initiative and interest in his/her own education and patient care.

(o) Work cooperatively and respectfully with other members of the Community GME, Community personnel and patients.

(p) Refrain from any behavior that is disruptive of patient care or the function of Community or residency staff in the fulfillment of their responsibilities. Such behavior may result in summary suspension of privileges.

(q) Refrain from outside activities so as not to interfere with meeting the requirements of the Family Medicine Residency Program.

(r) Maintain confidentiality of electronic information by keeping passwords secure and ensuring that his/her electronic access is secure and uninterrupted. Resident shall access Community computer systems frequently enough to maintain assigned accounts in an active status.

(s) Assist Community in attraction and recruitment of medical students or other candidates to become members of the Program. Such assistance shall include but not be limited to interviewing and evaluating candidates; entertaining candidates at various recruiting functions including evening meals or morning breakfasts; or performing other such reasonable recruitment duties as the Program Director or designate may request.

(t) Other duties as assigned by the Program Director or his or her designee in accordance with ACGME guidelines.

(u) Participate in hospital committees or other Community physician led committees as assigned by the Program Director from time to time.

3. PGY–III Compensation. In consideration for the Services provided under the Agreement, Resident shall receive the following compensation:

(a) Resident's salary will be subject to market rates and network approval each year. Resident salary will be communicated via promotion letters from the program. Such salary shall be paid in the normal course of Community's payroll subject to appropriate withholds and authorized deductions.

(b) Resident shall be granted an annual allowance of Two Thousand Five Hundred and 00/100 Dollars ($2,500.00) for continuing medical education ("CME") expenses subject to approval by the Program Director or designated assistant. Any portion of the annual allowance not used during a contract year shall expire and shall not carry over to the following contract year.

(c) Resident shall be reimbursed for the following the fees:

(i) Permanent Indiana medical licensure – The fee for licensure may be reimbursed in PGY–II or PGY–III years depending on eligibility of Resident; and

(ii) Permanent DEA registration – the registration fee may be reimbursed after Resident has obtained his/her permanent Indiana medical license.

4. PGY–III Paid Time Off. Resident shall be entitled to the following paid time off during the term of this Agreement:

(a) Twenty-one (21) days of paid time off ("PTO") that includes (i) sixteen (16) weekdays for vacation, illness, business, personal or other leaves of absence not otherwise addressed herein and (ii) five (5) paid days off for continuing medical education ("CME"). Paid time off for CME shall only be for the time spent at an educational conference and may include reasonable travel time surrounding a conference. Time off requests for PTO and CME must be approved in accordance with the GME Handbook.

(b) Five (5) paid days off during the two-week December holiday period that includes Christmas and New Year's or such other dates as determined by Community in its sole discretion ("Holiday Days"). The Holiday Days will be scheduled by the Program Director or designated assistant.

(c) Three (3) paid days off for interviewing.

No scheduled PTO shall be taken during the period of new intern orientation during the last two weeks of June. Any PTO or CME time not taken during the term of this Agreement shall expire at the end of the term and shall not carry over to the following year; nor shall Resident be entitled to any payment for unused PTO or CME time.

IF RESIDENT EXCEEDS THE PAID TIME OFF ALLOWED ABOVE FOR ANY REASON, HIS/HER PROGRAM MAY BE EXTENDED IN ORDER TO ALLOW THE RESIDENT TO MAKE-UP THE DAYS MISSED AND GRADUATION MAY BE DELAYED, ALL IN ACCORDANCE WITH THE GME HANDBOOK.

Community Health Network, Inc.
Family Medicine Residency Program
Chief Resident (PGY–III)

1. Program Specific Requirements.

   (a) Resident shall comply with all Family Medicine Residency Program policies and procedures ("FM Policies"). In the event there is a conflict between the FM Policies and the GME Handbook, the GME Handbook shall control.

   (b) Resident represents that he/she has read and understands the ACGME "Program Requirements in Family Medicine," and the "Requirements for Certification by the American Board of Family Medicine."

2. Chief Resident Job Description. The Chief Resident participating in the Family Medicine Residency Program shall:

   (a) Obtain and maintain a license or temporary medical permit to practice medicine in the state of Indiana in accordance with the requirements of the Indiana Medical Practice Act and the Indiana Professional Licensing Agency.

   (b) Provide appropriate care to assigned patients in a prompt manner.

   (c) Conform to the established guidelines for the Family Medicine Center as they relate to patient care, use of faculty and educational programs.

   (d) Follow guidelines for coverage for patients in all Facilities to maintain responsible continuous patient care during absences or illness.

   (e) Provide night time coverage as required by the Family Medicine curriculum including teaching responsibilities of other residents and medical students as applicable.

   (f) Report to the Family Medicine Residency Program Director (the "Program Director") or his or her designee or Faculty Preceptor, any patient or family members' expressed dissatisfaction with care.

   (g) Exhibit professional integrity and refrain from dishonesty, disruptive behavior, falsification of records, sexual abuse of patients and/or staff, intentional or negligent mistreatment of patients and from drug and/or alcohol abuse.

   (h) Be prompt in all Facilities in seeing patients and promptly notify the Residency Program office of unexpected delays.
   (i) Conform to all Applicable Rules and Regulations regarding the recording of data in the patient record.

   (j) Shall not remove records from any Facility without the prior written consent of Community.

   (k) Attend all Family Medicine Residency Program conferences (including Community Hospital East monthly Grand Rounds).

   (l) Present cases or give presentations when assigned by faculty.

   (m) Use educational leave appropriately.

   (n) Exhibit initiative and interest in his/her own education and patient care.

   (o) Work cooperatively and respectfully with other members of the Community GME, Community personnel and patients.

(p) Refrain from any behavior that is disruptive of patient care or the function of Community or residency staff in the fulfillment of their responsibilities. Such behavior may result in summary suspension of privileges.

(q) Refrain from outside activities so as not to interfere with meeting the requirements of the Family Medicine Residency Program.

(r) Maintain confidentiality of electronic information by keeping passwords secure and ensuring that his/her electronic access is secure and uninterrupted. Resident shall access Community computer systems frequently enough to maintain assigned accounts in an active status.

(s) Assist Community in attraction and recruitment of medical students or other candidates to become members of the Program. Such assistance shall include but not be limited to interviewing and evaluating candidates; entertaining candidates at various recruiting functions including evening meals or morning breakfasts; or performing other such reasonable recruitment duties as the Program Director or designate may request.

(t) Other duties as assigned to the Chief Resident by the Program Director or his or her designee in accordance with ACGME guidelines.

(u) Participate in hospital committees or other Community physician led committees as assigned by the Program Director from time to time.

3. Compensation. In consideration for the Services provided under the Agreement, Resident shall receive the following compensation:

(a) Chief Resident's salary will be subject to market rates and network approval each year. Resident salary will be communicated via promotion letters from the program. Such salary shall be paid in the normal course of Community's payroll subject to appropriate withholds and authorized deductions.

(b) Resident shall be granted an annual allowance of Two Thousand Five Hundred and 00/100 Dollars ($2,500.00) for continuing medical education ("CME") expenses subject to approval by the Program Director or designated assistant. Any portion of the annual allowance not used during a contract year shall expire and shall not carry over to the following contract year.

(c) Resident shall be reimbursed for the following the fees:

(i) Permanent Indiana medical licensure – The fee for licensure may be reimbursed in PGY–II or PGY–III years depending on eligibility of Resident; and

(ii) Permanent DEA registration – the registration fee may be reimbursed after Resident has obtained his/her permanent Indiana medical license.

4. Paid Time Off. Resident shall be entitled to the following paid time off during the term of this Agreement:

(a) Twenty-one (21) days of paid time off ("PTO") that includes (i) sixteen (16) weekdays for vacation, illness, business, personal or other leaves of absence not otherwise addressed herein and (ii) five (5) paid days off for continuing medical education ("CME"). Paid time off for CME shall only be for the time spent at an educational conference and may include reasonable travel time surrounding a conference. Time off requests for PTO and CME must be approved in accordance with the GME Handbook.

(b) Five (5) paid days off during the two-week December holiday period that includes Christmas and New Years or such other dates as determined by Community in its sole discretion ("Holiday Days"). The Holiday Days will be scheduled by the Program Director or designated assistant.

(c) Three (3) paid days off for interviewing.

No scheduled PTO shall be taken during the period of new intern orientation during the last two weeks of June. Any PTO or CME time not taken during the term of this Agreement shall expire at the end of the term and shall not carry over to the following year; nor shall Resident be entitled to any payment for unused PTO or CME time.

IF RESIDENT EXCEEDS THE PAID TIME OFF ALLOWED ABOVE FOR ANY REASON, HIS/HER PROGRAM MAY BE EXTENDED IN ORDER TO ALLOW THE RESIDENT TO MAKE-UP THE DAYS MISSED AND GRADUATION MAY BE DELAYED, ALL IN ACCORDANCE WITH THE GME HANDBOOK.

Specialty Program Requirements & Job Description

Community Health Network, Inc.
South Osteopathic Family Medicine Residency Program
PGY–1

1. Program Specific Requirements.

   (a) Resident shall comply with all Family Medicine Residency Program policies and procedures ("FM Policies"). In the event there is a conflict between the FM Policies and the GME Handbook, the GME Handbook shall control.

   (b) Resident represents that he/she has read and understands the AOA "Basic Documents for Postdoctoral Training," the ACOFP "Basic Standards for Residency in Osteopathic Family Medicine and Manipulative Treatment," and the "Requirements for Certification by the American Osteopathic Board of Family Physicians" ("AOBFP").

   (c) Resident agrees to carry out all assignments and rotations as defined by the Program Director under the guidelines of the AOA, ACGME and GMEC.

   (d) Resident shall comply with all ACGME requirements, as applicable from time to time.

2. PGY–1 Job Description. PGY–1 Residents participating in the South Osteopathic Family Medicine Residency Program shall:

   (a) Obtain and maintain a license or temporary medical permit to practice medicine in the state of Indiana in accordance with the requirements of the Indiana Medical Practice Act and the Indiana Professional Licensing Agency.

   (b) Provide appropriate care to assigned patients in a prompt manner.

   (c) Conform to the established guidelines for the Family Medicine Continuity of Care Clinic as they relate to patient care, use of faculty and educational programs.

   (d) Follow guidelines for coverage for patients in all Facilities to maintain responsible continuous patient care during absences or illness.

   (e) Provide night time coverage as required by the Family Medicine curriculum including teaching responsibilities of other residents and medical students as applicable.

   (f) Report to the Family Medicine Residency Program Director (the "Program Director") or his or her designee or Faculty Preceptor, any Community encounters with a patient or any other expressed dissatisfaction with care.

   (g) Exhibit professional integrity and refrain from dishonesty, disruptive behavior, falsification of records, sexual abuse of patients and/or staff, intentional or negligent mistreatment of patients and from drug and/or alcohol abuse.

   (h) Be prompt in all Facilities in seeing patients and promptly notify the Residency Program office of unexpected delays.

   (i) Conform to all Applicable Rules and Regulations regarding the recording of data in the patient record.

   (j) Shall not remove records from any Facility without the prior written consent of Community.

(k) As directed by the Program Director, attend Family Medicine Residency Program conferences including those provided at remote Community facilities, if not in person, then by available remote access.

(l) Present cases or give presentations when assigned by faculty.

(m) Use educational leave appropriately.

(n) Exhibit initiative and interest in his/her own education and patient care.

(o) Work cooperatively and respectfully with other members of the Community GME, Community personnel and patients.

(p) Refrain from any behavior that is disruptive of patient care or the function of Community or residency staff in the fulfillment of their responsibilities. Such behavior may result in summary suspension of privileges.

(q) Refrain from outside activities so as not to interfere with meeting the requirements of the Family Medicine Residency Program.

(r) Maintain confidentiality of electronic information by keeping passwords secure and ensuring that his/her electronic access is secure and uninterrupted. Resident shall access Community computer systems frequently enough to maintain assigned accounts in an active status.

(s) Assist Community in attraction and recruitment of medical students or other candidates to become members of the Program. Such assistance shall include but not be limited to interviewing and evaluating candidates; entertaining candidates at various recruiting functions including evening meals or morning breakfasts; or performing other such reasonable recruitment duties as the Program Director or designate may request.

(t) Other duties as assigned by the Program Director or his or her designee in accordance with AOA and ACGME guidelines, as applicable.

