



# **RESIDENT AND CLINICAL FELLOW MANUAL**

Mount Sinai Health System

Office of Graduate Medical Education  
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## Section One: General Information

### **WELCOME**

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It is our hope that your training at Mount Sinai will enable you to develop the skills necessary to become a practitioner in your specialty and to foster the development of a personal program of learning that allows continued professional growth. As a resident/fellow at Mount Sinai, you will be participating in safe, effective, and compassionate patient care under the clinical supervision of faculty. You will also be given the opportunity to participate, as appropriate, in other related activities.

As you fulfill these responsibilities, it is important that you remain aware of the practices, procedures, and policies of the institution. This Manual is designed to familiarize you with Hospital policies and to help you carry out your administrative and patient care responsibilities as a resident/fellow. The Hospital retains the right to make changes to this Manual without notice in accordance with applicable law.

Although this Manual attempts to be comprehensive, if you have a question or problem that is not covered, please feel free to contact your chief resident, program director, or our offices for guidance. If in the future you would like to see additional information included in this Manual, please let us know.

We all share the common goal of providing the finest quality care to our patients. During your training at Mount Sinai, your primary consideration should always be the patients in your charge.

**We wish you success as a Mount Sinai Resident or Clinical Fellow and throughout your career.  
We look forward to meeting and working with you.**

**Eric J. Nestler, MD, PhD**  
Interim Dean  
Icahn School of Medicine at Mount Sinai  
Executive Vice President  
Chief Scientific Officer  
**Mount Sinai Health System**

**I. Michael Leitman, MD, FACS**  
Dean for Graduate Medical Education  
Designated Institutional Official  
Icahn School of Medicine at Mount Sinai

## **GRADUATE MEDICAL EDUCATION MISSION STATEMENT**

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The Office of Graduate Medical Education (GME) ensures a superior and supportive education environment by advocating for and providing expertise and resources to our trainees and programs. Through innovative approaches to education, research, and patient care, we produce leaders who will thrive in their careers as physicians and scientists so they can meet the changing needs of our society.

## **STATEMENT OF INSTITUTIONAL COMMITMENT TO SUPPORT GRADUATE MEDICAL EDUCATION**

The undersigned reaffirm their commitment to support the efforts of the Icahn School of Medicine at Mount Sinai (“ISMMS”) Consortium for Graduate Medical Education by providing the educational, financial, and human resources to maintain the highest quality of residency and fellowship training.

The Consortium for Graduate Medical Education was established in 1995 with the assistance of a two-year grant from the New York State Education Department. The Consortium was granted accreditation by the Accreditation Council for Graduate Medical Education (ACGME) in 1996. Institutional accreditation was continued in 2002, 2006, 2007, 2010 and 2012 and yearly since.

Through the Consortium, ISMMS is the institutional sponsor of 154 ACGME-accredited residency programs at 10 major participating institutions:

- **The Mount Sinai Hospital**
- **Mount Sinai Beth Israel**
- **Mount Sinai Morningside**
- **Mount Sinai West**
- **Mount Sinai South Nassau**
- **New York Eye and Ear Infirmary of Mount Sinai**
- **James J. Peters (Bronx) Veterans Affairs Medical Center**
- **New York Health+Hospitals/Elmhurst**
- **New York Health+Hospitals/Queens**
- **Valley Health System**

ISMMS pledges to provide sufficient support to maintain effective oversight and to improve the educational quality at each site in compliance with ACGME requirements.

To ensure the excellence of the training provided to residents and fellows, ISMMS sponsors a Graduate Medical Education (GME) Office to allow for the effective administration of the residency and fellowship programs. The GME Office develops and maintains monitoring mechanisms to assess and improve the availability and allocation of resources in each sponsored program. The GME Office assists programs in improving curricula, evaluation processes, and resident/fellow supervision to facilitate the provision of safe and appropriate patient care.

In addition, ISMMS commits the educational, financial, and human resources to support the following Consortium activities for all sponsored programs:

- Monthly GME Committee Meetings
- Annual Chief Residents Retreat
- Annual Resident Research Day
- Annual Core Curriculum for Incoming House Staff
- Access to the Gustave L. and Janet W. Levy Library
- Clinical Skills Examination at the Morschand Center for Clinical Competence
- New Innovations Residency Management Software
- Annual Faculty Development

The Board of Trustees, the Administration, and the GME Leadership of ISMMS approve this statement of commitment to provide the resources necessary to facilitate residents' and fellows' professional, ethical, and personal development.

### **RESIDENT/FELLOW CODE OF CONDUCT**

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As a resident or fellow of the Icahn School of Medicine at Mount Sinai, I accept the responsibility and privilege of graduate medical education, caring for patients, interacting with students, peers, faculty, staff, and colleagues, serving the community, society and the profession, learning from my preceptors and faculty, and teaching others.

I commit myself to upholding the highest standards of ethics and integrity and to act with compassion towards others. I will always strive to maintain the highest level of professionalism. I will adhere to the following standards, which I will apply to my graduate medical education, scholarly activities, and clinical encounters.

- I will be truthful with patients, families, students, peers, faculty, staff, and members of the patient care team.
- I will treat patients, families, students, peers, faculty, staff, and members of the patient care team with respect and dignity.
- I will not tolerate discrimination in patient care or the educational environment.
- If I believe that a patient may be receiving inappropriate care, I will discuss my concerns with a superior or report the incident through established mechanisms.
- I will conduct research in an unbiased manner and will truthfully report results.
- I will adhere to the Honor Code for any Exams or Quizzes ([ISMMS Honor Code](#)).
- If I have knowledge of a peer giving or receiving help inappropriately during an examination or quiz, I will bring the issue to the attention of the faculty, the administration, or the ombudsperson.
- I will complete clinical, academic and administrative tasks in a timely fashion.
- My demeanor, behavior, use of language, and personal appearance in the presence of patients, during conferences, and in health care settings will be appropriate to the setting.
- I will recognize my limitations, admitting when I do not know something, and will seek help when I need it.
- I have an obligation to maintain my mental and physical well-being in order to be effective as a physician, including not using alcohol or illicit drugs in any way that could interfere with my clinical responsibilities.
- I will assume an obligation to encourage impaired colleagues to seek professional help and discuss with a supervisor, the administration or ombudsperson as necessary.
- I will not use my position to engage in romantic or sexual relationships with patients or members of their families.
- I understand that my personal safety is a priority. I will seek and obtain appropriate training before working in patient care situations that may impact my wellness, and to offer immediate feedback to any other team members that are observed to be working in a potentially unsafe manner. While I am not obligated to disclose medical conditions (e.g. disabilities, pregnancy), if they impact my health or that of my patients, I will seek advice from Employee Health Services.
- I understand that Mount Sinai does not tolerate discrimination. We are dedicated to providing an inclusive environment for everyone, regardless of race or ethnicity, gender, gender identity and expression, sexual orientation, marital status, immigration status, socioeconomic status, age, disability, physical appearance, body size, or religion (or lack thereof). It is everyone's right to have their gender identity, chosen name, and desired pronouns respected in the workplace. All residents and fellows will respect this right.
- I understand that Mount Sinai has a zero-tolerance policy toward harassment or mistreatment of any person, for any reason, and in any form. Harassment includes, but is not limited to, offensive verbal comments, inappropriate images in public spaces, deliberate intimidation,

stalking, following, harassing photography or recording, sustained disruption of talks or other events, inappropriate physical contact, bullying, and unwelcome sexual attention.

Mistreatment of others includes the following:

- Threatening with physical harm
- Requiring others to perform personal services
- Subjecting others to offensive remarks related to gender, sexual orientation, national origin, race, color, religion, or any other category protected by law
- Denying opportunities for training or rewards based upon membership in a protected group
- Subjecting others to lower evaluations or grades solely because of membership in a protected group
- Public embarrassment or humiliation of others
- Subjecting others to unwanted sexual advances
- Asking to exchange sexual favors for grades or other rewards
- Subjecting foreign nationals to the threat of revoking visa status

If I witness harassment or mistreatment, I will actively intervene, through distraction, delegation, documentation, delay, direction or report it. Direct anonymous reports of harassment or mistreatment may be made here ([ISMMS Unprofessional Behavior Reporting](#)).

I will adhere to the above Code of Conduct when representing the Icahn School of Medicine at Mount Sinai.

Official reporting may also be made to the ISMMS [ombuds office](#), the [title IX coordinator](#), or [ISMMS](#) web portals. Additional useful contacts:

**Medical Education Student Affairs:** [student.affairs@mssm.edu](mailto:student.affairs@mssm.edu)

**Graduate School Student Affairs:** [Gradstudentaffairs@mssm.edu](mailto:Gradstudentaffairs@mssm.edu)

**Graduate Student Mistreatment Panel:** [MRP@mssm.edu](mailto:MRP@mssm.edu)

**Graduate Medical Education Office:** 212-241-6694

**Ombuds Office:** 212-659-8848

**Human Resources:** 212-241-4097

**Title IX contact:** 212-241-0089, e-mail: [TitleIX@mssm.edu](mailto:TitleIX@mssm.edu)

**Compliance:** 800-853-9212. [Compliance Online Form](#)

#### **ADDRESSING MISTREATMENT AND OTHER UNPROFESSIONAL BEHAVIORS DIRECTED AT STUDENTS AND TRAINEES**

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This policy clarifies expectations for educator actions and behaviors related to mistreatment and other unprofessional behavior directed at students and trainees. It details how learners can report mistreatment and unprofessional behaviors directed at them and how the Icahn School of Medicine at Mount Sinai (ISMMS) Undergraduate Medical Education (UME) program, Graduate Medical Education (GME) program, and Graduate School of Biomedical Sciences (GSBS) and the ISMMS affiliated hospitals (collectively “Mount Sinai”) review and handle such reports. This policy also provides a process for reporting and recognizing positive behaviors and excellence in teaching or mentoring.

Mount Sinai is dedicated to providing its students, postdocs, residents, clinical fellows, faculty, staff, and patients with an anti-racist learning environment of respect, dignity, equity, inclusion, trust, and support that protects civil and professional discourse and is free from mistreatment and other unprofessional behaviors directed at students and trainees. Mount Sinai is also committed to ensuring an environment in which students and trainees feel free to report such behaviors without fear of retaliation.

Educators (defined broadly to include anyone in a teaching or mentoring role, including faculty, postdocs, residents, clinical fellows, nurses, staff, and students) bear significant responsibility for creating and maintaining this environment. As role models and evaluators, educators must practice appropriate

professional behavior toward, and in the presence of, students and trainees, who are particularly vulnerable given their dependent status.

Everyone at Mount Sinai deserves to experience a professional learning and working environment. These guidelines supplement the institutional policies on professional conduct, discrimination, harassment, grievances, and sexual misconduct; will assist in developing and maintaining optimal learning environments; and encourage educators to accept their responsibilities as representatives of ISMMS in their interactions with colleagues and patients.

Mistreatment and unprofessional behaviors directed at students and trainees interfere with the learning environment, adversely impact well-being and the trainee-mentor relationship, and have the potential for negatively impacting patient care and research. Inappropriate and unacceptable behaviors can promote an atmosphere in which mistreatment and unprofessional behaviors directed at students and trainees is accepted and perpetuated in medical and graduate education. Reports relating to the clinical setting will be reviewed in accordance with the principles detailed in this policy as part of the relevant hospital's quality assurance program.

### **POLICY:**

While individuals might perceive behaviors differently, examples of unprofessional behaviors prohibited by this policy include, but are not limited to being:

- threatened with physical harm or physically harmed
- required to perform personal services
- subjected to offensive remarks related to gender, sexual orientation, national origin, race, color, religion, or any other category protected by law
- denied opportunities for training or rewards based upon membership in a protected group
- subjected to lower evaluations or grades solely because of membership in a protected group
- publicly embarrassed or humiliated
- subjected to unwanted sexual advances
- asked to exchange sexual favors for grades or other rewards
- subjected to the threat of revoking visa status for foreign nationals

Mount Sinai has a *zero-tolerance* policy towards unprofessional behaviors directed at students and trainees. Zero tolerance means that all reported incidents are scrutinized and result in an action plan that may include feedback, remediation, or disciplinary action. Although under certain circumstances unprofessional behavior directed at students and trainees may require disciplinary action, we recognize in such episodes an opportunity to develop, improve, and remediate behaviors that detract from a learning and working environment of which we can all be proud.

### **PROCEDURE:**

#### **Reporting and Consulting Mechanisms - Introduction**

As discussed below, students and trainees may seek advice and guidance about how to handle mistreatment and unprofessional behaviors directed at them and are encouraged to formally report these incidents. There are several ways for learners to share their concerns, including through real-time reporting mechanisms and mechanisms for periodic review (course evaluations or periodic surveys). All reports, whether made in real-time or during periodic review, must be submitted via the [Feedback Form](#) or as specified below. Reports will be reviewed by the respective office that oversees the learner/trainee. The person submitting a real-time report can also designate whether they want to have the concern addressed immediately or to delay the review until a period of time has passed. Anonymous reports of mistreatment and unprofessional conduct may be submitted; however, Mount Sinai's ability to investigate an anonymous report may be limited. Reports of alleged mistreatment and unprofessional behavior directed at students and trainees will be reviewed and handled in a timely manner. Seeking advice or guidance is not considered filing a report. Reports may only be made through the Feedback Form referenced above or the avenues specified below.

## Resources for Seeking Guidance or Reporting

Each of the resources identified below for the purpose of seeking guidance can assist with advice, advocacy, recommendation, or referral. Contact information for all resources is listed at the end of this policy.

### *Medical Students*

#### Seeking Guidance:

- Course Directors
- Clerkship Directors
- Faculty Advisors, instructors, mentors, and Deans
- Title IX Coordinator.
- [Ombuds Office](#)

#### Real Time Reporting:

- [Feedback Form](#)
- [Office of Human Resources](#)
- Title IX Coordinator
- Compliance Hotline or [Compliance Online Form](#): Compliance Hotline reports are shared quarterly unless the report is determined to be time-sensitive.

#### Reporting for Aggregate Review:

- Course evaluations
- Clerkship evaluations
- Compliance Hotline or [Compliance Online Form](#): Compliance Hotline reports are shared quarterly unless the report is determined to be time-sensitive.

### *Residents and Clinical Fellows*

#### Seeking Guidance:

- Chair
- Program Director
- Teaching faculty
- Faculty Advisors
- Chief Residents
- Office of GME
- Title IX Coordinator
- [Office of Human Resources](#)
- Ombuds Office
- Real-time reporting:
- [Feedback Form](#)
- [Office of Human Resources](#)
- Title IX Coordinator
- Compliance Hotline or [Compliance Online Form](#): Compliance Hotline reports are shared quarterly unless the report is determined to be time-sensitive.

#### Reporting for aggregate review:

- The GME Office will review any negative evaluation of a faculty by a resident or fellow, including reviewing prior evaluations to determine if a pattern of unprofessional behavior exists. The GME Office will batch such evaluations over a period of six months or four evaluations, whichever occurs sooner, and review them with the Chair or Program Director to maintain anonymity.
- Regular resident evaluations of faculty in New Innovations (the GME Office batches these evaluations with no less than three others to protect the anonymity of the trainee).

### **Ombuds Office**

The [Ombuds Office](#) is not a mechanism for reporting mistreatment and unprofessional behavior. Ombudspersons are available to provide neutral, confidential, and informal assistance with conflict resolution. The Ombuds Office follows best standards of practice that are necessary to promote fair and equitable outcomes. (<https://icahn.mssm.edu/about/ombuds-office>)

### **Triage/Investigation**

A Committee on the Student/Trainee Learning Environment overseeing UME, GSBS, and GME learning environments will meet quarterly. The Committee membership includes the Dean for GME, Dean for Medical Education, Dean of the Graduate School of Biomedical Sciences Multicultural and Community Affairs, Chief Wellness Officer, Title IX Coordinator, Director of the Ombuds Office, Chair of the Physician's Wellness Committee, Mount Sinai Hospital Chief Medical Officer, Human Resources representative, student, postdoctoral fellow, resident/clinical fellow representatives.

This Committee (as a group or through designated members) will review all reports of alleged mistreatment and unprofessional behavior directed at students/trainees and will handle or refer as appropriate consistent with institutional policies. Matters involving the clinical environment will be handled through the quality assurance process of the respective hospital. In cases where the report does not identify the person alleged to have engaged in unprofessional behavior, the report will be forwarded to the Chair of the relevant department and may also be reported to the Dean of the Medical School. The Chair will collaborate with the Dean for UME and/or Dean of the Graduate School and/or Dean for GME to implement any needed improvements to the learning environment or other steps (for example, special grand rounds, consultation with the CWO, Physician Wellness Committee, Employee Health Service, leadership of ODI, Dean for Gender Equity).

### **Graded Response Policy**

Unprofessional behavior can range from a single, first-time episode that is not egregious, to persistent low-grade mistreating behavior, to incidents that require disciplinary action. Below are examples of possible graded responses, each of which will be tailored to the circumstances of the conduct at issue.

- Feedback and counseling, including a reminder of protection from retaliation
- Monitoring the behavior of the person accused of unprofessional behavior
- Mandatory meeting with a senior member of the Committee on Student/Trainee Learning Environment
- Mandatory mentoring team to foster faculty's growth and monitor behavior.
- Formal letter to Chair and Dean of ISMMS, mandatory meeting with the Chair
- Formal letter to Chair and Dean of ISMMS, mandatory meeting with the Chair as well as the Dean for UME and/or Dean for GSBS and/or Dean for GME, and/or the CMO. May or may not require referral to the Physician Wellness Committee, Employee Health Service, or Student-Trainee Mental Health
- Disciplinary action, up to and including dismissal.
- Other appropriate action

### **Closing the loop**

Quarterly aggregated and de-identified reports will be sent to students, residents, postdoctoral fellows, the ISMMS Dean, all chairs, CMOs, and hospital presidents.

ACGME and the AAMC Graduation Questionnaire data are also shared with students, residents, postdoctoral fellows, the ISMMS Dean, all chairs, CMOs, and hospital presidents.

When the Complainant's identity is known, a senior representative of the Committee on Student/Trainee Learning Environment will reach out to the Complainant at the conclusion of the process.

### **PROTECTION FROM RETALIATION**

Retaliation against or intimidation of any individual who seeks advice, raises a concern, or reports unprofessional misconduct or mistreatment in good faith will not be tolerated. Anyone who deliberately makes a false accusation with the purpose of harming or retaliating against another member of the ISMMS community will be investigated and appropriately addressed.

**CONTACT INFORMATION**

Compliance:

Hotline: 800-853-9212 [Compliance Online Form](#)

GME Office

Office phone: 212-241-6694

[Office of Human Resources](#):

Office phone: 212-241-4097

[Ombuds Office](#): 212-659-8848

Title IX Coordinator:

Office: 212-241-0089

Cell: 646-245-5934

[TitleIX@mssm.edu](mailto:TitleIX@mssm.edu) [sandra.masur@mssm.edu](mailto:sandra.masur@mssm.edu)

## SECTION TWO: EMPLOYMENT AT MOUNT SINAI

### EMPLOYMENT ELIGIBILITY VERIFICATION

In compliance with federal regulations, The Mount Sinai Hospital must verify documentation of a resident/fellow's identity and employment eligibility.

A resident/fellow is required to provide proof of their identity and employment eligibility per United States Citizenship and Immigration Service (USCIS), Form I-9, Employment Eligibility Verification.

All U.S. employers are responsible for completion and retention of Form I-9 for each individual they hire for employment in the U.S. This includes citizens and non-citizens. On the form, the employer must verify employment eligibility and documents presented by the employee and record the document information on Form I-9. Original documents must be provided for verification.

International medical graduates (IMGs) may not begin their training until they have obtained an appropriate visa. If an appropriate visa is not obtained in a timely fashion, IMGs will not be permitted to begin training until the process is complete. Employers must keep a copy of the current visa on file.

### MEDICAL LICENSURE

Residents and Clinical Fellows in ACGME; CODA; and CPME accredited training programs are not required to hold a New York State license for training at Mount Sinai.

### EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION COMMITMENT

The Mount Sinai Hospital and Icahn School of Medicine at Mount Sinai are equal opportunity and affirmative action employers. All employees and applicants are treated and chosen on the basis of ability and qualifications without regard to race, color, creed, religion, cultural background, sex, age, national origin, marital status, citizenship status, sexual orientation or affectional preference, disability, or veteran status, and any other protected status in all employment decisions, including but not limited to recruitment, hiring, compensation, training and apprenticeship, promotion, upgrade, demotion, downgrading, transfer, layoff, termination, and all other terms and conditions of employment in compliance with federal, State, and municipal laws.

### CRIMINAL BACKGROUND CHECK

A criminal background check will be completed on all new residents and clinical fellows in order to evaluate whether any individuals might constitute an unreasonable risk to Hospital property or the safety or welfare of patients or others. The Labor Relations Office and/or Medical Staff Services will review any issues related to the background check.

### PHYSICAL EXAMINATION

In keeping with the policies of the MSHS, the New York State Department of Health, the Joint Commission on Accreditation of Healthcare Organizations, and the U.S. Public Health Service, all residents/fellows are required to submit to the Employee Health Service (EHS) documentation of a recent physical examination prior to commencing graduate medical education.

In addition to completing the standard history and physical examination forms enclosed in the hiring packet, the following studies are required:

**Toxicology Screening:** Appropriate forms and instructions are included in the hiring packet.

**Tuberculosis Screening:** A 5-TU (tuberculin units) PPD must be done within three months of commencing employment. The PPD screening form provided to residents and fellows should be forwarded to EHS. For those with a history of positive tuberculosis skin testing, a report of chest PA and lateral films, done within the previous six months, must be provided along with documentation for follow-up.

**Laboratory Reports:** Reports must be submitted for the following tests conducted within the last five years:

- Measles titer.
- Mumps titer.
- Rubella titer.
- Hepatitis B surface antigen/antibody titers. This may be declined but a declamation must be signed.
- Varicella titer (if no history of disease).

For susceptible titers, documentation of booster vaccinations must be received.

All of the above, with the exception of toxicology screens, may be performed at EHS. Appointments must be scheduled well in advance of the beginning of training.

### **TOXICOLOGY SCREENING**

Mount Sinai always attempts to ensure that the work environment remains free from hazards to patients, employees, and visitors. In keeping with the requirements of the New York State Department of Health, the Joint Commission on Accreditation of Health Care Organizations, and the Drug-Free Workplace Act. All new employees, including residents and fellows are required to complete a health screening process before beginning work.

The adverse impact of substance abuse on workplace safety, efficiency and productivity is well documented and continues to be a primary concern of employers, employees and the public. Since July 1997, the screening process for all incoming residents and fellows has included urine toxicology testing. This test screens for amphetamines, barbiturates, benzodiazepines, cocaine, opiates and phencyclidine.

All positive specimens are confirmed by gas chromatography and reviewed by a certified Medical Review Officer. Any information related to toxicology screenings is confidential, and a strict chain of custody is followed.

The implementation of toxicology screening for new employees assists us in continuing to deliver the best possible medical care. Thank you for your cooperation in this important effort.

### **EMPLOYEE HEALTH SERVICE**

The Employee Health Service (EHS) is an ambulatory care unit with locations at each campus solely for the care of Mount Sinai employees and applicants for employment and volunteer positions. The EHS staff also administers and reviews mandated annual employee health assessment questionnaires.

Services provided directly to employees include state-mandated OSHA tests and immunizations (measles, rubella and hepatitis B), administration of influenza vaccine, and return-to-work clearance (only in cases involving Workers' Compensation).

Mandated, routine, and periodic screening for tuberculosis (involving skin-testing and/or chest X- rays) is performed on all employees. Employees requiring tuberculosis prophylaxis are placed on a treatment and surveillance program managed by EHS staff.

On-the-job accidents, injuries, and exposures are evaluated, treated, and reported to the appropriate agencies. These include blood and body fluid exposures (see Appendix), animal bites, neuroskeletal injuries, falls, excoriations, and simple lacerations.

Employees must go to the Emergency Department for follow-up of these occurrences at times when EHS is closed.

For follow-up of all other illnesses and medical conditions, residents and clinical fellows should see their primary care providers or may be seen in the Employee Health Services at the locations below:

**The Mount Sinai Hospital:**

(212) 824-7690

[MSH-HouseStaff@mountsinai.org](mailto:MSH-HouseStaff@mountsinai.org)

**Mount Sinai Beth Israel/ New York Eye and Ear:**

(212) 420-2885 opt# 3

[Employeehealthservices2@mountsinai.org](mailto:Employeehealthservices2@mountsinai.org)

**Mount Sinai Morningside**

(212) 523-1754

[ehsphysicalsmssl@mountsinai.org](mailto:ehsphysicalsmssl@mountsinai.org)

**Mount Sinai West**

(212) 523-8530

[ehsphysicalasslr@mountsinai.org](mailto:ehsphysicalasslr@mountsinai.org)

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**COMPENSATION**

The appointment of a resident or clinical fellow shall be based upon their appropriate postgraduate year (PGY) in their particular training program, which shall be determined as follows (for Mount Sinai Morningside-Mount Sinai West and NYC Health+Hospitals/Elmhurst please see their respective CIR CBA for details):

A resident/fellow who has not completed at least one year of service in an ACGME, CODA or CPME approved training program shall be placed at the PGY-1 level.