(u) Participate in hospital committees or other Community physician led committees as assigned by the Program Director from time to time.

3. PGY–1 Compensation. In consideration for the Services provided under the Agreement, Resident shall receive the following compensation:

(a) Resident shall receive a start bonus of Seven Thousand Five hundred and 00/100 Dollars (**$7,500.00)**, subject to appropriate withholds and authorized deductions (the "Start Bonus"). The Start Bonus shall be paid to Resident no later than the second scheduled bi-weekly payroll date following the Commencement Date. **In the event Resident fails to complete his/her first year of residency with the Family Residency Program for any reason, Resident shall be required to refund the Start Bonus to Community.** Community is expressly authorized to withhold such refund from any amounts payable to the Resident. Resident agrees to execute the necessary document to provide for the salary deduction under applicable law in the form attached hereto as Schedule A-1. In the event the final payment hereunder is insufficient to meet this amount, then Resident agrees to pay said difference to Community within thirty (30) days following the termination of this Agreement.

(b) Resident's salary shall be indicated in program contract presented to resident prior to employment. Such salary shall be paid in the normal course of Community's payroll subject to appropriate withholds and authorized deductions.

(c) Resident shall be granted an annual allowance of Two Thousand Five Hundred Dollars ($2,500.00) for continuing medical education ("CME") expenses subject to approval by the Program Director or designated assistant. Any portion of the annual allowance not used during a contract year shall expire and shall not carry over to the following contract year.

(d) Resident shall be reimbursed for one (1) sitting of the United States Medical Licensing Examination ("USMLE") Step 3 or the Comprehensive Osteopathic Medical Licensing Examination ("COMLEX") Step 3; provided, however, the exam must be taken in the PGY–1 year.

4. PGY–1 Paid Time Off. Resident shall be entitled to the following paid time off during the term of this Agreement:

(a) Twenty-one (21) days of paid time off ("PTO"). Scheduled PTO must be approved in accordance with the GME Handbook.

(b) Five (5) paid days off for continuing medical education ("CME"). Paid time off for CME shall only be for the time spent at an educational conference and shall not include any extra days surrounding a conference. Time off requests for CME must be approved in accordance with the GME Handbook.

(c) Two (2) paid days off to take the USMLE Step 3 or COMLEX Step 3 **during Resident's first year** (PGY–1). No additional paid time off will be awarded to Resident if his or her first attempt is unsuccessful.

No scheduled PTO shall be taken during the period of new intern orientation during the last two weeks of June. Any PTO or CME time not taken during the term of this Agreement shall expire at the end of the term and shall not carry over to the following year; nor shall Resident be entitled to any payment for unused PTO or CME time.

IF RESIDENT EXCEEDS THE PAID TIME OFF ALLOWED ABOVE FOR ANY REASON, HIS/HER PROGRAM MAY BE EXTENDED IN ORDER TO ALLOW THE RESIDENT TO MAKE-UP THE DAYS MISSED AND GRADUATION MAY BE DELAYED, ALL IN ACCORDANCE WITH THE GME HANDBOOK.

Community Health Network, Inc.
South Osteopathic Family Medicine Residency Program
PGY-II

1. Program Specific Requirements.

   (a) Resident shall comply with all Family Medicine Residency Program policies and procedures ("FM Policies"). In the event there is a conflict between the FM Policies and the GME Handbook, the GME Handbook shall control.

   (b) Resident represents that he/she has read and understands the AOA "Basic Documents for Postdoctoral Training," the ACOFP "Basic Standards for Residency in Osteopathic Family Medicine and Manipulative Treatment," and the "Requirements for Certification by the American Osteopathic Board of Family Physicians" ("AOBFP").

   (c) Resident agrees to carry out all assignments and rotations as defined by the Program Director under the guidelines of the AOA, ACGME and GMEC.

   (d) Resident represents that he/she has read and understands the ACGME "Program Requirements in Family Medicine," and the "Requirements for Certification by the American Board of Family Medicine."

   (e) Resident shall comply with all ACGME requirements, as applicable from time to time.

2. PGY–II Job Description. PGY–II Residents participating in the South Osteopathic Family Medicine Residency Program shall:

   (a) Obtain and maintain a license or temporary medical permit to practice medicine in the state of Indiana in accordance with the requirements of the Indiana Medical Practice Act and the Indiana Professional Licensing Agency.

   (b) Provide appropriate care to assigned patients in a prompt manner.

   (c) Conform to the established guidelines for the Family Medicine Continuity of Care Clinic as they relate to patient care, use of faculty and educational programs.

   (d) Follow guidelines for coverage for patients in all Facilities to maintain responsible continuous patient care during absences or illness.

   (e) Provide night time coverage as required by the Family Medicine curriculum including teaching responsibilities of other residents and medical students as applicable.

   (f) Report to the Family Medicine Residency Program Director (the "Program Director") or his or her designee or Faculty Preceptor, any patient or family member's expressed dissatisfaction with care.

   (g) Exhibit professional integrity and refrain from dishonesty, disruptive behavior, falsification of records, sexual abuse of patients and/or staff, intentional or negligent mistreatment of patients and from drug and/or alcohol abuse.

   (h) Be prompt in all Facilities in seeing patients and promptly notify the Residency Program office of unexpected delays.

   (i) Conform to all Applicable Rules and Regulations regarding the recording of data in the patient record.

   (j) Shall not remove records from any Facility without the prior written consent of Community.

(k) As directed by the Program Director, attend Family Medicine Residency Program conferences including those provided at remote Facilities, if not in person, then by remote access, if available.

(l) Present cases or give presentations when assigned by faculty.

(m) Use educational leave appropriately.

(n) Exhibit initiative and interest in his/her own education and patient care.

(o) Work cooperatively and respectfully with other members of the Community GME, Community personnel and patients.

(p) Refrain from any behavior that is disruptive of patient care or the function of Community or residency staff in the fulfillment of their responsibilities. Such behavior may result in summary suspension of privileges.

(q) Refrain from outside activities so as not to interfere with meeting the requirements of the Family Medicine Residency Program.

(r) Maintain confidentiality of electronic information by keeping passwords secure and ensuring that his/her electronic access is secure and uninterrupted. Resident shall access Community computer systems frequently enough to maintain assigned accounts in an active status.

(s) Assist Community in attraction and recruitment of medical students or other candidates to become members of the Program. Such assistance shall include but not be limited to interviewing and evaluating candidates; entertaining candidates at various recruiting functions including evening meals or morning breakfasts; or performing other such reasonable recruitment duties as the Program Director or designate may request.

(t) Other duties as assigned by the Program Director or his or her designee in accordance with AOA and ACGME guidelines, as applicable.

(u) Participate in hospital committees or other Community physician led committees as assigned by the Program Director from time to time.

3. PGY–II Compensation. In consideration for the Services provided under the Agreement, Resident shall receive the following compensation:

(a) Resident's salary will be subject to market rates and network approval each year. Resident salary will be communicated via promotion letters from the program. Such salary shall be paid in the normal course of Community's payroll subject to appropriate withholds and authorized deductions.

(b) Resident shall be granted an annual allowance of Two Thousand Five Hundred and 00/100 Dollars ($2,500.00) for continuing medical education ("CME") expenses subject to approval by the Program Director or designated assistant. Any portion of the annual allowance not used during a contract year shall expire and shall not carry over to the following contract year.

(c) Resident shall be reimbursed for the following the fees:

(i) Permanent Indiana medical licensure – The fee for licensure may be reimbursed in PGY–2 or PGY–3 years depending on eligibility of Resident; and

(ii) Permanent DEA registration – the registration fee may be reimbursed after Resident has obtained his/her permanent Indiana medical license.

4. PGY–II Paid Time Off. Resident shall be entitled to the following paid time off during the term of this Agreement:

(a) Twenty-one (21) days of paid time off ("PTO"). Scheduled PTO must be approved in accordance with the GME Handbook.

(b) Five (5) paid days off for continuing medical education ("CME"). Paid time off for CME shall only be for the time spent at an educational conference and shall not include any extra days surrounding a conference. Time off requests for CME must be approved in accordance with the GME Handbook.

No scheduled PTO shall be taken during the period of new intern orientation during the last two weeks of June. Any PTO or CME time not taken during the term of this Agreement shall expire at the end of the term and shall not carry over to the following year; nor shall Resident be entitled to any payment for unused PTO or CME time.

IF RESIDENT EXCEEDS THE PAID TIME OFF ALLOWED ABOVE FOR ANY REASON, HIS/HER PROGRAM MAY BE EXTENDED IN ORDER TO ALLOW THE RESIDENT TO MAKE-UP THE DAYS MISSED AND GRADUATION MAY BE DELAYED, ALL IN ACCORDANCE WITH THE GME HANDBOOK.

Specialty Program Requirements & Job Description

Community Health Network, Inc.
South Osteopathic Family Medicine Residency Program
PGY–III

1. Program Specific Requirements.

   (a) Resident shall comply with all Family Medicine Residency Program policies and procedures ("FM Policies"). In the event there is a conflict between the FM Policies and the GME Handbook, the GME Handbook shall control.

   (b) Resident represents that he/she has read and understands the AOA "Basic Documents for Postdoctoral Training," the ACOFP "Basic Standards for Residency in Osteopathic Family Medicine and Manipulative Treatment," and the "Requirements for Certification by the American Osteopathic Board of Family Physicians" ("AOBFP").

   (c) Resident agrees to carry out all assignments and rotations as defined by the Program Director under the guidelines of the AOA, ACGME and GMEC.

   (d) Resident represents that he/she has read and understands the ACGME "Program Requirements in Family Medicine," and the "Requirements for Certification by the American Board of Family Medicine."

   (e) Resident shall comply with all ACGME requirements, as applicable from time to time.

2. PGY–III Job Description. PGY–III Residents participating in the South Osteopathic Family Medicine Residency Program shall:

   (a) Obtain and maintain a license or temporary medical permit to practice medicine in the state of Indiana in accordance with the requirements of the Indiana Medical Practice Act and the Indiana Professional Licensing Agency.

   (b) Provide appropriate care to assigned patients in a prompt manner.

   (c) Conform to the established guidelines for the Family Medicine Continuity of Care Clinic as they relate to patient care, use of faculty and educational programs.

   (d) Follow guidelines for coverage for patients in all Facilities to maintain responsible continuous patient care during absences or illness.

   (e) Provide night time coverage as required by the Family Medicine curriculum including teaching responsibilities of other residents and medical students as applicable.

   (f) Report to the Family Medicine Residency Program Director (the "Program Director") or his or her designee or Faculty Preceptor, any patient or family member's expressed dissatisfaction with care.

   (g) Exhibit professional integrity and refrain from dishonesty, disruptive behavior, falsification of records, sexual abuse of patients and/or staff, intentional or negligent mistreatment of patients and from drug and/or alcohol abuse.

   (h) Be prompt in all Facilities in seeing patients and promptly notify the Residency Program office of unexpected delays.

   (i) Conform to all Applicable Rules and Regulations regarding the recording of data in the patient record.

   (j) Shall not remove records from any Facility without the prior written consent of Community.

(k) As directed by the Program Director, attend Family Medicine Residency Program conferences including those provided at remote Facilities, if not by person, then by remote access, if available.

(l) Present cases or give presentations when assigned by faculty.

(m) Use educational leave appropriately.

(n) Exhibit initiative and interest in his/her own education and patient care.

(o) Work cooperatively and respectfully with other members of the Community GME, Community personnel and patients.

(p) Refrain from any behavior that is disruptive of patient care or the function of Community or residency staff in the fulfillment of their responsibilities. Such behavior may result in summary suspension of privileges.

(q) Refrain from outside activities so as not to interfere with meeting the requirements of the Family Medicine Residency Program.

(r) Maintain confidentiality of electronic information by keeping passwords secure and ensuring that his/her electronic access is secure and uninterrupted. Resident shall access Community computer systems frequently enough to maintain assigned accounts in an active status.

(s) Assist Community in attraction and recruitment of medical students or other candidates to become members of the Program. Such assistance shall include but not be limited to interviewing and evaluating candidates; entertaining candidates at various recruiting functions including evening meals or morning breakfasts; or performing other such reasonable recruitment duties as the Program Director or designate may request.

(t) Other duties as assigned by the Program Director or his or her designee in accordance with AOA and ACGME guidelines, as applicable.

(u) Participate in hospital committees or other Community physician led committees as assigned by the Program Director from time to time.