A resident/fellow who has completed one or more years of service in a specific ACGME, CODA or CPME approved training program shall be placed at the PGY level that equals the number of such years of service in that training program plus one (e.g., residents/fellows who have completed two years in such a training program shall be placed at the PGY-3 level). Residents and fellows required to spend a prerequisite period of service in an ACGME, CODA or CPME approved training program in a specialty other than that in which they are serving shall be classified on the basis of the required prerequisite. In the event that a resident/fellow changes their specialty, they shall receive a maximum credit of one year (in their salary level) for prior service in such other ACGME, CODA or CPME approved training program at the discretion and approval of the Department Chair.

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**PAYCHECKS**

Paychecks are issued biweekly and distributed every other Thursday or Friday (depending on employer). Direct Deposit should be used and Paystubs may be viewed in the [SinaiCloud](#).

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**HEALTH AND RELATED BENEFITS**

Mount Sinai provides resident/fellows many benefits, including:

- Health Insurance

- Dental Insurance
- Optical Insurance
- Prescription Drug Coverage
- Life Insurance
- Workers' Compensation
- Short-Term Disability
- Long-Term Disability

Mount Sinai will provide certificates of insurance and/or explanatory booklets to each resident/fellow at the time they commences employment at Mount Sinai. Further information is available from the Benefits Administration Office.

Under the Consolidated Omnibus Budget Reconciliation Act (COBRA), effective January 1, 1987,

Residents and fellows may continue their group health insurance after leaving The Mount Sinai Hospital. Contact the Mount Sinai Benefits Center at (646) 605-4720 for further information.

## CPR QUALIFICATIONS

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COURSE	FREQUENCY	PROGRAMS COVERED BY THE POLICY
BLS	Initial	All (excluding Pathology) Active BLS certification obtained prior to appointment is acceptable
ACLS	Initial only	Psychiatry (including subspecialties) Radiology (including subspecialties with exception of VIR - see below)
ACLS	Initial and every 2 years	Anesthesia (including subspecialties) Emergency Medicine Family Medicine Internal Medicine (including subspecialties) All Surgical Departments (including subspecialties) Vascular and Interventional Radiology All house staff regardless of specialty who train in critical care setting and/or perform sedation or analgesia
PALS	Initial and every 2 years	Pediatrics Pediatric EM Pediatric Cardiology Emergency Medicine
NRP	Initial and every 2 years	Pediatrics Neonatal-Perinatal Medicine
NRP	Initial and every 2 years	Pediatrics Neonatal-Perinatal Medicine
AED	Initial and every 2 years	Psychiatry (including subspecialties)

*Automated External Defibrillator (AED) Training* is required every two years for selected physicians Psychiatry.

## STUDENT AND TRAINEE MENTAL HEALTH PROGRAM

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Resident/fellows have access to confidential mental health services through the [Student and Trainee Mental Health Program](#) (STMH). STMH offers a wide range of mental health services including initial consultation, psychotherapy, counseling, medication management, and referrals. Students and trainees most commonly seek treatment for adjustment difficulties, burnout, depression, anxiety, and attentional symptoms. Due to COVID-19, appointments are primarily virtual but they do offer in-person options as well.

Services are free for all residents/fellows regardless of their insurance plan. There are no out-of-pocket costs such as co-pays, deductibles, and co-insurance. They bill your insurance directly and an explanation of benefits might be generated from the insurance carrier—but this is *not* a bill. If you receive a bill from Mount Sinai for the program's services, please bring it to the attention of the administrative staff.

If seeking long-term services, or you would prefer to see a provider outside Mount Sinai, the program can perform an initial assessment, then provide suitable referrals. Any treatment outside STMH will require payment according to your insurance plan or a fee negotiated with the outside provider.

Request an initial appointment by calling **212-659-8805**, or by emailing [STMH@mssm.edu](mailto:STMH@mssm.edu). These calls are always confidential. For crisis support 24/7, call 212-241-2400 or 1-866-640-4777 (school code: ICAHN)

### **[PHYSICIANS WELLNESS COMMITTEE](#)**

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The Physicians Wellness Committee addresses the need to identify, treat, and monitor physicians who are mentally impaired, are substance abusers, or have physical handicaps that impede their ability to carry out their patient care responsibilities. For further information, contact Dr. Vansh Sharma at 212-659-8773 (88773).

### **[MALPRACTICE INSURANCE](#)**

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All members of the House Staff are covered by the MSHS for professional liability insurance under a group policy for work performed within the scope of their employment. The coverage is occurrence based (provides coverage for covered incidents that occur during the policy period, regardless of when the claim is filed) and as such no tail coverage is needed.

### **[VACATION AND LEAVE OF ABSENCE](#)**

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**Scope:** All Icahn School of Medicine at Mount Sinai (ISMMS) sponsored programs including those based at The Mount Sinai Hospital (MSH); Mount Sinai Beth Israel (MSBI); Mount Sinai Morningside and Mount Sinai West (MSM/MSW); New York Eye and Ear Infirmary of Mount Sinai (NYEEIMS); Mount Sinai South Nassau (MSSN); NYC Health and Hospitals/Elmhurst (EHC); NYC Health and Hospitals/Queens (QHC); and James J. Peters VA Medical Center (JJPBVA).

**Purpose:** To establish guidelines in accordance with the requirements set forth by the Accreditation Council for Graduate Medical Education (ACGME) regarding vacation and leaves of absence. This policy also references guidelines from the federal Family and Medical Leave Act (FMLA) and New York State Paid Family Leave Law (PFL), and is reflective of guidelines established by the ACGME and American Board of Member Specialties (ABMS) member boards and impact on resident/fellow duration of training.

**Summary of Policy:** All residents and fellows are entitled to six (6) weeks of approved leave for a medical, parental, and/or caregiver purpose consistent with applicable ACGME and ABMS requirements at least once and at any time during their training, starting the day the resident/fellow is required to report. This six-week leave must be paid at the equivalent of 100% of the

resident's/fellow's regular rate of pay. Residents/fellows are entitled to reserve one (1) week of their vacation time for use outside of this leave.

Residents/fellows may also subsequently become entitled to leaves under the FMLA and/or PFL upon satisfying the respective eligibility requirements of each of those laws, which are discussed further below.

#### **Types of Leave of Absence:**

##### **Family and Medical Leave Act (FMLA)**

The Family and Medical Leave Act (FMLA) provides eligible employees with up to twelve (12) workweeks of unpaid leave for certain family and medical reasons during a 12-month period and/or because of a "qualifying exigency" arising out of the fact that a family member is a military member on or called to active duty to a foreign country by the Regular Armed Forces, National Guard or Reserves on behalf of the United States..

To be eligible for FMLA Leave, an employee must have been employed for at least twelve (12) months and work at least 1,250 hours during the twelve (12) months preceding the commencement of the leave.

For more information about the applicability and requirements of the FMLA, please see HR Policy 03.18 – Federal Family and Medical Leaves of Absence and New York Paid Family Leave.

##### **New York State Paid Family Leave Law (PFL)**

Effective January 1, 2018, the New York Paid Family Leave Law ("NYPFLL") provides eligible employees in New York with paid, job protected leave for certain family and medical reasons or to address certain qualifying exigencies arising out of the fact that the employee's spouse, domestic partner, child, or parent is on or has been called to active duty status as a member of the Armed Forces, National Guard or Reserves.

Employees who are regularly scheduled to work twenty (20) or more hours per week will become eligible for NYPFL benefits after twenty-six (26) consecutive work weeks of employment. Employees who are regularly scheduled to work fewer than twenty (20) hours per week will become eligible for NYPFL benefits after the 175th day worked.

For more information about the applicability and requirements of PFL, please also see HR Policy 03.18 – Federal Family and Medical Leaves of Absence and New York Paid Family Leave.

#### **Leave under ACGME Requirements**

Prior to being eligible for FMLA or PFL, residents/fellows will nevertheless be entitled to paid leave when they commence their training. Per the ACGME requirements effective July 1, 2022, a resident/fellow is entitled to up to six (6) weeks of an approved leave for a medical, parental and/or caregiver<sup>1</sup> purpose at the time they commence their training. The first leave of up to six (6) weeks would be fully paid at the resident's/fellow's regular rate using available leave entitlements provided by the employer. For more details on the leave entitlements provided by Mount Sinai Health System, please see the document entitled "Paid Leave Entitlements" attached to this policy as "Appendix A."

The resident/fellow is also entitled to reserve at least one (1) week of vacation time for use outside of the leave.

#### **Unpaid Leave of Absence**

Program directors may, at their discretion, approve an employee's request for leave without pay. All leave of absence requests must be communicated in advance and in writing to the program director with a copy to the Office of GME.

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<sup>1</sup> A "caregiver" is defined as a resident or fellow who cares for a child, parent, or spouse with a serious health condition.

Program directors must consider the applicable American Board of Medical Specialties (ABMS) Member Board and ACGME Residency Review Committee (RRC) requirements in determining whether such leave may be granted. These requirements may necessitate an extension of the training period in order for the resident/fellow to qualify for certification. If a leave will result in an extension of training, program directors must notify the employee in writing, with a copy to the Office of GME, outlining the educational ramifications of the leave (i.e., delay in graduation, repeat of a module, etc.).

#### **Maintenance of Health Benefits during Leave of Absence:**

During any approved leave of absence, an employee is entitled to continued group health plan coverage as would have been provided if the employee had continued to work. If the employer provides a new health plan or benefits or changes health benefits/plans while an employee is on an approved leave, the employee will receive the new or changed plan/benefits.

To the extent that an employee's leave is paid by Mount Sinai, the employee's portion of health insurance premiums will be deducted from the employee's salary. For the portion of the leave that is unpaid by Mount Sinai, or where the employee continues on leave after exhausting their leave entitlement in the 12 month period, the employer will follow its established policy for providing such health benefits. When an employee returns from leave, the employee is entitled to be restored on the same terms as before taking the leave.

#### **Procedures for Requesting a Leave of Absence:**

##### **Requesting a Leave of Absence**

Residents/fellows seeking to request a leave of absence will be asked to initiate the process by submitting the GME Leave of Absence Request Form to their training program.

- This form should be completed at least thirty (30) days prior to the leave when the need for leave is foreseeable.
- The form includes the type of leave being requested; leave entitlements to be used; and planned duration of the leave.
- No protected health information should be included in the form.
- Please see the reference section below for important information on filing of claims related to the leave.
- Leave Coordinators are available to help with planning for any planned leave of absence.

Upon receiving the form, the training program should:

- Complete the program portion of the form, including planned impact of the leave on the duration of training and submit the form to the Office of Graduate Medical Education; the resident/fellow should also receive a copy of the form to ensure awareness of the impact of their leave on the duration of their training.
- Ensure the resident/fellow is aware of processes to file claim detailed in the reference section below.
- For any resident/fellow on a J1 Visa the [Required Notification of a Leave of Absence Form](#) should be completed and submitted to the International Personnel Office for review; signature; and submission to the ECFMG. Note: This form must be submitted to the ECFMG within one (1) business day of the start of the leave.
- Upon the resident's/fellow's return to work, the form should be sent back to the Office of GME.

For more details on the specific procedures to follow when requesting and/or returning from a leave of absence, please see the document entitled "Policy and Procedures Reference Guide".

#### **Impact of LOA on Duration of Training:**

Residents/fellows who utilize LOA benefits must satisfy all training guidelines prior to graduation. ABMS member board or RRC requirements may necessitate an extension of the training period in order for the resident to qualify for certification. If a leave will result in an extension of training, program directors must notify the resident/fellow in writing, with a copy to the Office of GME, outlining the educational ramifications of the leave (i.e., delay in graduation, repeat of a module, etc.).

As of July 2021, all [ABMS Member Boards](#) with training programs of two (2) or more years duration will allow for a minimum of six (6) weeks away once during training for purposes of parental, caregiver, and medical leave, without exhausting time allowed for vacation or sick leave and without requiring an extension in training. Member Boards are required to communicate when a leave of absence will require an official extension to help mitigate the negative impact on a physician's career trajectory that a training extension may have, such as delaying a fellowship or moving into a full, salaried position.

The Leave of Absence Request Form detailed above will be completed by both the resident/fellow and Program Director outlining the duration of any leave and impact the leave may have on the required training period.

### **Paid Leave Entitlements**

**Scope:** Non-Union residents and fellows in Icahn School of Medicine at Mount Sinai (ISMMS) sponsored programs based at The Mount Sinai Hospital (MSH); Mount Sinai Beth Israel (MSBI); Mount Sinai Morningside and Mount Sinai West (MSM/MSW); and New York Eye and Ear Infirmary of Mount Sinai (NYEEIMS).

### **Residents/Fellows will receive the following leave entitlements:**

#### **Vacation**

- Twenty (20) Days annually (per academic year)
- No carryover of Vacation Days to the next academic year is permitted

#### **Sick**

- Twelve (12) days annually (per academic year)
- May carryover Sick Days to next academic year up to a maximum of sixty (60) days.

#### **ACGME Days**

- Thirty (30) Days provided at beginning of training; solely for extended parental, medical and caregiver leave.
- If not exhausted, ACGME Days are maintained until completion of the training program.
- Residents/fellows changing ACGME program (from internship to residency; residency to fellowship) will be entitled to carry over any unused ACGME Days or be provided with new bank of thirty (30) days if the ACGME Days from their previous training program have been previously exhausted.

#### **Wellness**

- Four (4) Days annually.
- No carryover of Wellness Days to the next academic year is permitted.
- Reference ISMMS Wellness Days policy for additional details.

#### **Bereavement**

- Three (3) Days
- In the event of the death of parent; spouse; child; sibling; or grandparent.
- Must be taken consecutively within a reasonable time of the day of death or day of the funeral and may not be split into separate periods or postponed.

### **Policy and Procedures Reference Guide**

#### **Procedure for Reporting Leave of Absence for Non-Union Residents/Fellows:**

- Complete **GME Leave of Absence Request Form** within thirty (30) days of the leave when the need for leave is foreseeable and submit to program coordinator and/or program director; the program will then email the form to the appropriate leave coordinator and copy [gmeleave@mssm.edu](mailto:gmeleave@mssm.edu); a LOA Checklist will then be sent by the GME Office for completion in New Innovations.

- **Notify the Hartford** by either calling (888)714-4380 or filing a claim online at <https://abilityadvantage.thehartford.com>
- Provide all approval letters to your program coordinator and/or program director from the Hartford.
- Any medical, parental and/or caregiver leave that occurs prior to eligibility for Short Term Disability, PFL, or FMLA would not go through the Hartford. For such leaves a letter from the provider should be provided to the program coordinator and/or program director (NOT the employee's direct supervisor) indicating the dates of the leave and not including any protected health information. This letter should be submitted with the GME Leave of Absence Request Form.
- **Leave of Absence transactions must be added in Sinai Cloud**  
Use this link for instructions on adding an absence in Sinai Cloud  
<http://mshsintranet.mountsinai.org/uploadedFiles/MSHSCloud/052020%20-%20Submit%20a%20Request%20for%20Time%20Off.pdf>

#### **Procedure for Reporting Leave of Absence for Union (CIR) Residents/Fellows:**

- Complete **GME Leave of Absence Request Form** within **thirty (30)** days of the leave when the need for leave is foreseeable and submit to program coordinator and/or program director and email to [gmeleave@mssm.edu](mailto:gmeleave@mssm.edu); a LOA Checklist will then be sent to by the GME Office for completion in New Innovations.
- For FMLA **notify the Hartford** by either calling (888)714-4380 or filing a claim online at <https://abilityadvantage.thehartford.com>
- For Short Term Disability or NY Paid Family Leave, **contact the CIR** for forms and processing for disability or PFL. Please complete the form as requested by yourself and your provider (payment for your disability or PFL benefits will be provided by your union): visit [www.claims@sslicny.com](mailto:www.claims@sslicny.com) & fax completed forms to: 585-398-2854.
- Email the “**Employer Section**” **ONLY** to [leaveunit@mountsinai.org](mailto:leaveunit@mountsinai.org)
- Provide all approval letters to your program coordinator and/or program director from the CIR and from the Hartford.
- Any medical, parental and/or caregiver leave that occurs prior to eligibility for Short Term Disability, PFL, or FMLA would not go through the Hartford. For such leaves a letter from the provider should be provided to the program coordinator and/or program director (NOT the employee's direct supervisor) indicating the dates of the leave and not including any protected health information. This letter should be submitted with the GME Leave of Absence Request Form.
- **Leave of Absence transactions must be added in Sinai Cloud**  
Use this link for instructions on adding an absence in Sinai Cloud  
<http://mshsintranet.mountsinai.org/uploadedFiles/MSHSCloud/052020%20-%20Submit%20a%20Request%20for%20Time%20Off.pdf>

#### **Procedure for Returning to Work after Medical Leave:**

- Before a resident/fellow can return to work after a medical leave, the employee must confirm return to work date with the program coordinator and/or program director and contact EHS.
- Employee must complete & submit to EHS a **Medical Clearance Form. (Except for maternity leaves less than 3 months)** EHS will review form & provide clearance for an employee to return to work for any absence more than three (3) consecutive days.

**For questions regarding the leave process please contact the following leave coordinators for your site:**

ICAHN School	Gwynne Meacham	<a href="mailto:Gwynne.meacham@mountsinai.org">Gwynne.meacham@mountsinai.org</a>	646-483-9402
MSBI/NYEEIMS	Vidisha Patel	<a href="mailto:Vidisha.patel@mountsinai.org">Vidisha.patel@mountsinai.org</a>	212-844-1814
MSM/MSW	Jekera Fleming	<a href="mailto:Jekera.Fleming@mountsinai.org">Jekera.Fleming@mountsinai.org</a>	212-523-2001
Elmhurst Hospital	Saika Khan	<a href="mailto:saika.khan@mountsinai.org">saika.khan@mountsinai.org</a>	718-334-4847

**Leave of Absence Frequently Asked Questions (FAQ's)****What is the order in which leave time entitlements are used?**

This will vary depending on the type of leave being taken and when the resident/fellow began employment, but below are some common examples of how use of leave time would be handled. These examples are intended for illustrative purposes only, and each resident's/fellow's leave circumstances may vary.

**Maternity Leave for Birth Parent:**

Maternity leave (Birthing Parent) is typically 18/20 weeks (if the disability period is longer, the health care provider will need to substantiate that on the certification forms submitted to The Hartford (and/or Standard Security Insurance for CIR employees).

- Weeks 1-6: FMLA and Short Term Disability run concurrent. Resident/Fellow is first required to use any sick time for the period where the two benefits run concurrent and ACGME Days for the remainder of the time.
- Weeks 7-12: The first 6 weeks of NYS PFL (for caretaking and/or bonding) runs concurrent with the last 6 weeks of FMLA. The resident/fellow is first required to use any earned Vacation time for the period where these two benefits run concurrent, reserving one week of vacation time for later use.
- Weeks 13-18/20: NYS PFL Standalone. The resident/fellow is not required, but may elect to use their earned/accrued Vacation time.

**Non-Birth Parent/Caregiver:**

Leave for a Non-Birth Parent (also commonly referred to as "Paternity Leave") can be up to 12 weeks in duration.

- Weeks 1 – 12: FMLA and PFL run concurrent. Resident/Fellow is required to use earned vacation days (no more than 15 days) for the period where the two benefits run concurrent followed by 30 ACGME days depending on the length of absence. If there are additional days of FMLA and PFL time once the Resident/Fellow has exhausted their vacation and ACGME leave allotments, the Resident/Fellow will receive payment from The Hartford.

**Resident's/Fellow's Own Illness:**

- FMLA and Short Term Disability run concurrent. Resident/Fellow is required to use sick time for the period where the two benefits run concurrent and ACGME Days for the remainder of the approved leave of absence. If the need for leave continues beyond the exhaustion of sick time and ACGME Days, the Resident/Fellow may be eligible for further Short Term Disability payments from The Hartford.

**I am starting training on July 1 and anticipate giving birth in early July. Will I be permitted to take a fully paid leave?**

Yes. Residents/fellows are provided with fully paid leave of absence of up to six (6) weeks at least once during their training for a medical, parental and/or caregiver purpose starting the day the resident/fellow is required to report. This leave would not fall under the FMLA program detailed above, but based on ACGME requirements, and would be fully paid for up to six (6) weeks.

**What if I have a leave that starts prior to beginning my training?**

Should your leave begin prior to beginning your training it would necessitate a delay in your training program start date. You must be employed to qualify for any of the leave programs listed above.

**My spouse gave birth, am I eligible for six (6) weeks of fully paid leave as well?**

Yes, the leave covers parental leave for the non-birthing parent as well, so you would be eligible for a fully paid leave of absence of up to six (6) weeks at least once during your training.

**If I take a six-week leave, will I need to extend my training?**

Per [ABMS](#) requirements, all training programs of two or more years duration allow for a minimum of six (6) weeks away once during training for purposes of parental, caregiver, and medical leave, without exhausting time allowed for vacation or sick leave and without requiring an extension in training.

However, though the ACGME requirement applies to residents/fellows in all programs regardless of duration, the ABMS requirements do not apply to programs of one (1) year in duration, so you should carefully review those guidelines if in a one-year training program. Your program director will note the impact of your LOA in the GME Leave of Absence Request Form you would be required to submit.

**What happens if I take a medical leave for example that is longer than six (6) weeks?**

In terms of pay you would be permitted to use any additional sick or vacation time you have available under Mount Sinai's policies. Once your paid time is exhausted, you may be eligible for Short Term Disability (STD). Your program director would be required to indicate the impact this extended leave would have on your duration of training per ABMS Board requirements.

**What happens if I take a second leave later in my training?**

The impact of additional leaves in terms of your ability to be paid and on your duration of training would be dependent on many factors, including where you are in your training; paid leave time you have available; duration of training requirements of your ABMS Specialty Board; and eligibility under the FMLA and/or PFL. As with any leave, your Program Director would be required to indicate the impact the leave would have on your duration of training per ABMS Board requirements.

**WELLNESS DAYS**

**Intent:** The provision of wellness days is in keeping with the section on Well-Being found in the ACGME's Common Program Requirements Section VI, including that resident/fellow health and well-being be optimized and that residents/fellows be given the opportunity to attend medical, dental, and mental health appointments during working hours and not have restrictions on when these can be scheduled.

To allow residents and fellows to attend to their personal health and wellness, including medical, dental, and mental health appointments, annually (academic year) residents and fellows will be provided with four (4) wellness days in addition to other leave time (including sick and vacation leave). This is provided and structured with the goal of minimizing disruptions to both patient care and training, while allowing residents and fellows sufficient protected time for appropriate personal health maintenance and wellness.

In addition to using this time for personal health maintenance, wellness days may also be used for the following:

- To care for the child of a resident/fellow who has a health condition requiring treatment or supervision.
- To care for an ill family member (parent, spouse, or child) or partner, including medical, dental, and mental health appointments where the resident/fellow's presence is needed.

In acknowledgment that many appointments do not require an entire duty period to be taken off, the four (4) days may be used in half-day (4-hour) increments to allow residents/fellows to perform normal duties before and/or after the appointment.

Departments will be required to make every effort to accommodate residents and fellows using a wellness day during scheduled duties and are asked to establish policies and procedures for usage of this time:

- Departments will be asked to track this leave time separate from sick and vacation time, but may not require that residents/fellows provide documentation of appointments.
- Prior to using a wellness day (or portion of a day), advance notice of at least 7 days wherever practicable should be provided to the resident's/fellow's Program Director or designee to ensure adequate coverage. Residents/fellows and programs are encouraged to ensure that the supervising faculty service attending is made aware as well.

- Programs are encouraged to implement a system of coverage to ensure that use of wellness days does not produce an undue burden on other residents and faculty and minimizes disruptions to patient care and resident/fellow learning.
- Residents/fellows are encouraged wherever possible to schedule appointments when not assigned to clinical duties, but should not be penalized by programs for use of a wellness day.
- Residents/fellows may be asked to provide alternate days/times for use of wellness days where appropriate to accommodate the needs of the program

Unlike sick leave, wellness days are earned quarterly (one wellness day per quarter); may not be accrued (must be used in the quarter in which they are earned) or carried over to subsequent training years; and may not be used to extend any other type of leave (vacation; sick or FMLA; conference/educational).

When using wellness days residents/fellows should be aware of the attendance requirements for eligibility for Specialty Board examinations with reference to minimal, contiguous time that must be spent in a training program.

#### **ACCOMMODATIONS FOR DISABLED EMPLOYEES**

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In compliance with the Americans with Disabilities Act, the MSHS will attempt to make reasonable accommodations for qualified disabled individuals who are able to meet the essential functions of their position. A committee consisting of representatives from Human Resources, Engineering Services, Facilities Design and Construction, Rehabilitation Medicine, and the department employing the individual, will explore and recommend appropriate accommodations.

## SECTION THREE: POLICIES AND PROCEDURES

### RESIDENT AND CLINICAL FELLOW TITLES

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#### **Resident (PGY-1 through PGY-8)**

Title assigned to qualified physicians or dentists accepted for enrollment in accredited residency training programs as part of the requirement to qualify for specialty certification from an American Specialty Board.