3. PGY–III Compensation. In consideration for the Services provided under the Agreement, Resident shall receive the following compensation:

(a) Resident's salary will be subject to market rates and network approval each year. Resident salary will be communicated via promotion letters from the program. Such salary shall be paid in the normal course of Community's payroll subject to appropriate withholds and authorized deductions.

(b) Resident shall be granted an annual allowance of Two Thousand Five Hundred and 00/100 Dollars ($2,500.00) for continuing medical education ("CME") expenses subject to approval by the Program Director or designated assistant. Any portion of the annual allowance not used during a contract year shall expire and shall not carry over to the following contract year.

(c) Resident shall be reimbursed for the following the fees:

(i) Permanent Indiana medical licensure – The fee for licensure may be reimbursed in PGY–2 or PGY–3 years depending on eligibility of Resident; and

(ii) Permanent DEA registration – The registration fee may be reimbursed after Resident has obtained his/her permanent Indiana medical license.

4. PGY–III Paid Time Off. Resident shall be entitled to the following paid time off during the term of this Agreement:

   (a) Twenty-one (21) days of paid time off ("PTO"). Scheduled PTO must be approved in accordance with the GME Handbook.

   (b) Five (5) paid days off for continuing medical education ("CME"). Paid time off for CME shall only be for the time spent at an educational conference and shall not include any extra days surrounding a conference. Time off requests for CME must be approved in accordance with the GME Handbook.

   No scheduled PTO shall be taken during the period of new intern orientation during the last two weeks of June. Any PTO or CME time not taken during the term of this Agreement shall expire at the end of the term and shall not carry over to the following year; nor shall Resident be entitled to any payment for unused PTO or CME time.

   IF RESIDENT EXCEEDS THE PAID TIME OFF ALLOWED ABOVE FOR ANY REASON, HIS/HER PROGRAM MAY BE EXTENDED IN ORDER TO ALLOW THE RESIDENT TO MAKE-UP THE DAYS MISSED AND GRADUATION MAY BE DELAYED, ALL IN ACCORDANCE WITH THE GME HANDBOOK.

Specialty Program Requirements & Job Description

Community Health Network, Inc.
South Osteopathic Family Medicine Residency Program
PGY–III Chief Resident

1. Program Specific Requirements.

   (a) Resident shall comply with all Family Medicine Residency Program policies and procedures ("FM Policies"). In the event there is a conflict between the FM Policies and the GME Handbook, the GME Handbook shall control.

   (b) Resident represents that he/she has read and understands the AOA "Basic Documents for Postdoctoral Training," the ACOFP "Basic Standards for Residency in Osteopathic Family Medicine and Manipulative Treatment," and the "Requirements for Certification by the American Osteopathic Board of Family Physicians" ("AOBFP").

   (c) Resident agrees to carry out all assignments and rotations as defined by the Program Director under the guidelines of the AOA, ACGME and GMEC.

   (d) Resident represents that he/she has read and understands the ACGME "Program Requirements in Family Medicine," and the "Requirements for Certification by the American Board of Family Medicine."

   (e) Resident shall comply with all ACGME requirements, as applicable from time to time.

2. Chief Resident Job Description. The Chief Resident participating in the South Osteopathic Family Medicine Residency Program shall:

   (a) Obtain and maintain a license or temporary medical permit to practice medicine in the state of Indiana in accordance with the requirements of the Indiana Medical Practice Act and the Indiana Professional Licensing Agency.

   (b) Provide appropriate care to assigned patients in a prompt manner.

   (c) Conform to the established guidelines for the Family Medicine Continuity of Care Clinic as they relate to patient care, use of faculty and educational programs.

   (d) Follow guidelines for coverage for patients in all Facilities to maintain responsible continuous patient care during absences or illness.

   (e) Provide night time coverage as required by the Family Medicine curriculum including teaching responsibilities of other residents and medical students as applicable.

   (f) Report to the Family Medicine Residency Program Director (the "Program Director") or his or her designee or Faculty Preceptor, any patient or family member's expressed dissatisfaction with care.

   (g) Exhibit professional integrity and refrain from dishonesty, disruptive behavior, falsification of records, sexual abuse of patients and/or staff, intentional or negligent mistreatment of patients and from drug and/or alcohol abuse.

   (h) Be prompt in all Facilities in seeing patients and promptly notify the Residency Program office of unexpected delays.

   (i) Conform to all Applicable Rules and Regulations regarding the recording of data in the patient record.

   (j) Shall not remove records from any Facility without the prior written consent of Community.

(k) As directed by the Program Director, attend Family Medicine Residency Program conferences including those provided at remote Facilities, if not by person, then by remote access, if available.

(l) Present cases or give presentations when assigned by faculty.

(m) Use educational leave appropriately.

(n) Exhibit initiative and interest in his/her own education and patient care.

(o) Work cooperatively and respectfully with other members of the Community GME, Community personnel and patients.

(p) Refrain from any behavior that is disruptive of patient care or the function of Community or residency staff in the fulfillment of their responsibilities. Such behavior may result in summary suspension of privileges.

(q) Refrain from outside activities so as not to interfere with meeting the requirements of the Family Medicine Residency Program.

(r) Maintain confidentiality of electronic information by keeping passwords secure and ensuring that his/her electronic access is secure and uninterrupted. Resident shall access Community computer systems frequently enough to maintain assigned accounts in an active status.

(s) Assist Community in attraction and recruitment of medical students or other candidates to become members of the Program. Such assistance shall include but not be limited to interviewing and evaluating candidates; entertaining candidates at various recruiting functions including evening meals or morning breakfasts; or performing other such reasonable recruitment duties as the Program Director or designate may request.

(t) Other duties as assigned to the Chief Resident by the Program Director or his or her designee in accordance with AOA and ACGME guidelines, as applicable.

(u) Participate in hospital committees or other Community physician led committees as assigned by the Program Director from time to time.

3. Chief Resident Compensation. In consideration for the Services provided under the Agreement, Chief Resident shall receive the following compensation:

(a) Resident's salary will be subject to market rates and network approval each year. Resident salary will be communicated via promotion letters from the program. Such salary shall be paid in the normal course of Community's payroll subject to appropriate withholds and authorized deductions.

(b) Resident shall be granted an annual allowance of Two Thousand Five Hundred and 00/100 Dollars ($2,500.00) for continuing medical education ("CME") expenses subject to approval by the Program Director or designated assistant. Any portion of the annual allowance not used during a contract year shall expire and shall not carry over to the following contract year.

(c) Resident shall be reimbursed for the following the fees:

(i) Permanent Indiana medical licensure – The fee for licensure may be reimbursed in PGY–2 or PGY–3 years depending on eligibility of Resident; and

(ii) Permanent DEA registration – The registration fee may be reimbursed after Resident has obtained his/her permanent Indiana medical license.

4. Chief Resident Paid Time Off. Chief Resident shall be entitled to the following paid time off during the term of this Agreement:

   (a) Twenty-one (21) days of paid time off ("PTO"). Scheduled PTO must be approved in accordance with the GME Handbook.

   (b) Five (5) paid days off for continuing medical education ("CME"). Paid time off for CME shall only be for the time spent at an educational conference and shall not include any extra days surrounding a conference. Time off requests for CME must be approved in accordance with the GME Handbook.

   No scheduled PTO shall be taken during the period of new intern orientation during the last two weeks of June. Any PTO or CME time not taken during the term of this Agreement shall expire at the end of the term and shall not carry over to the following year; nor shall Resident be entitled to any payment for unused PTO or CME time.

   IF RESIDENT EXCEEDS THE PAID TIME OFF ALLOWED ABOVE FOR ANY REASON, HIS/HER PROGRAM MAY BE EXTENDED IN ORDER TO ALLOW THE RESIDENT TO MAKE-UP THE DAYS MISSED AND GRADUATION MAY BE DELAYED, ALL IN ACCORDANCE WITH THE GME HANDBOOK.

Specialty Program Requirements & Job Description

Community Health Network, Inc.
Podiatry Residency Program
PGY–1

1. **Program Specific Requirements.**

(a) Resident shall comply with all Podiatry Residency Program policies and procedures as defined in Podiatry Residency Manual for which every resident must sign prior starting the Residency Program and the GME Handbook. In the event there is a conflict between the Podiatry Residency Manual and the GME Handbook, the GME Handbook shall control.

(b) Resident represents that he/she has read and understands both the Podiatry Residency Manual as well as the residency documentation requirements of CPME 320, *Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies*. Resident understands these requirements are his/her responsibility to fulfill.

(c) Resident shall follow the academic and rotational schedules per Academic Year as defined in New Innovations. Resident shall log all required patient encounters including biomechanicals and surgeries in the Podiatry Residency Resource as defined by CPME. Documentation of these activities should be completed on a daily basis but is required within one week of such encounters.

(d) Resident agrees to carry out all assignments and rotations as defined by the Podiatry Residency Program Director ("Program Director") under the guidelines of the CPME and GMEC.

(e) Resident understands they will be offered reconstructive rearfoot/ankle credential in this program.

2. **PGY–1 Job Description.** PGY–1 Residents participating in the Podiatry Residency Program shall:

(a) Obtain and maintain a license or temporary medical license to practice Podiatric medicine in the state of Indiana in accordance with the requirements of the Indiana Board of Podiatric Medicine and the Indiana Professional Licensing Agency.

(b) Provide appropriate care to assigned patients in a prompt manner.

(c) Follow guidelines for coverage for patients in all Facilities to maintain responsible continuous patient care during absences or illness.

(d) Report to the Program Director or his or her designee or Faculty Preceptor, any patient or family member's expressed dissatisfaction with care.

(e) Exhibit professional integrity and refrain from dishonesty, disruptive behavior, falsification of records, sexual abuse of patients and/or staff, intentional or negligent mistreatment of patients and from drug and/or alcohol abuse.

(f) Be prompt in all Facilities in seeing patients and promptly notify the Residency Program office of unexpected delays.

(g) Conform to all Applicable Rules and Regulations regarding the recording of data in the patient record.

(h) Shall not remove, download or copy records from any Facility without the prior written consent of Community.

(i) Attend GME residency conferences as required by the Podiatry Residency Program including those provided at remote Facilities, if not in person, then by remote access if available.

(j) Present cases or give presentations when assigned by faculty.

(k) Use educational leave appropriately.

(l) Exhibit initiative and interest in his/her own education and patient care.

(m) Work cooperatively and respectfully with other members of the Community GME, Community personnel and patients.

(n) Refrain from any behavior that is disruptive of patient care or the function of Community or residency staff in the fulfillment of their responsibilities. Such behavior may result in summary suspension of privileges.

(o) Refrain from outside activities so as not to interfere with meeting the requirements of the Podiatry Residency Program.

(p) Maintain confidentiality of electronic information by keeping passwords secure and ensuring that his/her electronic access is secure and uninterrupted. Resident shall access Community computer systems frequently enough to maintain assigned accounts in an active status.

(q) Assist Community in attraction and recruitment of medical students or other candidates to become members of the Program. Such assistance shall include but not be limited to interviewing and evaluating candidates; entertaining candidates at various recruiting functions including evening meals or morning breakfasts; or performing other such reasonable recruitment duties as the Program Director or designate may request.

(r) Other duties as assigned by the Program Director or his or her designee in accordance with CPME guidelines.

(s) Participate in hospital committees or other Community physician led committees as assigned by the Program Director from time to time.

(t) Call schedule will be assigned by the Chief Resident in coordination with the Program Director. The call schedule will be provided to residents on a monthly basis. Any issues with the call schedule will be addressed and/or the call schedule may be modified.

3. **PGY–1 Compensation.** In consideration for the Services provided under the Agreement, Resident shall receive the following compensation:

(a) Resident shall receive a start bonus of Seven Thousand Five Hundred and 00/100 Dollars (**$7,500.00)**, subject to appropriate withholds and authorized deductions (the "Start Bonus"). The Start Bonus shall be paid to Resident no later than the second scheduled bi-weekly payroll date following the Commencement Date. **In the event Resident fails to complete his/her first year of residency with the Family Residency Program for any reason, Resident shall be required to refund the Start Bonus to Community.** Community is expressly authorized to withhold such refund from any amounts payable to the Resident. Resident agrees to execute the necessary document to provide for the salary deduction under applicable law in the form attached hereto as Schedule A-1. In the event the final payment hereunder is insufficient to meet this amount, then Resident agrees to pay said difference to Community within thirty (30) days following the termination of this Agreement.