Appointments will be made at the appropriate postgraduate year (PGY) of training in a particular program. Salary (compensation) level will be as approved by the Compensation Committee.

#### **Fellow**

Title assigned to qualified physicians or dentists appointed for approved training in either ACGME-approved specialty programs or non-ACGME-approved programs that have received institutional approval.

Fellow appointments to ACGME-approved programs will have a salary level commensurate with their PGY. Fellow appointments to non-ACGME-approved positions will carry no fixed salary (compensation) level. A compensation rate for each appointment shall be established pursuant to funds available to the training program director and confirmed to the appointee in a letter/contract of appointment. Fringe benefits are available comparable to those provided to residents/fellows.

### DRESS

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**Scope:** All Mount Sinai Health System (MSHS) sponsored programs including those based at The Mount Sinai Hospital (MSH); Mount Sinai Beth Israel (MSBI); Mount Sinai Morningside and Mount Sinai West (MSM/MSW); New York Eye and Ear Infirmary of Mount Sinai (NYEEIMS); and Mount Sinai South Nassau (MSSN).

**Purpose:** To ensure that all residents/fellows are professional in appearance at all times.

#### **Policy:**

1. The resident/fellow and their clothing must be neat and clean. Residents/fellows must wear either collared shirts with pants, blouses with skirts or pants, or dresses. Residents/fellows may also wear sweaters or jackets. Leggings and other spandex may be worn beneath professional attire. Ties may be worn where they do not pose a threat to safety or infection control. Residents/fellows may wear scrub suits while in the CPEP, Emergency Department, days on call, and in other situations at the discretion of their Attending. Scrub suits may be worn in all settings for the duration of the COVID-19 Pandemic. Residents/fellows may wear white coats while on appropriate Medicine, Neurology, or Consult-Liaison rotations.
2. The following items of clothing are considered inappropriate apparel for a resident/fellow and must not be worn while on duty in a clinical area of the hospital:
  - a. Jeans
  - b. Shorts
  - c. T-shirts or tank tops
  - d. Backless dress and tops
  - e. Stretch pants or other athletic attire
  - f. Hoodies, sweatshirts and sweatpants
3. Clothing must not interfere with a resident's/fellow's ability to safely and comfortably respond to an acute medical situation such as providing CPR or applying restraints. Similarly, clothing must allow a resident/fellow to rapidly move towards an emergency or away from danger.

4. Footwear should be professional and appropriate to the setting. Open-toed shoes should not be worn.
5. Residents/fellows should have nails that are kept neat, clean and trimmed.
6. Protective attire, including scrub suits, must not be worn beyond restricted areas. Gowns used as covering must be tied securely in back. Long lab coats used as a cover-up must be buttoned. No “greens” or booties beyond sterile environment unless properly covered
7. At no times are scrub suits to be worn outside the Hospital.
8. Identification badges must be visible, and worn above waist level, at all times while in the Medical Center. Identification badges should be visible during telehealth encounters or while working from home.

## **ELIGIBILITY AND SELECTION**

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**Scope:** All Icahn School of Medicine at Mount Sinai (ISMMS) sponsored programs including those based at The Mount Sinai Hospital (MSH); Mount Sinai Beth Israel (MSBI); Mount Sinai Morningside and Mount Sinai West (MSM/MSW); New York Eye and Ear Infirmary of Mount Sinai (NYEEIMS); Mount Sinai South Nassau (MSSN); Health and Hospitals/Elmhurst; Health and Hospitals/Queens; and Valley Health System

**Purpose:** This policy is intended to ensure fair and consistent consideration and practices in the recruitment and selection of applicants to ISMMS-sponsored residency and fellowship training programs. Recruitment and selection of program applicants is performed by the respective program director, responsible faculty, and department leadership under the oversight of the Graduate Medical Education Committee (GMEC) and Graduate Medical Education Office.

**Program Responsibilities:** Each training program must develop a program-specific eligibility and selection policy that complies with the requirements outlined in this policy and applicable specialty specific eligibility requirements as specified by the relevant ACGME Review Committee (RC), ABMS specialty board, specialty society, or other accrediting body. This program policy must be made available to all interested applicants.

**Policy:** Programs must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents and fellows. Programs should select from among eligible applicants on the basis of their preparedness, ability, aptitude, academic credentials, communication skills, personal qualities and ability to benefit from, and participate in, the program to which they are appointed. Programs must not discriminate on the basis of race, color, religion, ancestry, national origin, age, gender, genetics, sexual orientation, gender identity, or marital, familial or disability status or status as a protected Veteran or any other legally protected group status.

The program director has responsibility, authority, and accountability for resident/fellow recruitment and selection for the program, including adherences to the program's established procedure for applicant recruitment and selection. This is usually accomplished in concert with a resident selection committee and department chair. Programs may not accept more residents to positions than those approved by the ACGME and/or institutional funding sources.

Program directors must comply with the criteria for resident/fellow eligibility for appointment to ACGME-accredited programs as defined in the Institutional Requirements; the Common Program Requirements for Residency and Fellowship Programs; and applicable RC requirements. These are categorized below:

### **ACGME-ACCREDITED Residency Programs:**

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

- graduation from a medical school in the United States, accredited by the Liaison Committee on Medical Education (LCME) or graduation from a college of osteopathic medicine in the United States, accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation (AOACOCA); or,
- graduation from a medical school outside of the United States and holding a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to appointment.

All prerequisite post-graduate clinical education required for initial entry or transfer into ACGME-accredited residency programs must be completed in ACGME-accredited residency programs, AOA-approved residency programs, or in Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency programs located in Canada, or in residency programs with ACGME International (ACGME-I) Advanced Specialty Accreditation.

#### **ACGME-ACCREDITED Fellowship Programs:**

Each ACGME RC will select one of the following options for program eligibility:

- Option 1: All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, an AOA-approved residency program, a program with ACGME International (ACGME-I) Advanced Specialty Accreditation, or a Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency program located in Canada. (Core)
- Option 2: All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program or an AOA-approved residency program

#### **Eligibility Exceptions:**

A RC may allow exceptions to the residency and fellowship eligibility requirements:

- [Eligibility Decisions](#) by Review Committee
- Eligibility Exception criteria for Residency [CPR III.A.4] and Fellowship programs [CPR III.A.1.c)]
- Exceptions for Exceptionally Qualified Applicants: Eligibility exceptions must be documented in each program's eligibility and selection policy, and any requests for exception submitted by the program director in writing to the GMEC for review prior to offering a position to/ranking an applicant. The requests must address the criteria for exception and verify that the program's Clinical Competency Committee will complete an evaluation of applicant's performance within 12 weeks of matriculation.
- Residents/Fellows recruited under Eligibility Exceptions are subject to the resident/fellow institutional guidelines for resident/fellow stipends.

#### **CODA-APPROVED Residencies:**

For CODA-accredited dental residency programs, eligible applicants must be graduates from:

- Pre-doctoral dental programs in the U.S. accredited by the Commission on Dental Accreditation; or,
- Pre-doctoral dental programs in Canada accredited by the Commission on Dental Accreditation of Canada; or,
- International dental schools that provide equivalent educational background and standing as determined by the program

#### **CPME Residencies**

For CPME-accredited podiatric medicine and surgery residency program, eligible applicants must be graduates from:

- Colleges of Podiatric Medicine in the United States accredited by the Council of Podiatric Medical Education (CPME)

**Interviews:** Applicants invited to interview for a resident/fellow position must be informed in writing or by electronic means, of the terms, conditions, and benefits of appointment to the ACGME-accredited program, either in effect at the time of the interview or that will be in effect at the time of their eventual appointment. This includes financial support; vacations; parental, sick, and other leaves of absence; and professional liability, hospitalization, health, disability and other insurance accessible to residents/fellows and their eligible dependents. The program's aims must also be made available. Programs are required to provide applicants who are offered an interview with information related to their eligibility for the relevant specialty board examinations.

**Matching:** All ISMMS-sponsored training programs that participate in the National Residency Matching Program (NRMP) Match, San Francisco Match (SF Match), or other organized matching program where available in their specialty must adhere to the [All-In-Policy](#) where applicable.

**Transfers:** Before accepting a resident or fellow who is transferring from another program, the program director must receive verification of each applicants' level of competency in the required clinical field using ACGME or CanMEDS Milestones assessments from the prior training program.

## PROMOTION AND RENEWAL OF RESIDENT/FELLOW APPOINTMENT

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**Scope:** Non-Union residents/fellows in Icahn School of Medicine at Mount Sinai (ISMMS) sponsored programs based at The Mount Sinai Hospital (MSH); Mount Sinai Beth Israel (MSBI); Mount Sinai Morningside and Mount Sinai West (MSM/MSW); New York Eye and Ear Infirmary of Mount Sinai (NYEEIMS); Mount Sinai South Nassau (MSSN); Health and Hospitals/Elmhurst; Health and Hospitals/Queens; and Valley Health System.

**Purpose:** To provide guidelines for the promotion and/or renewal of a resident's/fellow's appointment.

### Policy:

1. Each residency/fellowship program must have a policy that includes the criteria for promotion and/or renewal of a resident's/fellow's appointment.
2. The resident/fellow will be reappointed to the next level of training by the Clinical Competency Committee (CCC) and the Program Director. The Program Director may exercise reasonable discretion in considering the CCC's recommendations. The Program Director will base the reappointment and promotion determinations on the resident's/fellow's successful completion of their training and the absence of pending disciplinary action and adequate milestone evaluations.
3. Residents/fellows will be notified in writing at least four (4) months prior to the expiration of their appointment (no later than March 1 for appointments commencing July 1) if their contracts are not to be renewed for the next year of a given residency or fellowship program or if they will not be promoted to the next post-graduate year of training. Notifications of non-renewal or non-promotion will include the reasons for the actions and are subject to due process hearing rights specified in the respective "disciplinary action" policies at the hospital site.
4. Programs are required to notify the Designated Institutional Official and Office of Graduate Medical Education of any change of a resident's/fellow's training status prior to March 1 of an academic year.

## EVALUATIONS

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**Scope:** All Icahn School of Medicine at Mount Sinai (ISMMS) sponsored programs including those based at The Mount Sinai Hospital (MSH); Mount Sinai Beth Israel (MSBI); Mount Sinai Morningside and Mount

Sinai West (MSM/MSW); New York Eye and Ear Infirmary of Mount Sinai (NYEEIMS); Mount Sinai South Nassau (MSSN); Health and Hospitals/Elmhurst; Health and Hospitals/Queens; and Valley Health System.

**Purpose:** To establish guidelines in accordance with the ACGME requirements for the evaluation of residents/fellows; faculty; and training programs.

**Policy:** All training programs must manage evaluations through the Residency Management System (RMS) for the following required evaluations:

**Evaluations of Residents/Fellows:** In order to maximize learning development for residents/fellows, regular, timely, and meaningful verbal and written feedback is required; All programs are responsible for the regular evaluation of each trainee's progress. The evaluation system must consist of both formative and summative evaluations.; Evaluations of resident/fellow performance must be readily accessible for review by the resident/fellow.

**Formative Evaluation of Residents:** Formative evaluations should help residents/fellows to identify their strengths and weaknesses and target areas that need work; allow programs directors and faculty members to recognize where residents/fellows are struggling and address problems immediately.

The faculty must evaluate resident/fellow performance, via the RMS, in a timely manner, during or at the conclusion of each rotation or similar educational assignment.

- Programs with block/rotation schedules: Evaluations must be completed at the conclusion of each block/rotation.
- Programs with longitudinal schedules: Evaluations must be completed at least quarterly).

**Programs Responsibilities:** Programs must:

- Provide objective assessments of competence of patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice based on the specialty-specific Milestones
- Use multiple evaluators (e.g. faculty, peers, patients, self, and other professional staff)
- Document progressive resident/fellow performance improvement appropriate to educational level and,
- Provide each resident/fellow with documented semiannual evaluation of performance with feedback.

**Summative Evaluation of Residents/Fellows:** Summative evaluation is evaluating a resident's/fellow's learning by comparing them against the goals and objectives of the rotation and program, respectively. Summative evaluation is utilized to make decisions about promotion to the next level of training, or program completion.

**Semi-Annual Evaluation:** The program director or their designee, with input from the Clinical Competency Committee, must:

- Meet with and review with each resident/fellow their documented semi-annual evaluation of performance, including progress along the specialty-specific Milestones;
- Assist residents/fellows in developing individualized learning plans to capitalize on their strengths and identify areas for growth; and,
- Develop plans for residents/fellows failing to progress, following institutional policies and procedures.
- At least annually, there must be a summative evaluation of each resident that includes their readiness to progress to the next year of the program, if applicable.
- The evaluations of a resident's performance must be accessible for review by the resident.