(b) Resident's salary shall be indicated in program contract presented to resident prior to employment. Such salary shall be paid in the normal course of Community's payroll subject to appropriate withholds and authorized deductions.

(c) Resident shall be granted an annual allowance of Two Thousand Five Hundred and 00/100 Dollars ($2,500.00) for continuing medical education ("CME") expenses subject to approval by the Program Director or designated assistant. Any portion of the annual allowance not used during a contract year shall expire and shall not carry over to the following contract year.

(d) Resident shall be reimbursed the full amount for Board/Exam fees for the APMLE Part 3 Exam.

(e) Community shall pay for Resident's Indiana State Medical License fee (temporary or permanent).

(f) Resident shall be reimbursed for his/her membership fee in the American College of Foot and Ankle Surgeons (ACFAS).

4. **PGY–1 Paid Time Off.** Resident shall be entitled to the following paid time off during the term of this Agreement:

(a) Twenty-one (21) days of paid time off ("PTO") for vacation, illness, business, personal or other leaves of absence not otherwise addressed herein.

(b) Five (5) paid days off for attendance to the Indiana Podiatric State Conference. Paid time off for the Conference shall only be for the time spent at the Conference and taking the exam and shall not include any extra days surrounding the Conference or exam.

(c) Three (3) paid days off for interviewing.

No scheduled PTO shall be taken during the period of new intern orientation during the last two weeks of June. PTO requests must be approved in accordance with the GME Handbook. Any PTO time not taken during the term of this Agreement shall expire at the end of the term and shall not carry over to the following year; nor shall Resident be entitled to any payment for unused PTO.

IF RESIDENT EXCEEDS THE PAID TIME OFF ALLOWED ABOVE FOR ANY REASON, HIS/HER PROGRAM MAY BE EXTENDED IN ORDER TO ALLOW THE RESIDENT TO MAKE-UP THE DAYS MISSED AND GRADUATION MAY BE DELAYED, ALL IN ACCORDANCE WITH THE GME HANDBOOK.

Specialty Program Requirements & Job Description

Community Health Network, Inc.
Podiatry Residency Program
PGY–2

1. **Program Specific Requirements.**

(a) Resident shall comply with all Podiatry Residency Program policies and procedures as defined in Podiatry Residency Manual for which every resident must sign prior starting the Residency Program and the GME Handbook. In the event there is a conflict between the Podiatry Residency Manual and the GME Handbook, the GME Handbook shall control.

(b) Resident represents that he/she has read and understands both the Podiatry Residency Manual as well as the residency documentation requirements of CPME 320, *Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies*. Resident understands these requirements are his/her responsibility to fulfill.

(c) Resident shall follow the academic and rotational schedules per Academic Year as defined in New Innovations. Resident shall log all required patient encounters including biomechanicals and surgeries in the Podiatry Residency Resource as defined by CPME. Documentation of these activities should be completed on a daily basis but is required within one week of such encounters.

(d) Resident agrees to carry out all assignments and rotations as defined by the Podiatry Residency Program Director ("Program Director") under the guidelines of the CPME and GMEC.

(e) Resident understands they will be offered reconstructive rearfoot/ankle credential in this program.

2. **PGY–2 Job Description.** PGY–2 Residents participating in the Podiatry Residency Program shall:

(a) Obtain and maintain a license or temporary medical license to practice Podiatric medicine in the state of Indiana in accordance with the requirements of the Indiana Board of Podiatric Medicine and the Indiana Professional Licensing Agency.

(b) Provide appropriate care to assigned patients in a prompt manner.

(c) Follow guidelines for coverage for patients in all Facilities to maintain responsible continuous patient care during absences or illness.

(d) Report to the Program Director or his or her designee or Faculty Preceptor, any encounters with a patient or any other expressed dissatisfaction with care.

(e) Exhibit professional integrity and refrain from dishonesty, disruptive behavior, falsification of records, sexual abuse of patients and/or staff, intentional or negligent mistreatment of patients and from drug and/or alcohol abuse.

(f) Be prompt in all Facilities in seeing patients and promptly notify the Residency Program office of unexpected delays.

(g) Conform to all Applicable Rules and Regulations regarding the recording of data in the patient record.

(h) Shall not remove, download or copy records from any Facility without the prior written consent of Community.

(i) Attend GME residency conferences as required by the Podiatry Residency Program including those provided at remote Community facilities, if not in person, then by available remote access if available.

(j) Present cases or give presentations when assigned by faculty.

(k) Use educational leave appropriately.

(l) Exhibit initiative and interest in his/her own education and patient care.

(m) Work cooperatively and respectfully with other members of the Community GME, Community personnel and patients.

(n) Refrain from any behavior that is disruptive of patient care or the function of Community or residency staff in the fulfillment of their responsibilities. Such behavior may result in summary suspension of privileges.

(o) Refrain from outside activities so as not to interfere with meeting the requirements of the Podiatry Residency Program.

(p) Maintain confidentiality of electronic information by keeping passwords secure and ensuring that his/her electronic access is secure and uninterrupted. Resident shall access Community computer systems frequently enough to maintain assigned accounts in an active status.

(q) Assist Community in attraction and recruitment of medical students or other candidates to become members of the Program. Such assistance shall include but not be limited to interviewing and evaluating candidates; entertaining candidates at various recruiting functions including evening meals or morning breakfasts; or performing other such reasonable recruitment duties as the Program Director or designate may request.

(r) Other duties as assigned by the Program Director or his or her designee in accordance with CPME guidelines.

(s) Participate in hospital committees or other Community physician led committees as assigned by the Program Director from time to time.

(t) Call schedule will be assigned by the Chief Resident in coordination with the Program Director. The call schedule will be provided to residents on a monthly basis. Any issues with the call schedule will be addressed and/or the call schedule may be modified.

3. **PGY–2 Compensation.** In consideration for the Services provided under the Agreement, Resident shall receive the following compensation:

(a) Resident's salary will be subject to market rates and network approval each year. Resident salary will be communicated via promotion letters from the program. Such salary shall be paid in the normal course of Community's payroll subject to appropriate withholds and authorized deductions.

(b) Resident shall be granted an annual allowance of Two Thousand Five Hundred and 00/100 Dollars ($2,500.00) for continuing medical education ("CME") expenses subject to approval by the Program Director or designated assistant. Any portion of the annual allowance not used during a contract year shall expire and shall not carry over to the following contract year.

(c) Resident shall be reimbursed the full amount for Board/Exam fees for the NBPME Part 3 Exam, if not previously taken, and the ABPS Exam.

(d) Community shall pay for Resident's Indiana State Medical License fee (temporary or permanent).

Specialty Program Requirements & Job Description

Community Health Network, Inc.
Podiatry Residency Program
PGY–3

1. **Program Specific Requirements.**

(a) Resident shall comply with all Podiatry Residency Program policies and procedures as defined in Podiatry Residency Manual for which every resident must sign prior starting the Residency Program and the GME Handbook. In the event there is a conflict between the Podiatry Residency Manual and the GME Handbook, the GME Handbook shall control.

(b) Resident represents that he/she has read and understands both the Podiatry Residency Manual as well as the residency documentation requirements of CPME 320, *Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies*. Resident understands these requirements are his/her responsibility to fulfill.

(c) Resident shall follow the academic and rotational schedules per Academic Year as defined in New Innovations. Resident shall log all required patient encounters including biomechanicals and surgeries in the Podiatry Residency Resource as defined by CPME. Documentation of these activities should be completed on a daily basis but is required within one week of such encounters.

(d) Resident agrees to carry out all assignments and rotations as defined by the Podiatry Residency Program Director ("Program Director") under the guidelines of the CPME and GMEC.

(e) Resident understands they will be offered reconstructive rearfoot/ankle credential in this program.

2. **PGY–3 Job Description.** PGY–3 Residents participating in the Podiatry Residency Program shall:

(a) Obtain and maintain a license or temporary medical license to practice Podiatric medicine in the state of Indiana in accordance with the requirements of the Indiana Board of Podiatric Medicine and the Indiana Professional Licensing Agency.

(b) Provide appropriate care to assigned patients in a prompt manner.

(c) Follow guidelines for coverage for patients in all Facilities to maintain responsible continuous patient care during absences or illness.

(d) Report to the Program Director or his or her designee or Faculty Preceptor, any encounters with a patient or any other expressed dissatisfaction with care.

(e) Exhibit professional integrity and refrain from dishonesty, disruptive behavior, falsification of records, sexual abuse of patients and/or staff, intentional or negligent mistreatment of patients and from drug and/or alcohol abuse.

(f) Be prompt in all Facilities in seeing patients and promptly notify the Residency Program office of unexpected delays.

(g) Conform to all Applicable Rules and Regulations regarding the recording of data in the patient record.

(h) Shall not remove, download or copy records from any Facility without the prior written consent of Community.

(i) Attend GME residency conferences as required by the Podiatry Residency Program including those provided at remote Community facilities, if not in person, then by available remote access if available.

(j) Present cases or give presentations when assigned by faculty.

(k) Use educational leave appropriately.

(l) Exhibit initiative and interest in his/her own education and patient care.

(m) Work cooperatively and respectfully with other members of the Community GME, Community personnel and patients.

(n) Refrain from any behavior that is disruptive of patient care or the function of Community or residency staff in the fulfillment of their responsibilities. Such behavior may result in summary suspension of privileges.

(o) Refrain from outside activities so as not to interfere with meeting the requirements of the Podiatry Residency Program.

(p) Maintain confidentiality of electronic information by keeping passwords secure and ensuring that his/her electronic access is secure and uninterrupted. Resident shall access Community computer systems frequently enough to maintain assigned accounts in an active status.

(q) Assist Community in attraction and recruitment of medical students or other candidates to become members of the Program. Such assistance shall include but not be limited to interviewing and evaluating candidates; entertaining candidates at various recruiting functions including evening meals or morning breakfasts; or performing other such reasonable recruitment duties as the Program Director or designate may request.

(r) Other duties as assigned by the Program Director or his or her designee in accordance with CPME guidelines.

(s) Participate in hospital committees or other Community physician led committees as assigned by the Program Director from time to time.

(t) Call schedule will be assigned by the Chief Resident in coordination with the Program Director. The call schedule will be provided to residents on a monthly basis. Any issues with the call schedule will be addressed and/or the call schedule may be modified.

3. **PGY–3 Compensation.** In consideration for the Services provided under the Agreement, Resident shall receive the following compensation:

(a) Resident's salary will be subject to market rates and network approval each year. Resident salary will be communicated via promotion letters from the program. Such salary shall be paid in the normal course of Community's payroll subject to appropriate withholds and authorized deductions.

(b) Resident shall be granted an annual allowance of Two Thousand Five Hundred and 00/100 Dollars ($2,500.00) for continuing medical education ("CME") expenses subject to approval by the Program Director or designated assistant. Any portion of the annual allowance not used during a contract year shall expire and shall not carry over to the following contract year.

(c) Resident shall be reimbursed the full amount for Board/Exam fees for the ABPS Exam, if not previously taken.

(d) Community shall pay for Resident's Indiana State Medical License fee (temporary or permanent).

(e) Resident shall be reimbursed for his/her membership fee in the American College of Foot and Ankle Surgeons (ACFAS).

4. **PGY–3 Paid Time Off.** Resident shall be entitled to the following paid time off during the term of this Agreement:

(a) Twenty-one (21) days of paid time off ("PTO") for vacation, illness, business, personal or other leaves of absence not otherwise addressed herein.

(b) Five (5) paid days off for attendance to the Indiana Podiatric State Conference. Paid time off for the Conference shall only be for the time spent at the Conference and taking the exam and shall not include any extra days surrounding the Conference or exam.

(c) Three (3) paid days off for interviewing.

No scheduled PTO shall be taken during the period of new intern orientation during the last two weeks of June. PTO requests must be approved in accordance with the GME Handbook. Any PTO time not taken during the term of this Agreement shall expire at the end of the term and shall not carry over to the following year; nor shall Resident be entitled to any payment for unused PTO.

IF RESIDENT EXCEEDS THE PAID TIME OFF ALLOWED ABOVE FOR ANY REASON, HIS/HER PROGRAM MAY BE EXTENDED IN ORDER TO ALLOW THE RESIDENT TO MAKE-UP THE DAYS MISSED AND GRADUATION MAY BE DELAYED, ALL IN ACCORDANCE WITH THE GME HANDBOOK.