**Final Evaluation:** The Program Director must provide a final summative evaluation for each Resident upon completion of the program using the ISMMS final summative evaluation template. The specialty-specific Milestones, and when applicable the specialty-specific Case Logs, must be used as tools to

ensure residents are able to engage in autonomous practice upon completion of the program. This final evaluation must:

- Become part of the Resident's permanent record maintained by the institution and must be accessible for review by the Resident in accordance with institutional policy
- Verify that the resident has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice;
- Be shared with the resident upon completion of the program.

**Resident Evaluation of Peers:** Residents/fellows should be evaluated by their peers, through an evaluation administered through the RMS, at least annually.

- Evaluations, while not anonymous, will include a confidential comment box.
- Comments included in the box will not be shared verbatim with the resident/fellow being evaluated.

**Evaluations of Faculty:** At least annually, each program must evaluate faculty performance as it relates to the educational program, through an evaluation administered through the RMS.

- Evaluations must include confidential written evaluation by residents/fellows.
- Evaluations must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical performance, professionalism, and scholarly activities.
- In order to minimize the possibility of a temporal association of an evaluation to a specific resident/fellow, program level download of Resident/Fellow Evaluation of Faculty data for the purpose of generating cumulative summaries must adhere to the following criteria:
  - Programs with fewer than six (6) residents/fellows must download data on an annual basis (once each year).
  - Programs with rotational blocks longer than two (2) months must download data on an annual basis (once each year).
  - All other programs may download data no more frequently than every three (3) months
- Faculty members must receive feedback on their evaluations at least annually
- Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans

### Evaluations of the Program

**Resident/Fellow Evaluation of Program:** At least annually, residents/fellows must have the opportunity to evaluate the program confidentially and in writing.

- Evaluations must be submitted and managed electronically through the RMS.
- Training programs must use these resident/fellow assessments to evaluate the educational effectiveness of the training program as part of the mandatory Annual Program Evaluation (APE) process.

**Faculty Evaluation of Program:** At least annually, faculty must have the opportunity to evaluate the program confidentially and in writing.

- Evaluations must be submitted and managed electronically through the RMS.

Training programs must use these faculty assessments to evaluate the educational effectiveness of the training program as part of the mandatory APE process.

### NON-COMPETE

**Scope:** All Icahn School of Medicine at Mount Sinai (ISMMS) sponsored programs including those based at The Mount Sinai Hospital (MSH); Mount Sinai Beth Israel (MSBI); Mount Sinai Morningside and Mount Sinai West (MSM/MSW); New York Eye and Ear Infirmary of Mount Sinai (NYEEIMS); Mount Sinai South Nassau (MSSN); Health and Hospitals/Elmhurst; Health and Hospitals/Queens; and Valley Health System.

**Purpose:** To establish guidelines in accordance with the ACGME requirement that residents and fellows not be required to sign a non-competition guarantee or restrictive covenant.

**Policy:** No Graduate Medical Education program will ask for a resident or fellow to agree to a non-compete or restrictive covenant clause as a contingency of graduate medical education training. Residents and fellows are advised they may not sign a non-compete or restrictive covenant clause as part of any ISMMS contracts or other documents or as a contingency for employment as a resident or fellow in an ISMMS-sponsored training program. Residents and fellows must immediately advise the Graduate Medical Education office if they are asked to sign such a document.

### CLINICAL AND EDUCATIONAL WORK HOURS

**Scope:** All Icahn School of Medicine at Mount Sinai (ISMMS) sponsored programs including those based at The Mount Sinai Hospital (MSH); Mount Sinai Beth Israel (MSBI); Mount Sinai Morningside and Mount Sinai West (MSM/MSW); New York Eye and Ear Infirmary of Mount Sinai (NYEEIMS); Mount Sinai South Nassau (MSSN); Health and Hospitals/Elmhurst; Health and Hospitals/Queens; and Valley Health System.

**Purpose:** To establish guidelines in accordance with the ACGME and New York State requirements for the monitoring of work hours of the clinical and educational work week.

**Policy:** The New York State Hospital Code Section 405.4 (The Bell Commission Report) establishes guidelines for working hours of residents/fellows. In addition, effective July 1, 2003, the Accreditation Council for Graduate Medical Education (ACGME) approved similar standards relative to supervision, on-call activities, and moonlighting. In July 1, 2011, the ACGME revised its Common Program Requirements to include additional standards related to work hours and supervision; these were in turn revised effective July 1, 2017.

As we must adhere to both sets of rules, the stricter interpretation is followed (far right column)

(Reference:

[https://www.health.ny.gov/facilities/hospital/reports/resident\\_work\\_hours/regulations\\_comparison\\_guide.pdf](https://www.health.ny.gov/facilities/hospital/reports/resident_work_hours/regulations_comparison_guide.pdf)

ACGME	New York State Health Code Section 405	
Hours worked ≤ 80 hours/week averaged over 4 weeks inclusive of all in-house clinical and educational activities; clinical work done from home; and all moonlighting.	Same	Same
Clinical and educational work periods for residents/fellows must not exceed 24 hours of continuous scheduled clinical assignments. Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education. Additional patient care responsibilities must not be assigned during this time.	Cannot work more than 27 consecutive hours – after 24 hours of patient care	NYS
<i>Note: Although PGY-1 residents can once again work 24 hour shifts, programs may elect to continue the 16-hour maximum shifts that were the rule from 2011-2017</i>		

Residents/fellow must have a minimum of 8 hours off between duty assignments	Minimum 8 hours off between duty assignments	NYS
Residents/fellow must have at least 14 hours free of clinical work and education after 24 hours of in-house duty call.  <i>There may be circumstances when residents choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80-hour and the one-day-off-in-seven requirements.</i>		
One 24-hour period off per week averaged over 4 week; At-home call may not be assigned on these free days	One 24-hour period off per week NOT averaged	NYS

Work Hours rules common to both ACGME and NYS:

- On-call duty not more than every third night on average
- ER shifts cannot exceed 12 hours
- Home call – counts toward 1 day off in seven even if not called in
- Home call - if called in from home, hours count towards 80 hour rule

All training programs are required to maintain compliance with applicable work hour requirements. Compliance with working hours restrictions is monitored routinely and corrective action is developed and implemented when violations are identified.

**In-House Night Float:** Night float must occur within the context of the 80-hour and one day-off-in-seven requirements; The maximum number of consecutive weeks of night float, and maximum number of months of night float per year may be further specified by the Review Committee.

**Maximum-In-House On-Call Frequency:** Residents and fellows must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period).

**Work from Home:** Types of work from home that must be counted include:

- Using an electronic health record and taking calls from home
- Reading done in preparation for the following day's cases,

Studying, and research done from home do not count toward the 80 hours.

**PGY1 and PGY2 Residents:** PGY-1 and PGY-2 residents may not have the experience to make decisions about when it is appropriate to utilize flexibility or may feel pressured to use it when unnecessary. Programs are responsible for ensuring that residents are provided with manageable workloads that can be accomplished during scheduled work hours. This includes ensuring that a resident's assigned direct patient load is manageable, that residents have appropriate support from their clinical teams, and that residents are not overburdened with clerical work and/or other non-physician duties.

**Moonlighting:** Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program, and must not interfere with the resident's fitness for work nor compromise patient safety. Time spent by residents/fellows in internal and external moonlighting must be counted toward the 80-hour maximum weekly limit. PGY-1 residents are not permitted to moonlight. Refer to **ISMMS GME Moonlighting Policy** for further Moonlighting guidelines and requirements.

**Duty Hour Monitoring:** All residents/fellows are asked to document the hours of work completed for no less than four weeks per quarter. Duty hour reporting periods are determined by the Office of Graduate Medical Education. Where appropriate, residents are asked to log their duty hours on a more frequent basis.

Residents enter their hours worked in the Duty Hours module of the New Innovations (NI) Residency Management Software. At the end of each reporting period (or more frequently if required), the Program Coordinator and Director report any violations of the New York State and ACGME duty hours requirements. Violations are identified in duty hour exception reports from NI and Mount Sinai's Resident Tracking software. When violations are identified, the Program Coordinator and Director are required to submit an action plan for resolving each issue identified.

The GME Office collects duty hours data and action plans from the residency training programs, verifies and analyzes the information submitted by the programs, and provides information to the GMEC, and the Program Directors. The Office for Graduate Medical Education and the GMEC may make recommendations for improvement based upon the information provided.

Residents may report concerns or violations related to duty hours standards to the internal, confidential Duty Hours Helpline at (866) MD-HOURS or (866) 634-6877; to the Ombudspersons; and/or to the GME Office (212-241-6694).

## **MOONLIGHTING**

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**Scope:** All Mount Sinai Health System (MSHS) programs including those based at The Mount Sinai Hospital (MSH); Mount Sinai Beth Israel (MSBI); Mount Sinai Morningside and Mount Sinai West (MSM/MSW); New York Eye and Ear Infirmary of Mount Sinai (NYEEIMS); and Mount Sinai South Nassau (MSSN)

This policy applies to residents and fellows in all MSHS residency and fellowship programs.

**Purpose:** This policy will address specific guidelines and procedures for residents/fellows seeking to participate in **moonlighting activities**, using the The Accreditation Council for Graduate Medical Education's (ACGME) Institutional Requirements as a guide. The requirements stipulate that sponsoring institutions must have policies regarding professional activities outside the education program.

**Definitions:** "Moonlighting" is defined as any medically related compensated employment performed by a resident/fellow which is outside the scope of their regular training program, rotations, scheduled assignments and requirements. The Icahn School of Medicine at Mount Sinai (ISMMS) Graduate Medical Education Committee (GMEC) and sponsored Residency/Fellowship Programs take seriously the responsibility of providing a high-quality learning environment for residents/fellows, notably by ensuring an adequate balance between education and patient care activities within the duty hour limitations prescribed by the ACGME and the New York State Department of Health (NYSDOH). Moonlighting activities may not fulfill any part of the clinical experience that is required of the resident/fellow's training program and may not interfere with the resident/fellow's training. Residents/fellows must never moonlight in the area of their specialty training without supervision. Residents/fellows are never required to engage in moonlighting, and programs may prohibit it. PGY-1 residents are not permitted to moonlight under any circumstance.

Prior to the acceptance and commencement of any moonlighting activity, any resident/fellow wishing to moonlight must submit a completed and signed Moonlighting Attestation Form to their Program Director for approval. The Program Director must provide written approval in advance of the moonlighting experience.

**Foreign National Physicians:** Residents/fellows employed under J-1, H-1B and O-1 visas are strictly prohibited from participating in moonlighting activities.

### Types of Moonlighting

Moonlighting activities that are supervised and for which billing does not occur:

**“Extra Pay for Extra Duty”** is defined as voluntary, compensated, medically-related work performed within the resident’s or fellow’s training program. The activity must:

- take place at the program’s primary institution or one of program’s participating sites within the MSHS
- be directly or indirectly supervised by faculty
- not exceed the level of clinical activity currently approved for the trainee.
- Examples of this may include working extra hours beyond a regularly scheduled work shift or working extra shifts within the training program.

Extra Pay for Extra Duty does not require an independent license or permit while under the supervision of program faculty or appropriately privileged and qualified physicians. While performing supervised extra pay for extra duty, residents are not to perform and bill as independent practitioners. These extra pay for extra duty hours must be documented for the entire rotation block in which the resident or fellow is working whether or not they occur during a mandated reporting period, and they must comply with the written policies regarding Duty Hours.

**“Internal Moonlighting-Supervised”** is defined as voluntary, compensated, medically-related activities outside the resident’s/fellow’s training program. The activity must be:

- Within the resident’s or fellow’s training discipline or on a service they have completed rotations on as a part of their training
- Take place at an MSHS site
- Supervised by faculty with a supervision policy provided as part of the moonlighting attestation process.
- Moonlighting done by residents during non-accredited research years may also fall under this category.
- Not exceed the level of clinical activity currently approved for the trainee.
- Examples of this may include a Psychiatry PGY 2-4 resident taking PGY-1 resident call in the Medicine program, as they will have completed their required Medicine rotations during their PGY-1 year.

Moonlighting activities that are not supervised and for which billing may occur:

**“Internal Moonlighting-Independent”** is defined as voluntary, compensated, medically-related work outside the resident’s/fellow’s training program.

- Activity must be within the resident’s or fellow’s training discipline.
- Take place at an MSHS site
- The resident/fellow may not bill for services without prior approval from the compliance department.
- Is not supervised by faculty.
- To participate in Internal Moonlighting-Independent activities at MSHS facilities, trainees must be credentialed by the MSHS Medical Staff Office.