Specialty Program Requirements & Job Description

Community Health Network, Inc.
Podiatry Residency Program
PGY –3 Chief Resident

1. **Program Specific Requirements.**

(a) Resident shall comply with all Podiatry Residency Program policies and procedures as defined in Podiatry Residency Manual for which every resident must sign prior starting the Residency Program and the GME Handbook. In the event there is a conflict between the Podiatry Residency Manual and the GME Handbook, the GME Handbook shall control.

(b) Resident represents that he/she has read and understands both the Podiatry Residency Manual as well as the residency documentation requirements of CPME 320, *Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies*. Resident understands these requirements are his/her responsibility to fulfill.

(c) Resident shall follow the academic and rotational schedules per Academic Year as defined in New Innovations. Resident shall log all required patient encounters including biomechanicals and surgeries in the Podiatry Residency Resource as defined by CPME. Documentation of these activities should be completed on a daily basis but is required within one week of such encounters.

(d) Resident agrees to carry out all assignments and rotations as defined by the Podiatry Residency Program Director ("Program Director") under the guidelines of the CPME and GMEC.

(e) Resident understands they will be offered reconstructive rearfoot/ankle credential in this program.

2. **Chief Resident Job Description.** The PGY –3 Chief Resident participating in the Podiatry Residency Program shall:

(a) Obtain and maintain a license or temporary medical license to practice Podiatric medicine in the state of Indiana in accordance with the requirements of the Indiana Board of Podiatric Medicine and the Indiana Professional Licensing Agency.

(b) Provide appropriate care to assigned patients in a prompt manner.

(c) Follow guidelines for coverage for patients in all Facilities to maintain responsible continuous patient care during absences or illness.

(d) Report to the Program Director or his or her designee or Faculty Preceptor, any encounters with a patient or any other expressed dissatisfaction with care.

(e) Exhibit professional integrity and refrain from dishonesty, disruptive behavior, falsification of records, sexual abuse of patients and/or staff, intentional or negligent mistreatment of patients and from drug and/or alcohol abuse.

(f) Be prompt in all Facilities in seeing patients and promptly notify the Residency Program office of unexpected delays.

(g) Conform to all Applicable Rules and Regulations regarding the recording of data in the patient record.

(h) Shall not remove, download or copy records from any Facility without the prior written consent of Community.

(i) Attend GME residency conferences as required by the Podiatry Residency Program including those provided at remote Community facilities, if not in person, then by available remote access if available.

(j) Present cases or give presentations when assigned by faculty.

(k) Use educational leave appropriately.

(l) Exhibit initiative and interest in his/her own education and patient care.

(m) Work cooperatively and respectfully with other members of the Community GME, Community personnel and patients.

(n) Refrain from any behavior that is disruptive of patient care or the function of Community or residency staff in the fulfillment of their responsibilities. Such behavior may result in summary suspension of privileges.

(o) Refrain from outside activities so as not to interfere with meeting the requirements of the Podiatry Residency Program.

(p) Maintain confidentiality of electronic information by keeping passwords secure and ensuring that his/her electronic access is secure and uninterrupted. Resident shall access Community computer systems frequently enough to maintain assigned accounts in an active status.

(q) Assist Community in attraction and recruitment of medical students or other candidates to become members of the Program. Such assistance shall include but not be limited to interviewing and evaluating candidates; entertaining candidates at various recruiting functions including evening meals or morning breakfasts; or performing other such reasonable recruitment duties as the Program Director or designate may request.

(r) Other duties as assigned to the Chief Resident by the Program Director or his or her designee in accordance with CPME guidelines.

(s) Participate in hospital committees or other Community physician led committees as assigned by the Program Director from time to time.

(t) In coordination with the Program Director, assign residents to call schedule on a monthly basis. Address issues with the call schedule and/or modify the call schedule as may be necessary in consultation with the Program Director.

3. **Compensation.** In consideration for the Services provided under the Agreement, Chief Resident shall receive the following compensation:

(a) Resident's salary will be subject to market rates and network approval each year. Resident salary will be communicated via promotion letters from the program. Such salary shall be paid in the normal course of Community's payroll subject to appropriate withholds and authorized deductions.

(b) Resident shall be granted an annual allowance of Two Thousand Five Hundred and 00/100 Dollars ($2,500.00) for continuing medical education ("CME") expenses subject to approval by the Program Director or designated assistant. Any portion of the annual allowance not used during a contract year shall expire and shall not carry over to the following contract year.

(c) Resident shall be reimbursed the full amount for Board/Exam fees for the ABPS Exam, if not previously taken.

(d) Community shall pay for Resident's Indiana State Medical License fee (temporary or permanent).

(e) Resident shall be reimbursed for his/her membership fee in the American College of Foot and Ankle Surgeons (ACFAS).

4. **Paid Time Off.** Chief Resident shall be entitled to the following paid time off during the term of this Agreement:

(a) Twenty-one (21) days of paid time off ("PTO") for vacation, illness, business, personal or other leaves of absence not otherwise addressed herein.

(b) Five (5) paid days off for attendance to the Indiana Podiatric State Conference. Paid time off for the Conference shall only be for the time spent at the Conference and taking the exam and shall not include any extra days surrounding the Conference or exam.

(c) Three (3) paid days off for interviewing.

No scheduled PTO shall be taken during the period of new intern orientation during the last two weeks of June. PTO requests must be approved in accordance with the GME Handbook. Any PTO time not taken during the term of this Agreement shall expire at the end of the term and shall not carry over to the following year; nor shall Resident be entitled to any payment for unused PTO.

IF RESIDENT EXCEEDS THE PAID TIME OFF ALLOWED ABOVE FOR ANY REASON, HIS/HER PROGRAM MAY BE EXTENDED IN ORDER TO ALLOW THE RESIDENT TO MAKE-UP THE DAYS MISSED AND GRADUATION MAY BE DELAYED, ALL IN ACCORDANCE WITH THE GME HANDBOOK.

Specialty Program Requirements & Job Description
Community Health Network, Inc.
Psychiatry Residency Program PGY–1

1. **Program Specific Requirements.**

(a) Resident shall comply with all Psychiatry Residency Program policies and procedures ("Psychiatry Policies"). In the event there is a conflict between the Psychiatry Policies and the GME Handbook, the GME Handbook shall control.

(b) Resident represents that he/she has read and understands the ACGME "Program Requirements in Psychiatry," and the "Requirements for Certification by the American Board of Psychiatry and Neurology."

(c) Resident shall maintain compliance with ACGME Program requirements as outlined by the Psychiatry Residency Review Committee.

(d) Resident must demonstrate competencies, Milestones and progressive responsibility appropriate to level of training.

(e) Resident agrees to carry out all assignments and rotations as defined by the Program Director under supervision.

2. **PGY–1 Job Description.** PGY–1 Residents participating in the Psychiatry Residency Program shall:

(a) Obtain and maintain a license or temporary medical permit to practice medicine in the state of Indiana in accordance with the requirements of the Indiana Medical Practice Act and the Indiana Professional Licensing Agency.

(b) Provide appropriate care to assigned patients in a prompt manner.

(c) Participate in the clinical evaluation and care of patients in a variety of settings with sufficient frequency to achieve the competencies required under the supervision of attending staff.

(d) Assume progressive responsibility for patient care activities according to Resident's level of education, ability, experience and the needs of the patient. The Psychiatry Residency Program Director (the "Program Director") and attending staff will determine the Resident's level of autonomy and responsibility.

(e) Effectively communicate with supervising attending staff concerning evaluation findings, Mental Status Exam, physical examination, interpretation of diagnostic tests, diagnostic formulation and intended interventions.

(f) Conform to the established guidelines for the Psychiatry Residency Program and the Behavioral Health Pavilion as they relate to patient care.

(g) Follow guidelines for coverage of patients in all Facilities to maintain responsible continuous patient care during absence or illness.

(h) Provide extended work hour assignment coverage as required by the Psychiatry Residency curriculum including teaching responsibilities of other residents and medical students as applicable.

(i) Report to the Psychiatry Residency Program Director or his or her designee or Faculty Preceptor, any patient or family member's expressed dissatisfaction with care.

(j) Exhibit professional integrity and refrain from dishonesty, disruptive behavior, falsification of records, sexual abuse of patients and/or staff, intentional or negligent mistreatment of patients and from drug and/or alcohol abuse.

(k) Be prompt in all Facilities in seeing patients and promptly notify the Residency Program office of unexpected delays.

(l) Conform to all Applicable Rules and Regulations regarding the recording of data in the patient record. Thoroughly complete all required patient care documentation as specified by the preceptor or Facility guidelines.

(m) Fully participate in the scholarly and educational activities of the Psychiatry Residency Program, as well as Cross-GME didactic sessions. Attend a minimum of 70% of Psychiatry Residency Program conferences, including Psychiatry Grand Rounds.

(n) Present cases or give presentations and/or collaborate in scholarly activity with faculty when assigned.

(o) Use educational leave appropriately.

(p) Shall not remove, download or copy records from any Facility without the prior written consent of Community.

(q) Exhibit initiative and interest in his/her own education and patient care.

(r) Work cooperatively and respectfully with other members of the Community GME, Community personnel and patients.

(s) Refrain from any behavior that is disruptive of patient care or the function of Community or residency staff in the fulfillment of their responsibilities. Such behavior may result in termination.

(t) Refrain from outside activities so as not to interfere with meeting the requirements of the Psychiatry Residency Program.

(u) Maintain confidentiality of electronic information by keeping passwords secure and ensuring that electronic access is secure and uninterrupted. Resident shall access Community computer systems frequently enough to maintain assigned accounts in an active status.

(v) Assist Community in attraction and recruitment of medical students or other candidates to become members of the Program. Such assistance shall include, but not be limited to, entertaining candidates at various recruiting functions including evening meals or morning breakfasts; or performing other such reasonable recruitment duties as the Program Director or designee may request.

(w) Other duties as assigned by the Program Director or his or her designee in accordance with ACGME guidelines.

(x) Participate in hospital committees or other Community physician led committees as assigned by the Program Director.

3. **PGY-1 Compensation.** In consideration for the Services provided under the Agreement, Resident shall receive the following compensation:

(a) Resident's salary shall be indicated in program contract presented to resident prior to employment. Such salary shall be paid in the normal course of Community's payroll subject to appropriate withholds and authorized deductions.

(b) Resident shall receive a start bonus of Seven Thousand Five hundred and 00/100 Dollars (**$7,500.00)**, subject to appropriate withholds and authorized deductions (the "Start Bonus"). The Start Bonus shall be paid to Resident no later than the second scheduled bi-weekly payroll date following the Commencement Date. **In the event Resident fails to complete his/her first year of residency with the Psychiatry Residency Program for any reason, Resident shall be required to refund the Start Bonus to Community.** Community is expressly authorized to withhold such refund from any amounts payable to the Resident. Resident agrees to execute the necessary document to provide for the salary deduction under applicable law in the form attached hereto as Schedule A-1. In the event the final payment hereunder is insufficient to meet this amount, then Resident agrees to pay said difference to Community within thirty (30) days following the termination of this Agreement.

(c) Resident shall be granted an annual allowance of Two Thousand Five Hundred and 00/100 Dollars ($2,500.00) for continuing medical education ("CME") expenses subject to approval by the Program Director or designated assistant. Any portion of the annual allowance not used during a contract year shall expire and shall not carry over to the following contract year.

(d) Resident shall be reimbursed for the fees related to one sitting of the USLME or COMLEX Step 3 and Indiana Permanent Licensure. These funds can be utilized in either the PGY-1 or PGY-2 year; if ineligible to sit for exam or apply for permanent licensure earlier, the funds can be used in the PGY-3 year.

4. PGY–1 Paid Time Off. Resident shall be entitled to the following paid time off during the term of this Agreement:

(a) Twenty-one (21) days of paid time off ("PTO") for vacation, illness, business, personal or other leaves of absence not otherwise addressed herein. Time off requests for PTO must be approved in accordance with the GME Handbook and relevant Program Manual.

(b) Five (5) paid days off for continuing medical education ("CME"). Paid time off for CME shall only be for the time spent at an educational conference and shall not include any extra days surrounding a conference. Time off requests for CME must be approved in accordance with the GME Handbook.