**“External Moonlighting”** is defined as voluntary, compensated, medically-related work outside the resident’s/fellow’s training program.

- Activity must be within the resident’s or fellow’s training discipline.
- Take place at a facility outside the MSHS.
- Is not supervised by faculty.

**“Private Practice”** is defined as completely independent practice in which a patient is seen outside of the standard conduct of the training program within or outside of a Mount Sinai Hospital or Ambulatory practice. Residents and fellows in Mount Sinai programs are not permitted to conduct a private practice. Residents and fellows are not permitted to advertise their services to provide care to patients.

**Licensure Requirements:** As per NYS 405 regulations, for **internal moonlighting-supervised; internal moonlighting-independent; and external moonlighting** a full New York State license and DEA certificate is required (if prescribing; residents/fellows may not prescribe using the hospital’s DEA while performing work outside of their training program). The cost of obtaining the NYS license and DEA certificate may be at the resident’s own personal expense. Work hours must be documented for the entire rotation period whether or not the activity occurs during a mandated reporting period, and they must comply with the written policies regarding Duty Hours.

**Malpractice Coverage:**

- The institution receiving the benefit of the moonlighter’s services provides malpractice coverage.
- Malpractice coverage is extended to any MSHS resident/fellow who moonlights at another MSHS hospital, where those activities are approved and within the scope of employment.

**Medicare Regulations:** Medicare stipulates that residents/fellows may not bill a professional fee for physician services provided as part of their approved training program. Medicare does allow residents/fellows to bill Medicare for physician services provided outside of the scope of their approved training program in certain circumstances.

Medicare also mandates where moonlighting services can be provided as follows (this is for “internal moonlighting-independent” only, as all extra pay for extra duty and internal-supervised moonlighting activities must be supervised by faculty and not involve independent practice or professional billing of any kind.):

- Approved Training Program Site
  - Billable moonlighting services do not include services to inpatients of hospitals participating in the resident’s/fellow’s approved training program.
  - Billable moonlighting services may include outpatient and emergency room services provided the services are identifiable and separate from services provided as part of the an approved training program.
- Non-Approved Training Program Site
  - Billable moonlighting services may include inpatient, outpatient or other ambulatory settings.

**Procedure:** A copy of the completed form must be signed by the resident or fellow’s program director. It will be placed in the resident’s/fellow’s file, uploaded to their New Innovations profile, and a copy provided to the GME Office. The Moonlighting Attestation Form is valid for one academic year and must be renewed annually.

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

- Adhere to Duty Hour limitations set forth under the Institutional and Residency Program Policies which adhere to Section 405.4 of the NYS Health Code and ACGME Duty Hours Standards.
  - Time spent moonlighting must be included in the calculation of Duty Hours done as part of the Program’s Duty Hours monitoring and hours must be logged for the entire rotation block in which the resident/fellow is moonlighting to monitor the impact of any moonlighting activities.
- Notify their Program Director if the facility, activities and/or hours of the moonlighting change and complete a new Moonlighting Attestation Form.

- Maintain the medical licensure required to participate in moonlighting activities as outlined in the definitions section above.
- Understand that participating in moonlighting activities without prior approval of their Program Director may be grounds for disciplinary action including dismissal from the training program.
- Understand that moonlighting is not allowed to overlap resident duties or during times of leave of absence from residency/fellowship training.

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

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

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

**Mount Sinai Health System does not cover malpractice insurance for any moonlighting outside of a Mount Sinai Health System facility unless specifically covered in writing. Residents moonlighting at an outside facility must obtain and provide proof of their additional malpractice insurance to the GME Office and Program Director.**

### Moonlighting Activity Examples

#### Extra Pay for Extra Duty

- Anesthesiology resident working hours beyond regularly scheduled shift and being compensated.
- Pathology resident working extra hours to cut specimens and being compensated for it.
- Internal Medicine resident working extra shift on unit where they rotate.

#### Internal Moonlighting-Supervised

- Medicine Subspecialty Fellow working extra shift in resident role on an MSHS unit where Internal Medicine residents rotate.
- Psychiatry PGY 2-4 resident taking PGY-1 resident call in the Internal Medicine program at the site where they are training, as they will have completed their required Medicine rotations during their PGY-1 year

#### Internal Moonlighting-Independent

- Medicine Subspecialty Fellow working extra shift as hospitalist at MSHS facility.
- Pediatric Subspecialty Fellow working extra shift in MSHS pediatric clinic.

#### External Moonlighting

- Medicine Subspecialty Fellow working extra shift as hospitalist at outside facility.
- Psychiatry Fellow working extra shift at outside Psychiatric Hospital.

### Licensure; Malpractice Coverage; Credentialing Guidelines

Category of Moonlighting	License/DEA Required	Malpractice Covered by MSHS	GME Credentialing	Med Staff Credentialing
Extra Pay for Extra Duty	NO	YES	YES	NO

<b>Internal-Supervised</b>	YES	YES	YES	NO
<b>Internal-Independent</b>	YES	YES	NO	YES
<b>External</b>	YES	NO	NO	YES (at outside facility)

## **SUPERVISION AND ACCOUNTABILITY**

**Scope:** All Mount Sinai Health System (MSHS) programs including those based at The Mount Sinai Hospital (MSH); Mount Sinai Beth Israel (MSBI); Mount Sinai Morningside and Mount Sinai West (MSM/MSW); New York Eye and Ear Infirmary of Mount Sinai (NYEEIMS); and Mount Sinai South Nassau (MSSN)

**Purpose:** To define guidelines, in accordance with the ACGME and New York State requirements, for the monitoring of a structured chain of responsibility and accountability as it relates to the supervision of all patient care.

**Policy:** It is the policy of MSHS that attending physicians will actively supervise residents/fellows and appropriately document this supervision in the medical record.

Within the scope of the residency-training program, all residents/fellows will function under the supervision of appropriately credentialed attending physicians. Each patient must have an identifiable, appropriately credentialed and privileged attending physician who is ultimately responsible for that patient's care, and the name of the responsible physician should be available to residents, faculty and patients. Residents/fellows and faculty members should inform patients of their respective roles in each patient's care.

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

Every residency program must ensure that adequate supervision at an appropriate level is provided for residents at all times. A responsible attending must be immediately available to the resident in person or by telephone and able to be present within a reasonable period of time, if needed. Each program will publish and make available in a prominent location, call schedules indicating the responsible attendings(s) to be contacted.

Each training program will be structured to encourage and permit residents/fellows to assume increasing levels of responsibility commensurate with their individual progress in experience, skill, knowledge and judgment. Program Directors will review each resident's/fellow's performance and supervise progression from one year of training to the next based on ACGME requirements and guidelines, national standards-based criteria (where available), the CCC and the program curriculum. Faculty members functioning as supervising physicians should delegate portions of care to residents/fellows, based on the needs of the patient and the skills of the residents. Senior residents/fellows should be given increasing responsibilities to conduct clinical activities with limited supervision and should serve as teaching assistants for junior residents.

Resident/fellow responsibilities in each year of training are defined in each program's curriculum, available in the Curriculum module of the New Innovations (NI) Residency Management Software. Each program is required to maintain its own program-specific plans and policies related to supervision. At a minimum, the plans and policies must account for resident/fellow attainment of graded authority and responsibility as assigned by the Program Director and faculty; distinguish between direct and indirect supervision and oversight within the program; describe faculty supervision assignments; contain guidelines for circumstances and events in which residents must communicate with supervising faculty members and delineate the Chain of Command and when the residents should escalate involvement of divisional and departmental leadership. Residents/fellows must

know the limits of their scope of[ practice , and the circumstances under which they are permitted to act with conditional independence. To promote appropriate resident/fellow supervision, while providing for graded authority and responsibility, the following classification of supervision must be used:

**Direct Supervision:** the supervising physician is physically present with the resident during the key portions of the patient interaction; or the supervising physician and/or patient is not physically present with the resident/fellow and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.

- PGY-1 residents must initially be supervised directly with the supervising physician physically present

**Indirect Supervision:** the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident/fellow 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.

**Resident/Fellow Procedures:** Privileging checklists are available in the Procedure Logger module of NI. Training programs are required to update resident privileges at least semiannually. These privileges reflect the patient care services that may be performed by the resident/fellow/fellow and the level of supervision required.

MSHS adheres to current accreditation requirements as set forth by the ACGME, American Dental Association, Joint Commission on Accreditation of Healthcare Organizations or other applicable organizations for all matters pertaining to the training programs, including the level of supervision provided. It is also expected that the requirements of the various certifying bodies, such as the pertinent member board of the American Board of Medical Specialties and American Dental Association, will be incorporated into training programs and fulfilled to ensure that each program graduate will be eligible to sit for a certifying examination.

Throughout all clinic hours, there will be an attending physician present and immediately available to the resident/fellow .

### **Roles and Responsibilities**

**GMEC:** The Graduate Medical Education Committee (GMEC) is responsible for establishing and monitoring policies and procedures with respect to the institution's residency training programs.

**Program Director:** Each Program Director is responsible for the quality of overall residency education and for ensuring that the program is in compliance with the policies of the respective accrediting and certifying bodies. The Program Director maintains plans and policies related to supervision in compliance with applicable regulatory standards and institutional policies and procedures. The Program Director maintains timely, complete, and accurate resident/fellow privileging information. The Program Director defines the levels of responsibility for each year of training by preparing a description of types of clinical activities residents/fellows may perform and those for which residents may act in a teaching capacity. The Program Director monitors resident/fellow progress and ensures that problems, issues and opportunities to improve education are addressed. The program director must evaluate each resident's/fellow's abilities based on specific criteria, guided by the Milestones.

**Faculty:** The Attending Physician is responsible for, and is personally involved in, the care provided to individual patients. When a resident/fellow is involved, the attending physician continues to maintain personal involvement in the care of the patient. The attending physician will direct care of the patient and provide the appropriate level of supervision based on the nature of the patient's condition, the likelihood of major changes in the management plan, the complexity of care, and the experience and judgment of the resident being supervised

Documentation of involvement includes at a minimum:

- attending physician progress notes written at least daily or co-signature and attestation of notes primarily authored by the resident/fellow;
- attending physician countersignature on operative reports or progress notes; and
- attending physician note for all ambulatory and emergency room encounters.

**Senior Residents/Fellows:** Senior residents or fellows should serve in a supervisory role to junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.

Residents/fellows must be aware of their limitations and not attempt to provide clinical services or do procedures for which they are not trained. They must know the graduated level of responsibility described for their level of training and not practice outside of that scope of practice. Failure to function within graduated levels of responsibility or to communicate significant patient care issues to the responsible attending physician may result in the removal of the resident from patient care activities and/or disciplinary action up to and including termination.

#### **Graduated Levels of Responsibility:**

As part of their training program, residents/fellows will be given progressive responsibility for the care of the patient. The determination of a resident's/fellow's ability to provide care to patients without a supervisor being physically present or act in a teaching capacity will be based on documented evaluation of the resident's clinical experience, judgment, knowledge, and technical skill. Ultimately, it is the decision of the attending physician as to which activities the resident/fellow will be allowed to perform within the context of the assigned levels of responsibility. The overriding consideration must be the safe and effective care of the patient.

Based on documented evidence (including evaluations by attending physicians and Program Directors, procedure logs, and other clinical practice information reflecting a resident's knowledge, skill, experience, and judgment) residents may be assigned graduated levels of responsibility requiring direct supervision, indirect supervision, or oversight by the attending physician.

The assignment of resident/fellow privileges will be made available to other staff who have a need to know through the Procedure Logger module of NI.

#### **Monitoring of Supervision**

The Dean for Graduate Medical Education (or Designated Institutional Official) is responsible for ensuring that the institution fulfills all responsibilities identified within this section.

Along with the Dean for Graduate Medical Education, each Program Director is responsible for monitoring resident/fellow supervision, identifying problems, and devising plans of action for their remedy. At a minimum, the monitoring process will include:

- a review of supervision plans and policies as part of each ACGME-accredited program's Annual Program Review and during the Internal Review at the accreditation midpoint;
- a review of incidents and risk events with complications to ensure that the appropriate level of supervision occurred;
- a review of accrediting and certifying bodies' concerns and follow-up actions;
- a review of resident/fellow evaluations of their faculty and rotations;
- an analysis of events where violations of graduated levels of responsibility may have occurred; and;
- reviews pertaining to monitoring of resident/fellow supervision will be communicated, at a minimum, on a yearly basis, to the Executive Committee of the Medical Board and the Board of Trustees.