(c) Two (2) paid days off to take the United States Medical Licensing Examination ("USMLE") Step 3 or Comprehensive Osteopathic Medical Licensing Examination ("COMLEX") Step 3 during Resident's first OR second year, if eligible. No additional paid time off will be awarded to Resident if his or her first attempt is unsuccessful.

No scheduled PTO shall be taken during the period of New Intern Orientation during the last two weeks of June. Any PTO or CME time not taken during the term of this Agreement shall expire at the end of the term and shall not carry over to the following year; nor shall Resident be entitled to any payment for unused PTO or CME time.

IF RESIDENT EXCEEDS THE PAID TIME OFF ALLOWED ABOVE FOR ANY REASON, HIS/HER PROGRAM MAY BE EXTENDED IN ORDER TO ALLOW THE RESIDENT TO MAKE-UP THE DAYS MISSED AND GRADUATION MAY BE DELAYED, ALL IN ACCORDANCE WITH THE GME HANDBOOK.

Specialty Program Requirements & Job Description

Community Health Network, Inc.
Psychiatry Residency Program
PGY–2

1. **Program Specific Requirements.**

(a) Resident shall comply with all Psychiatry Residency Program policies and procedures ("Psychiatry Policies"). In the event there is a conflict between the Psychiatry Policies and the GME Handbook, the GME Handbook shall control.

(b) Resident represents that he/she has read and understands the ACGME "Program Requirements in Psychiatry," and the "Requirements for Certification by the American Board of Psychiatry and Neurology."

(c) Resident shall maintain compliance with ACGME Program requirements as outlined by the Psychiatry Residency Review Committee. Resident must demonstrate competencies, Milestones, and progressive responsibility appropriate to level of training.

(d) Resident agrees to carry out all assignments and rotations as defined by the Program Director under supervision.

2. **PGY–2 Job Description.** PGY–2 Residents participating in the Psychiatry Residency Program shall:

(a) Obtain and maintain a license or temporary medical permit to practice medicine in the state of Indiana in accordance with the requirements of the Indiana Medical Practice Act and the Indiana Professional Licensing Agency.

(b) Provide appropriate care to assigned patients in a prompt manner.

(c) Participate in the clinical evaluation and care of patients in a variety of settings with sufficient frequency to achieve the competencies required under the supervision of attending staff.

(d) Assume progressive responsibility for patient care activities according to Resident's level of education, ability, experience and the needs of the patient. The Psychiatry Residency Program Director (the "Program Director") and attending staff will determine the Resident's level of autonomy and responsibility.

(e) Effectively communicate with supervising attending staff concerning evaluation findings, Mental Status Exam, physical examination, interpretation of diagnostic tests, diagnostic formulation and intended interventions.

(f) Conform to the established guidelines for the Psychiatry Residency Program, Community GME, and the Behavioral Health Pavilion as they relate to patient care.

(g) Follow guidelines for coverage of patients in all Facilities to maintain responsible continuous patient care during absence or illness.

(h) Provide extended work hour assignment coverage as required by the Psychiatry Residency curriculum including teaching responsibilities of other residents and medical students as applicable.

(i) Report to the Program Director or his or her designee or faculty preceptor, any patient or family member's expressed dissatisfaction with patient care.

(j) Exhibit professional integrity and refrain from dishonesty, disruptive behavior, falsification of records, sexual abuse of patients and/or staff, intentional or negligent mistreatment of patients and from drug and/or alcohol abuse.

(k) Be prompt in all Facilities in seeing patients and promptly notify the Residency Program office of unexpected delays.

(l) Conform to all Applicable Rules and Regulations regarding the recording of data in the patient record. Thoroughly complete all required patient care documentation as specified by the preceptor or Facility guidelines.

(m) Shall not remove, download or copy records from any Facility without the prior written consent of Community.

(n) Fully participate in the scholarly and educational activities of the Psychiatry Residency Program, as well as Cross-GME didactic sessions. Attend a minimum of 70% of Psychiatry Residency Program conferences, including Psychiatry Grand Rounds.

(o) Present cases or give presentations and/or collaborate in scholarly activity with faculty when assigned.

(p) Use educational leave appropriately.

(q) Exhibit initiative and interest in his/her own education and patient care.

(r) Work cooperatively and respectfully with other members of the Community GME, Community personnel and patients.

(s) Refrain from any behavior that is disruptive of patient care or the function of Community or residency staff in the fulfillment of their responsibilities. Such behavior may result in termination.

(t) Refrain from outside activities so as not to interfere with meeting the requirements of the Psychiatry Residency Program.

(u) Maintain confidentiality of electronic information by keeping passwords secure and ensuring that electronic access is secure and uninterrupted. Resident shall access Community computer systems frequently enough to maintain assigned accounts in an active status.

(v) Assist Community in attraction and recruitment of medical students or other candidates to become members of the Program. Such assistance shall include but not be limited to entertaining candidates at various recruiting functions including evening meals or morning breakfasts; or performing other such reasonable recruitment duties as the Program Director or designee may request.

(w) Other duties as assigned by the Program Director or his or her designee in accordance with ACGME guidelines.

(x) Participate in hospital committees or other Community physician led committees as assigned by the Program Director.

3. **Compensation.** In consideration for the Services provided under the Agreement, Resident shall receive the following compensation:

(a) Resident's salary will be subject to market rates and network approval each year. Resident salary will be communicated via promotion letters from the program. Such salary shall be paid in the normal course of Community's payroll subject to appropriate withholds and authorized deductions.

(b) Resident shall be granted an annual allowance of Two Thousand Five Hundred and 00/100 Dollars ($2,500.00) for continuing medical education ("CME") expenses subject to approval by the Program Director or designated assistant. Any portion of the annual allowance not used during a contract year shall expire and shall not carry over to the following contract year.

(c) Resident shall be reimbursed for one (1) sitting of the USMLE or COMLEX Level 3 and Indiana Permanent Licensure. These funds can be utilized in either the PGY-1 or PGY-2 year; if ineligible to sit for exam or apply for permanent licensure earlier, the funds can be used in the PGY-3 year.

4. Paid Time Off. Resident shall be entitled to the following paid time off during the term of this Agreement:

(a) Twenty-one (21) days of paid time off ("PTO") for vacation, illness, business, personal or other leaves of absence not otherwise addressed herein. Time off requests for PTO must be approved in accordance with the GME Handbook and relevant Program Manual.

(b) Five (5) paid days off for CME. Paid time off for CME shall only be for the time spent at an educational conference and shall not include any extra days surrounding a conference (except reasonable travel time surrounding a conference). Time off requests for CME must be approved in accordance with the GME Handbook.

(c) Two (2) paid days off to take the USMLE Step 3 or COMLEX Step 3 during Resident's first OR second year, if eligible. No additional paid time off will be awarded to Resident if his or her first attempt is unsuccessful.

No scheduled PTO shall be taken during the period of New Intern Orientation during last two weeks of June. Any PTO or CME time not taken during the term of this Agreement shall expire at the end of the term and shall not carry over to the following year; nor shall Resident be entitled to any payment for unused PTO or CME time.

IF RESIDENT EXCEEDS THE PAID TIME OFF ALLOWED ABOVE FOR ANY REASON, HIS/HER PROGRAM MAY BE EXTENDED IN ORDER TO ALLOW THE RESIDENT TO MAKE-UP THE DAYS MISSED AND GRADUATION MAY BE DELAYED, ALL IN ACCORDANCE WITH THE GME HANDBOOK.

Specialty Program Requirements & Job Description

Community Health Network, Inc.
Psychiatry Residency Program
PGY–III

1. **Program Specific Requirements**

   (a) Resident shall comply with all Psychiatry Residency Program policies and procedures ("Psychiatry Policies"). In the event there is a conflict between the Psychiatry Policies and the GME Handbook, the GME Handbook shall control.

   (b) Resident represents that he/she has read and understands the ACGME "Program Requirements in Psychiatry," and the "Requirements for Certification by the American Board of Psychiatry and Neurology."

   (c) Resident shall maintain compliance with ACGME Program requirements as outlined by the Psychiatry Residency Review Committee.

   (d) Resident must demonstrate competencies, Milestones, and progressive responsibility appropriate to level of training.

2. **PGY–3 Resident Job Description.** The PGY–3 Resident participating in the Psychiatry Residency Program shall:

   (a) Obtain and maintain a license or temporary medical permit to practice medicine in the state of Indiana in accordance with the requirements of the Indiana Medical Practice Act and the Indiana Professional Licensing Agency.

   (b) Provide appropriate care to assigned patients in a prompt manner.

   (c) Participate in the clinical evaluation and care of patients in a variety of settings with sufficient frequency to achieve the competencies required under the supervision of attending staff.

   (d) Assume progressive responsibility for patient care activities according to Resident's level of education, ability, experience and the needs of the patient. The Program Director and attending staff will determine the Resident's level of autonomy and responsibility.

   (e) Effectively communicate with supervising attending staff concerning evaluation findings, Mental Status Exam, physical examination, interpretation of diagnostic tests, diagnostic formulation and intended interventions.

   (f) Conform to the established guidelines for the Psychiatry Residency Program and Community GME as outlined in the current Program and GME Handbooks.

   (g) Follow guidelines for coverage of patients in all Facilities to maintain responsible continuous patient care during absence or illness.

   (h) Provide extended work hour assignment coverage as required by the Psychiatry Residency curriculum including teaching responsibilities of other residents and medical students as applicable.

   (i) Report to the Psychiatry Residency Program Director (the "Program Director") or his or her designee or Faculty Preceptor, any Community encounters with a patient or any other expressed dissatisfaction with care.

(j) Exhibit professional integrity and refrain from dishonesty, disruptive behavior, falsification of records, sexual abuse of patients and/or staff, intentional or negligent mistreatment of patients and from drug and/or alcohol abuse.

(k) Be prompt in all Facilities in seeing patients and promptly notify the Residency Program office of unexpected delays.

(l) Conform to all Applicable Rules and Regulations regarding the recording of data in the patient record. Thoroughly complete all required patient care documentation as specified by the preceptor or Facility guidelines.

(m) Shall not remove, download or copy records from any Facility without the prior written consent of Community.

(n) Fully participate in the scholarly and educational activities of the Psychiatry Residency Program, as well as Cross-GME didactic sessions. Attend a minimum of 70% of Psychiatry Residency Program conferences, including Psychiatry Grand Rounds.

(o) Present cases or give presentations and/or collaborate in scholarly activity with faculty when assigned.

(p) Use educational leave appropriately.

(q) Exhibit initiative and interest in his/her own education and patient care.

(r) Work cooperatively and respectfully with other members of the Community GME, Community personnel and patients.

(s) Refrain from any behavior that is disruptive of patient care or the function of Community or residency staff in the fulfillment of their responsibilities. Such behavior may result in summary suspension of privileges or termination.

(t) Refrain from outside activities so as not to interfere with meeting the requirements of the Psychiatry Residency Program.

(u) Maintain confidentiality of electronic information by keeping passwords secure and ensuring that electronic access is secure and uninterrupted. Resident shall access Community computer systems frequently enough to maintain assigned accounts in an active status.

(v) Assist Community in attraction and recruitment of medical students or other candidates to become members of the Program. Such assistance shall include but not be limited to entertaining candidates at various recruiting functions including evening meals or morning breakfasts; or performing other such reasonable recruitment duties as the Program Director or designee may request.

(w) Other duties as assigned by the Program Director or his or her designee in accordance with ACGME guidelines.

(x) Participate in hospital committees or other Community physician led committees as assigned by the Program Director.

3. **Compensation.** In consideration for the Services provided under the Agreement, Resident shall receive the following compensation:

   (a) Resident's salary will be subject to market rates and network approval each year. Resident salary will be communicated via promotion letters from the program. Such salary shall be paid in the normal course of Community's payroll subject to appropriate withholds and authorized deductions.

   (b) Resident shall be granted an annual allowance of Two Thousand Five Hundred and 00/100 Dollars ($2,500.00) for continuing medical education ("CME") expenses subject to approval by the Program Director or designated assistant. Any portion of the annual allowance not used during a contract year shall expire and shall not carry over to the following contract year.

   (c) Resident shall be reimbursed for the following fees:

      (a) Permanent Indiana medical licensure – the fee for licensure may be reimbursed in PGY-II, PGY-III or PGY-IV years, depending on eligibility of Resident; and

      (ii) Permanent DEA registration – the registration fee may be reimbursed after Resident has obtained his/her permanent Indiana medical license.

4. **Paid Time Off.** Resident shall be entitled to the following paid time off during the term of this Agreement:

   (a) Twenty-one (21) days of paid time off ("PTO") for vacation, illness, business, personal or other leaves of absence not otherwise addressed herein. Time off requests for PTO must be approved in accordance with the GME Handbook and relevant Program Manual.

   (b) Five (5) paid days off for continuing medical education ("CME"). Paid time off for CME shall only be for the time spent at an educational conference and shall not include any extra days surrounding a conference. Time off requests for CME must be approved in accordance with the GME Handbook.

   No scheduled PTO shall be taken during the period of New Intern Orientation. Any PTO or CME time not taken during the term of this Agreement shall expire at the end of the term and shall not carry over to the following year; nor shall Resident be entitled to any payment for unused PTO or CME time.

   IF RESIDENT EXCEEDS THE PAID TIME OFF ALLOWED ABOVE FOR ANY REASON, HIS/HER PROGRAM MAY BE EXTENDED IN ORDER TO ALLOW THE RESIDENT TO MAKE-UP THE DAYS MISSED AND GRADUATION MAY BE DELAYED, ALL IN ACCORDANCE WITH THE GME HANDBOOK.

Specialty Program Requirements & Job Description

Community Health Network, Inc.
Psychiatry Residency Program
PGY–IV

1. **Program Specific Requirements.**

   (a) Resident shall comply with all Psychiatry Residency Program policies and procedures ("Psychiatry Policies"). In the event there is a conflict between the Psychiatry Policies and the GME Handbook, the GME Handbook shall control.

   (b) Resident represents that he/she has read and understands the ACGME "Program Requirements in Psychiatry," and the "Requirements for Certification by the American Board of Psychiatry and Neurology."

   (c) Resident shall maintain compliance with ACGME Program requirements as outlined by the Psychiatry Residency Review Committee.

   (d) Resident must demonstrate competencies, Milestones, and progressive responsibility appropriate to level of training.

2. **PGY–4 Resident Job Description.** The PGY–3 Resident participating in the Psychiatry Residency Program shall:

   (a) Obtain and maintain a license or temporary medical permit to practice medicine in the state of Indiana in accordance with the requirements of the Indiana Medical Practice Act and the Indiana Professional Licensing Agency.

   (b) Provide appropriate care to assigned patients in a prompt manner.

   (c) Participate in the clinical evaluation and care of patients in a variety of settings with sufficient frequency to achieve the competencies required under the supervision of attending staff.

   (d) Assume progressive responsibility for patient care activities according to Resident's level of education, ability, experience and the needs of the patient. The Program Director and attending staff will determine the Resident's level of autonomy and responsibility.

   (e) Effectively communicate with supervising attending staff concerning evaluation findings, Mental Status Exam, physical examination, interpretation of diagnostic tests, diagnostic formulation and intended interventions.

   (f) Conform to the established guidelines for the Psychiatry Residency Program and Community GME as outlined in the current Program and GME Handbooks.

   (g) Follow guidelines for coverage of patients in all Facilities to maintain responsible continuous patient care during absence or illness.

   (h) Provide extended work hour assignment coverage as required by the Psychiatry Residency curriculum including teaching responsibilities of other residents and medical students as applicable.

   (i) Report to the Psychiatry Residency Program Director (the "Program Director") or his or her designee or Faculty Preceptor, any Community encounters with a patient or any other expressed dissatisfaction with care.

(j) Exhibit professional integrity and refrain from dishonesty, disruptive behavior, falsification of records, sexual abuse of patients and/or staff, intentional or negligent mistreatment of patients and from drug and/or alcohol abuse.

(k) Be prompt in all Facilities in seeing patients and promptly notify the Residency Program office of unexpected delays.

(l) Conform to all Applicable Rules and Regulations regarding the recording of data in the patient record. Thoroughly complete all required patient care documentation as specified by the preceptor or Facility guidelines.

(m) Shall not remove, download or copy records from any Facility without the prior written consent of Community.

(n) Fully participate in the scholarly and educational activities of the Psychiatry Residency Program, as well as Cross-GME didactic sessions. Attend a minimum of 70% of Psychiatry Residency Program conferences, including Psychiatry Grand Rounds.

(o) Present cases or give presentations and/or collaborate in scholarly activity with faculty when assigned.

(p) Use educational leave appropriately.

(q) Exhibit initiative and interest in his/her own education and patient care.

(r) Work cooperatively and respectfully with other members of the Community GME, Community personnel and patients.

(s) Refrain from any behavior that is disruptive of patient care or the function of Community or residency staff in the fulfillment of their responsibilities. Such behavior may result in summary suspension of privileges or termination.

(t) Refrain from outside activities so as not to interfere with meeting the requirements of the Psychiatry Residency Program.

(u) Maintain confidentiality of electronic information by keeping passwords secure and ensuring that electronic access is secure and uninterrupted. Resident shall access Community computer systems frequently enough to maintain assigned accounts in an active status.

(v) Assist Community in attraction and recruitment of medical students or other candidates to become members of the Program. Such assistance shall include but not be limited to entertaining candidates at various recruiting functions including evening meals or morning breakfasts; or performing other such reasonable recruitment duties as the Program Director or designee may request.

(w) Other duties as assigned by the Program Director or his or her designee in accordance with ACGME guidelines.

(x) Participate in hospital committees or other Community physician led committees as assigned by the Program Director.

3. **Compensation.** In consideration for the Services provided under the Agreement, Resident shall receive the following compensation:

(a) Resident's salary will be subject to market rates and network approval each year. Resident salary will be communicated via promotion letters from the program. Such salary shall be paid in the normal course of Community's payroll subject to appropriate withholds and authorized deductions.

(b) Resident shall be granted an annual allowance of Two Thousand Five Hundred and 00/100 Dollars ($2,500.00) for continuing medical education ("CME") expenses subject to approval by the Program Director or designated assistant. Any portion of the annual allowance not used during a contract year shall expire and shall not carry over to the following contract year.

(c) Resident shall be reimbursed for the following fees:

(a) Permanent Indiana medical licensure – the fee for licensure may be reimbursed in PGY-II, PGY-III or PGY-IV years, depending on eligibility of Resident; and

(ii) Permanent DEA registration – the registration fee may be reimbursed after Resident has obtained his/her permanent Indiana medical license.

4. <u>Paid Time Off</u>. Resident shall be entitled to the following paid time off during the term of this Agreement:

(a) Twenty-one (21) days of paid time off ("PTO") for vacation, illness, business, personal or other leaves of absence not otherwise addressed herein. Time off requests for PTO must be approved in accordance with the GME Handbook and relevant Program Manual.

(b) Five (5) paid days off for continuing medical education ("CME"). Paid time off for CME shall only be for the time spent at an educational conference and shall not include any extra days surrounding a conference. Time off requests for CME must be approved in accordance with the GME Handbook.

No scheduled PTO shall be taken during the period of New Intern Orientation. Any PTO or CME time not taken during the term of this Agreement shall expire at the end of the term and shall not carry over to the following year; nor shall Resident be entitled to any payment for unused PTO or CME time.

IF RESIDENT EXCEEDS THE PAID TIME OFF ALLOWED ABOVE FOR ANY REASON, HIS/HER PROGRAM MAY BE EXTENDED IN ORDER TO ALLOW THE RESIDENT TO MAKE-UP THE DAYS MISSED AND GRADUATION MAY BE DELAYED, ALL IN ACCORDANCE WITH THE GME HANDBOOK.

Specialty Program Requirements & Job Description

Community Health Network, Inc.
Psychiatry Residency Program
Chief Resident (PGY–3)

1. **Program Specific Requirements**

   (a) Resident shall comply with all Psychiatry Residency Program policies and procedures ("Psychiatry Policies"). In the event there is a conflict between the Psychiatry Policies and the GME Handbook, the GME Handbook shall control.

   (b) Resident represents that he/she has read and understands the ACGME "Program Requirements in Psychiatry," and the "Requirements for Certification by the American Board of Psychiatry and Neurology."

   (c) Resident shall maintain compliance with ACGME Program requirements as outlined by the Psychiatry Residency Review Committee.

   (d) Resident must demonstrate competencies, Milestones, and progressive responsibility appropriate to level of training.

2. **PGY–3 Chief Resident Job Description.** The PGY–3 Chief Resident participating in the Psychiatry Residency Program shall:

   (a) Obtain and maintain a license or temporary medical permit to practice medicine in the state of Indiana in accordance with the requirements of the Indiana Medical Practice Act and the Indiana Professional Licensing Agency.

   (b) Provide appropriate care to assigned patients in a prompt manner.

   (c) Participate in the clinical evaluation and care of patients in a variety of settings with sufficient frequency to achieve the competencies required under the supervision of attending staff.

   (c) Assume progressive responsibility for patient care activities according to Resident's level of education, ability, experience and the needs of the patient. The Program Director and attending staff will determine the Resident's level of autonomy and responsibility.

   (d) Effectively communicate with supervising attending staff concerning evaluation findings, Mental Status Exam, physical examination, interpretation of diagnostic tests, diagnostic formulation and intended interventions.

   (e) Conform to the established guidelines for the Psychiatry Residency Program and Community GME as outlined in the current Program and GME Handbooks.

   (f) Follow guidelines for coverage of patients in all Facilities to maintain responsible continuous patient care during absence or illness.

   (d) Provide extended work hour assignment coverage as required by the Psychiatry Residency curriculum including teaching responsibilities of other residents and medical students as applicable.

   (e) Report to the Psychiatry Residency Program Director (the "Program Director") or his or her designee or Faculty Preceptor, any patient or family member's expressed dissatisfaction with care.

(f) Exhibit professional integrity and refrain from dishonesty, disruptive behavior, falsification of records, sexual abuse of patients and/or staff, intentional or negligent mistreatment of patients and from drug and/or alcohol abuse.

(g) Be prompt in all Facilities in seeing patients and promptly notify the Residency Program office of unexpected delays.

(h) Conform to all Applicable Rules and Regulations regarding the recording of data in the patient record. Thoroughly complete all required patient care documentation as specified by the preceptor or Facility guidelines.

(i) Shall not remove, download or copy records from any Facility without the prior written consent of Community.

(j) Fully participate in the scholarly and educational activities of the Psychiatry Residency Program, as well as Cross-GME didactic sessions. Attend a minimum of 70% of Psychiatry Residency Program conferences, including Psychiatry Grand Rounds.

(k) Present cases or give presentations and/or collaborate in scholarly activity with faculty when assigned.

(l) Use educational leave appropriately.

(m) Exhibit initiative and interest in his/her own education and patient care.

(n) Work cooperatively and respectfully with other members of the Community GME, Community personnel and patients.

(o) Refrain from any behavior that is disruptive of patient care or the function of Community or residency staff in the fulfillment of their responsibilities. Such behavior may result in summary suspension of privileges or termination.

(p) Refrain from outside activities so as not to interfere with meeting the requirements of the Psychiatry Residency Program.

(q) Maintain confidentiality of electronic information by keeping passwords secure and ensuring that electronic access is secure and uninterrupted. Resident shall access Community computer systems frequently enough to maintain assigned accounts in an active status.

(r) Assist Community in attraction and recruitment of medical students or other candidates to become members of the Program including, but not limited to, application review, interviewing and evaluating candidates, entertaining candidates at various recruiting functions including evening meals or morning breakfasts, or performing other such reasonable recruitment duties as the Program Director or designee may request.

(s) Other duties as assigned to the Chief Resident by the Program Director or his or her designee in accordance with ACGME guidelines.

(t) Participate in hospital committees or other Community physician led committees as assigned by the Program Director.

(u) Work cooperatively with Residency Coordinator on developing the extended work hour assignment, didactic and Psychiatry Grand Rounds schedules.

(v) Assist Program Director or designee with design and oversight of medical student clerkship and elective rotations.

3. **PGY 3 Chief Resident Compensation.** In consideration for the Services provided under the Agreement, Resident shall receive the following compensation:

   (a) Resident's salary will be subject to market rates and network approval each year. Resident salary will be communicated via promotion letters from the program. Such salary shall be paid in the normal course of Community's payroll subject to appropriate withholds and authorized deductions.

   (b) Resident shall be granted an annual allowance of Two Thousand Five Hundred and 00/100 Dollars ($2,500.00) for continuing medical education ("CME") expenses subject to approval by the Program Director or designated assistant. Any portion of the annual allowance not used during a contract year shall expire and shall not carry over to the following contract year.

   (c) Resident shall be reimbursed for the following fees:

      (a) Permanent Indiana medical licensure – the fee for licensure may be reimbursed in PGY-II, PGY-III or PGY-IV years, depending on eligibility of Resident; and

      (ii) Permanent DEA registration – the registration fee may be reimbursed after Resident has obtained his/her permanent Indiana medical license.

4. **PGY 3 Paid Time Off.** Resident shall be entitled to the following paid time off during the term of this Agreement:

   (a) Twenty-one (21) days of paid time off ("PTO") for vacation, illness, business, personal or other leaves of absence not otherwise addressed herein. Time off requests for PTO must be approved in accordance with the GME Handbook.

   (b) Five (5) paid days off for continuing medical education ("CME"). Paid time off for CME shall only be for the time spent at an educational conference and shall not include any extra days surrounding a conference. Time off requests for CME must be approved in accordance with the GME Handbook.

   No scheduled PTO shall be taken during the period of New Intern Orientation. Any PTO or CME time not taken during the term of this Agreement shall expire at the end of the term and shall not carry over to the following year; nor shall Resident be entitled to any payment for unused PTO or CME time.

   IF RESIDENT EXCEEDS THE PAID TIME OFF ALLOWED ABOVE FOR ANY REASON, HIS/HER PROGRAM MAY BE EXTENDED IN ORDER TO ALLOW THE RESIDENT TO MAKE-UP THE DAYS MISSED AND GRADUATION MAY BE DELAYED, ALL IN ACCORDANCE WITH THE GME HANDBOOK.

EXHIBIT A

Specialty Program Requirements & Job Description

Community Health Network, Inc.
Psychiatry Residency Program
Chief Resident (PGY–4)

1. **Program Specific Requirements**

   (a) Resident shall comply with all Psychiatry Residency Program policies and procedures ("Psychiatry Policies"). In the event there is a conflict between the Psychiatry Policies and the GME Handbook, the GME Handbook shall control.

   (b) Resident represents that he/she has read and understands the ACGME "Program Requirements in Psychiatry," and the "Requirements for Certification by the American Board of Psychiatry and Neurology."

   (c) Resident shall maintain compliance with ACGME Program requirements as outlined by the Psychiatry Residency Review Committee.

   (d) Resident must demonstrate competencies, Milestones, and progressive responsibility appropriate to level of training.

2. **PGY–4 Chief Resident Job Description.** The PGY–4 Chief Resident participating in the Psychiatry Residency Program shall:

   (a) Obtain and maintain a license or temporary medical permit to practice medicine in the state of Indiana in accordance with the requirements of the Indiana Medical Practice Act and the Indiana Professional Licensing Agency.

   (b) Provide appropriate care to assigned patients in a prompt manner.

   (c) Participate in the clinical evaluation and care of patients in a variety of settings with sufficient frequency to achieve the competencies required under the supervision of attending staff.

   (c) Assume progressive responsibility for patient care activities according to Resident's level of education, ability, experience and the needs of the patient. The Program Director and attending staff will determine the Resident's level of autonomy and responsibility.

   (d) Effectively communicate with supervising attending staff concerning evaluation findings, Mental Status Exam, physical examination, interpretation of diagnostic tests, diagnostic formulation and intended interventions.

   (e) Conform to the established guidelines for the Psychiatry Residency Program and Community GME as outlined in the current Program and GME Handbooks.

   (f) Follow guidelines for coverage of patients in all Facilities to maintain responsible continuous patient care during absence or illness.

   (d) Provide extended work hour assignment coverage as required by the Psychiatry Residency curriculum including teaching responsibilities of other residents and medical students as applicable.

   (e) Report to the Psychiatry Residency Program Director (the "Program Director") or his or her designee or Faculty Preceptor, any patient or family member's expressed dissatisfaction with care.

(f) Exhibit professional integrity and refrain from dishonesty, disruptive behavior, falsification of records, sexual abuse of patients and/or staff, intentional or negligent mistreatment of patients and from drug and/or alcohol abuse.

(g) Be prompt in all Facilities in seeing patients and promptly notify the Residency Program office of unexpected delays.

(h) Conform to all Applicable Rules and Regulations regarding the recording of data in the patient record. Thoroughly complete all required patient care documentation as specified by the preceptor or Facility guidelines.

(i) Shall not remove, download or copy records from any Facility without the prior written consent of Community.

(j) Fully participate in the scholarly and educational activities of the Psychiatry Residency Program, as well as Cross-GME didactic sessions. Attend a minimum of 70% of Psychiatry Residency Program conferences, including Psychiatry Grand Rounds.

(k) Present cases or give presentations and/or collaborate in scholarly activity with faculty when assigned.

(l) Use educational leave appropriately.

(m) Exhibit initiative and interest in his/her own education and patient care.

(n) Work cooperatively and respectfully with other members of the Community GME, Community personnel and patients.

(o) Refrain from any behavior that is disruptive of patient care or the function of Community or residency staff in the fulfillment of their responsibilities. Such behavior may result in summary suspension of privileges or termination.

(p) Refrain from outside activities so as not to interfere with meeting the requirements of the Psychiatry Residency Program.

(q) Maintain confidentiality of electronic information by keeping passwords secure and ensuring that electronic access is secure and uninterrupted. Resident shall access Community computer systems frequently enough to maintain assigned accounts in an active status.

(r) Assist Community in attraction and recruitment of medical students or other candidates to become members of the Program including, but not limited to, application review, interviewing and evaluating candidates, entertaining candidates at various recruiting functions including evening meals or morning breakfasts, or performing other such reasonable recruitment duties as the Program Director or designee may request.

(s) Other duties as assigned to the Chief Resident by the Program Director or his or her designee in accordance with ACGME guidelines.

(t) Participate in hospital committees or other Community physician led committees as assigned by the Program Director.

(u) Work cooperatively with Residency Coordinator on developing the extended work hour assignment, didactic and Psychiatry Grand Rounds schedules.

(v) Assist Program Director or designee with design and oversight of medical student clerkship and elective rotations.

3. **PGY– 4 Chief Resident Compensation.** In consideration for the Services provided under the Agreement, Resident shall receive the following compensation:

   (a) Resident's salary will be subject to market rates and network approval each year. Resident salary will be communicated via promotion letters from the program. Such salary shall be paid in the normal course of Community's payroll subject to appropriate withholds and authorized deductions.

   (b) Resident shall be granted an annual allowance of Two Thousand Five Hundred and 00/100 Dollars ($2,500.00) for continuing medical education ("CME") expenses subject to approval by the Program Director or designated assistant. Any portion of the annual allowance not used during a contract year shall expire and shall not carry over to the following contract year.

   (c) Resident shall be reimbursed for the following fees:

      (a) Permanent Indiana medical licensure – the fee for licensure may be reimbursed in PGY-II, PGY-III or PGY-IV years, depending on eligibility of Resident; and

      (ii) Permanent DEA registration – the registration fee may be reimbursed after Resident has obtained his/her permanent Indiana medical license.

4. **PGY–4 Paid Time Off.** Resident shall be entitled to the following paid time off during the term of this Agreement:

   (a) Twenty-one (21) days of paid time off ("PTO") for vacation, illness, business, personal or other leaves of absence not otherwise addressed herein. Time off requests for PTO must be approved in accordance with the GME Handbook.

   (b) Five (5) paid days off for continuing medical education ("CME"). Paid time off for CME shall only be for the time spent at an educational conference and shall not include any extra days surrounding a conference. Time off requests for CME must be approved in accordance with the GME Handbook.

   No scheduled PTO shall be taken during the period of New Intern Orientation. Any PTO or CME time not taken during the term of this Agreement shall expire at the end of the term and shall not carry over to the following year; nor shall Resident be entitled to any payment for unused PTO or CME time.

   IF RESIDENT EXCEEDS THE PAID TIME OFF ALLOWED ABOVE FOR ANY REASON, HIS/HER PROGRAM MAY BE EXTENDED IN ORDER TO ALLOW THE RESIDENT TO MAKE-UP THE DAYS MISSED AND GRADUATION MAY BE DELAYED, ALL IN ACCORDANCE WITH THE GME HANDBOOK.

Specialty Program Requirements & Job Description

Community Health Network, Inc.
Addiction Medicine Fellowship at Community Hospital East

5. Program Specific Requirements.

(d) Fellow shall comply with all policies and procedures that may exist from time to time for the Addiction Medicine Fellowship at Community Hospital East (the "Fellowship"). In the event there is a conflict between such policies and procedures and the GME Handbook, the GME Handbook shall control.

(e) The majority of the program requirements and duties shall occur between the hours of 7:30 a.m. and 5:30 p.m., Monday through Friday; however; certain rotations and/or curricular needs may take place on weekends, evenings or overnight shifts as determined by the Fellowship Director in consultation with the faculty preceptors.

(f) Fellow shall arrive on-time for all assigned rotations.

6. Fellowship Job Description. A Fellow participating in the Fellowship shall:

(t) Obtain and maintain a license to practice medicine in the state of Indiana in accordance with the requirements of the Indiana Medical Practice Act and the Indiana Professional Licensing Agency.

(u) Be certified in CPR and ACLS.

(v) Provide appropriate care to assigned patients in a prompt manner.

(w) Provide for full time, on site physician coverage based on a prearranged schedule established by the Fellowship Director, which will vary depending on curricular requirements.

(x) Follow guidelines for coverage for patients at Community Hospital East (the "Hospital") to maintain responsible continuous patient care during absences or illness.

(y) Report to the Fellowship Director or his or her designee or faculty preceptor, any patient care issues or any patient's expressed dissatisfaction with care.

(z) Exhibit professional integrity and refrain from dishonesty, disruptive behavior, falsification of records, sexual abuse of patients and/or staff, intentional or negligent mistreatment of patients and from drug and/or alcohol abuse.

(aa) Be prompt in seeing all Hospital patients and promptly notify the Fellowship Director or his or her designee of unexpected delays.

(bb) Conform to all Applicable Rules and Regulations regarding the recording of data in the patient record.

(cc) Shall not remove records from Hospital without the prior written consent of Community.

(dd) Present cases or give presentations when assigned by faculty.

(ee) Use educational leave appropriately.

(ff) Exhibit initiative and interest in his/her own education and patient care.

(gg) Work cooperatively and respectfully with other members of Community GME, Community personnel and patients.

(hh) Refrain from any behavior that is disruptive of patient care or the function of Community or residency staff in the fulfillment of their responsibilities. Such behavior may result in summary suspension of privileges.

(ii) Refrain from outside activities so as not to interfere with meeting the requirements of the Fellowship.

(jj) Maintain confidentiality of electronic information by keeping passwords secure and ensuring that his/her electronic access is secure and uninterrupted. Fellow shall access Community computer systems frequently enough to maintain assigned accounts in an active status.

(kk) Other duties as assigned by the Fellowship Director or his or her designee.

(ll) Participate in hospital committees or other Community physician led committees as assigned by the Fellowship Director from time to time.

7. Compensation. In consideration for the Services provided under the Agreement, Resident shall receive the following compensation:

(d) An annual salary of _____ and per year. Such salary shall be paid in the normal course of Community's payroll subject to appropriate withholds and authorized deductions.

(e) Fellow shall be granted an annual allowance of Two Thousand Five Hundred and 00/100 Dollars ($2,500) for continuing medical education ("CME") expenses subject to approval by the Fellowship Director or designated assistant. Any portion of the annual allowance not used during a contract year shall expire and shall not carry over to the following contract year.

(f) Community shall pay for the fees associated with Fellow's Indiana medical license renewal, DEA/CSR registration and Medical Staff membership.

8. Paid Time Off. Fellow shall be entitled to twenty-six (26) days of paid time off ("PTO") that includes: (a) twenty-one (21) days for vacation, illness, business, personal or other leaves of absence not otherwise addressed herein; and (b) five (5) paid days off for continuing medical education ("CME"). Paid time off for CME shall only be for the time spent at an educational conference and may include reasonable travel time surrounding a conference. Time off for PTO and CME must be approved in accordance with the GME Handbook.

   IF FELLOW EXCEEDS THE PAID TIME OFF ALLOWED ABOVE FOR ANY REASON, COMPLETION OF THE FELLOWSHIP MAY BE DELAYED.