**Reporting of Inadequate Supervision:** Residents/Fellows may report inadequate supervision and accountability in protected manner that is free from reprisal through the following methods:

- Directly to GME Leadership (the Dean for Graduate Medical Education/DIO or Associate Deans for Quality and Patient Safety in Graduate Medical Education).
- Utilizing the Report a Concern button on the ISMMS GME Website, which allows for de-identified reporting.
- In the rotation evaluations
- SafetyNet or the local patient safety event reporting system

All reports are treated confidentially and escalated to the appropriate Hospital site leadership.

## TELEHEALTH SUPERVISION GUIDELINES

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### Definitions:

“Telehealth” or “telemedicine” mean the delivery of medical services and any diagnosis, consultation, or treatment using interactive audio, interactive video, or interactive data communication through telecommunication systems, to facilitate the assessment, diagnosis, consultation, treatment, education and care management of a patient’s health condition when the patient and practitioner are located at different sites.

“Telesupervision” is a method for providing direct or indirect supervision of a resident or fellow providing direct care of a patient through telecommunication systems, including information, electronic, and communication technologies, to facilitate the assessment, diagnosis, consultation, treatment, education and care management of a patient’s health care when the resident/fellow is with the patient and the supervising practitioner is located at a different site.

“Store and forward telehealth” is the asynchronous, electronic transmission of a patient’s health information in the form of patient-specific digital images and/or pre- recorded videos from a provider at an originating site to a telehealth provider at a distant site. The resident reviews the material or image with or without the attending present, and the attending reviews the same material. The interpretations and reports on all images and pathology specimens must be verified by the attending. Residents must receive feedback on their interpretations. (Example: teleradiology).

“Home telehealth” or “televisit” is the remote delivery of medical services to a patient who is at home and at a location remote to the practitioner. Attendings are expected to exercise general oversight of the care provided by residents. Residents must consult with the supervising practitioner regarding any changes in a home telehealth patient’s status or proposed changes in the treatment plan.

“Telehealth Exams” A telehealth provider may use telehealth to perform a patient evaluation. If a telehealth provider conducts a patient evaluation sufficient to diagnose and treat the patient, the telehealth provider is not required to research a patient’s medical history or conduct a physical examination before using telehealth to provide health care services.

“Tele-ICU coverage” (when present): The local ICU attending is still responsible for supervising residents-on-duty, who are expected to write all orders on patients whom they are covering. Tele-ICU practitioners may act as consultants to the residents, but not as their supervising practitioners.

Telemedicine technologies include the use of scientific machinery and equipment to enable secure electronic communication and information exchange between a healthcare provider in one location and a patient in another location, with or without an intervening healthcare provider. Telemedicine does not consist of audio-only communication but typically includes use of video technology which allows the healthcare provider to replicate interactions that occur in traditional, in-person, physician-patient encounters. Modes of communication used by healthcare providers to interact with patients should comply with HIPAA regulations and allow for verification of the individuals transmitting and receiving information.

Although telemedicine has the potential to improve several aspects of medical care, such as facilitating physician-patient communication and monitoring treatment of chronic conditions, telemedicine poses unique challenges in ensuring patient-safety and privacy of health information. It is therefore prudent for telemedicine providers to implement measures that safeguard the integrity of the care they provide to patients. Healthcare providers should ensure that their recommendations and treatment plans are feasible based on the resources available to patients. It is also important that telemedicine providers get feedback from their patients regarding what they expect during telemedicine encounters and the aspects of telemedicine in which they wish to participate.

It is sometimes difficult to establish the exact point when a physician-patient relationship begins. A physician-patient relationship is “clearly established” once the physician agrees to diagnose and treat the patient, and the patient agrees to be treated, whether or not an in-person encounter has occurred between the physician (or any other appropriately supervised health care practitioner) and patient. In order to provide medical advice and/or practice telemedicine we recommend that physicians take the following steps:

1. Verify the location and identity of the patient to the best extent possible.
2. Provide and validate your own credentials to the patient, i.e. medical license or other clinical qualifications.
3. Disclose communication and treatment methods to patients and obtain consent where appropriate.

#### **Evaluation and treatment**

The standard of care for practicing telemedicine is the same as that of traditional medicine. Ensure that your evaluation, consultation and prescribed treatment are all thoroughly documented in the patient's medical record or electronic health record (EHR). If, for any reason, you as a physician believe the evaluation, diagnosis or treatment will be too complicated for telemedicine, you must request an in-person appointment before any medical advice is given.

#### **Continuity of care**

Follow-up care should be readily available to the patient, either from the physician conducting telemedicine or a provider designated by the physician. If the patient-physician encounters are done exclusively using telemedicine, then all documentation must be accessible to the patient. Patients may also request that the information be provided to their other healthcare providers.

#### **Referrals for emergency services**

Physicians practicing telemedicine should establish an emergency plan that can be implemented when the information obtained (via telemedicine) indicates that the patient requires referral to an acute care facility. The physician must provide the patient with this emergency plan and the plan should include a formal, written protocol that is appropriate to the services being rendered via telemedicine.

Residents and fellows should not be providing telemedicine services to patients outside of New York State.

#### **Medical records**

The medical record for telemedicine should be consistent with standards required for documentation in traditional medicine. Medical records for telemedicine should include copies of all patient-related electronic communications, laboratory tests and results, evaluations and consultations, prescriptions, records of past care and any instructions produced in connection with telemedicine.

#### **Privacy and security of the patient records and exchange of information**

All applicable federal and state legal requirements for the privacy and security of medical records and health information should be met or exceeded. This includes compliance with HIPAA, HITECH, and state privacy, security, confidentiality and medical record retention rules and laws. All data transmitted by healthcare providers electronically (audio, video, written etc.) should be sent via use of encryption that meets current standards.

Devices used to transmit protected health information should have up-to-date security software to guard against cyber-attacks. Healthcare professionals should have a backup plan in place regarding how to communicate with patients if a technology failure occurs and patients should be aware of the plan. The telehealth provider has the duty to practice in a manner consistent with their scope of practice and the prevailing professional standard of practice for a health care professional who provides in-person health care services to patients.

**Patient Medical Records.** Telehealth providers must maintain a complete record of the patient's care according to the same standard as used for in-person services and comply with applicable New York State and Federal laws for confidentiality and disclosure of the patient's medical record.

### **Prescribing**

When prescribing via telemedicine, precautions should be taken to ensure patient safety in the absence of a traditional physical examination. Measures taken should guarantee patient safety through informed, accurate and error-prevention practices. Medications prescribed using telemedicine technologies should only include medications considered safe by the physician's state board. In addition, any medications prescribed must be done at the professional discretion of the physician. Healthcare providers who engage in telemedicine should have knowledge of the availability medications in the patient's geographic location and the other providers caring for the patient. Caution should be exercised in prescribing medications that require close monitoring or that could lead to acute changes in a patient's condition, particularly if the patient is not in close proximity to a health facility or healthcare provider.

Mount Sinai residents and fellows may provide telehealth services as long as they correspond to the level of supervision assigned by the resident or fellow's program director. Consent from the patient for remote telemedicine services should be made a part of the medical record.

Levels of Supervision:

#### **Direct Supervision:**

In any clinical learning environment, each patient must have an identifiable, appropriately credentialed and privileged attending physician who is ultimately responsible for that patient's care. This information should be available to residents, faculty members, and patients. Program directors must regularly evaluate the competence of residents and fellows for particular patient care activities to determine the appropriate level of supervision for a trainee, based upon experience, training, simulation and focused observation.

"Direct Supervision" means that the supervising practitioner is either physically present with the resident and the patient or is included in direct forms of communication with the resident and patient, such as voice and tele-video conferencing. In direct supervision, the supervising practitioner is a party to the patient encounter between the patient and a resident even if the "encounter" with the patient is non-face-to-face. NOTE: Text messaging, voice messaging, emails, or written letters, are not considered supervision.

Providing telemedicine services to a patient who is located at a remote site from the resident/fellow while the faculty and resident/fellow are in the same place would qualify as direct supervision for telemedicine services.

#### **Indirect Supervision:**

**With direct supervision immediately available** – The supervising physician is physically within the confines of the site of patient care and is immediately available to provide Direct Supervision to a patient at a remote site using telemedicine technology. The attending must be in the general vicinity and available to the resident for direct supervision without delay, as if the patient were being seen in a clinic.

**With direct supervision available** – The supervising physician is not physically present within the confines of the site of patient care, but is immediately available via phone, and is available to provide Direct Supervision.

When a supervising faculty physician provides oversight from a remote location utilizing telehealth technology, this “telesupervision” would qualify as indirect supervision.

### **Oversight**

In some circumstances, supervision may include post-hoc review of resident-delivered care with feedback as to the appropriateness of that care. The supervising physician is available to provide review of procedures/encounters with feedback provided after care has been delivered. “Oversight” refers to information-gathering activities on the part of the supervising practitioner, such as review of procedures, documentation of encounters, imaging, laboratory, and consultation with other practitioners or clinical personnel. Oversight is intended to gather information either before or after resident-delivered care, in order to assess the patient’s clinical progress, or to evaluate the performance and professional development of the resident as pertaining to the care the patient received or to provide information that is likely to inform and guide the resident’s patient encounter.

All residents and fellows are also strongly encouraged to discuss patient care issues directly with the patient’s attending.

### **Summary**

The practice of telemedicine should be consistent with current standards that exist for traditional medicine. Telemedicine is intended to improve the accessibility and delivery of healthcare but based on inherent limitations, is not expected to completely replace traditional medicine.

Healthcare providers who engage in telemedicine should be guided by the following core principles:

- Practices implemented should ensure patient-safety
- Communication methods utilized should be secure and effective
- Treatment options recommended should be appropriate and practical
- Mechanisms that allow for patient feedback should be in place
- Strategies should be taken to ensure patient satisfaction

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## **AUDIO VISUAL RECORDING OF IMAGES AND SOUNDS TAKEN BY MSHS STAFF OF PATIENTS**

This policy covers the taking, use, and storage of audio and visual recordings of patients by Mount Sinai Health System faculty, staff, trainees, and students. The full policy is available on [PolicyTech](#)

Fundamental Principles of the policy include

- Always consider the dignity of the patient when taking, using, and storing recordings of patients
- Deidentified recordings may be captured and stored on any device
- If identifiable recordings are taken, they need to be:
  - Captured and stored on a Mount Sinai-approved HIPAA-compliant device, or
  - Permanently deidentified with the original identifiable recording deleted as soon as possible, including in the cloud
- Use Epic Secure Chat for communication of HIPAA information; WhatsApp is not HIPAA-compliant

Relevant Forms include:

### **The Mount Sinai Health System Front Door Acknowledgment**

- Describes general treatment information for patients and the possibility that recordings may be taken and used for clinical or quality improvement purposes and education if de-identified.
- Serves as an acknowledgment, not a consent form, given by our registration staff to all patients who enter one of our main hospitals or Article 28 facilities at least once a year.

### **The Consent for Treatment/Surgery/Procedure and Anesthesia Form**

- If the patient is having a procedure, this consent form describes the possibility that recordings may be taken and used for clinical or quality improvement purposes.
- The form also provides a section for patients to decline deidentified recordings for education if they so choose.

### **The Consent to Use Sound and Image Recordings That May Contain Identifying Information for Education Form**

- Must be used by care team members to obtain consent from patients for identifiable recordings taken for educational use.

## **TRANSITIONS OF CARE**

**Scope:** All Icahn School of Medicine at Mount Sinai (ISMMS) sponsored programs including those based at The Mount Sinai Hospital (MSH); Mount Sinai Beth Israel (MSBI); Mount Sinai Morningside and Mount Sinai West (MSM/MSW); New York Eye and Ear Infirmary of Mount Sinai (NYEEIMS); Mount Sinai South Nassau (MSSN); Health and Hospitals/Elmhurst; Health and Hospitals/Queens; and Valley Health System.

**Purpose:** To ensure the highest quality transitions of care. To establish handoff guidelines in accordance with the ACGME Common Program and CLER Requirements, and The Joint Commission and New York State requirements.

**Policy:** Each training program must do the following:

1. Develop a program-specific transitions-of-care policy. This should be posted and available to residents, fellows and faculty.
2. Train residents, fellows and faculty to provide effective handoff and document competence. Rotators from other departments or institutions should receive instruction on a program's handoff process. Options for training include role playing/simulation, real-word observation, and didactic sessions, among others.
3. Monitor and document the effectiveness of handoffs at a frequency appropriate to ensure quality, but at least annually, and offer re-training as indicated. Options for monitoring include direct observation of verbal handoffs and audits of written handoff.
4. Design clinical assignments for residents, fellows and faculty to support optimal handoff and continuity of care.
5. Post the clinical work schedules, including contact information, of faculty, residents, fellows and other providers, as applicable, on AMION.com, the official scheduling platform used by MSHS.
6. Work with other programs and departments with whom handoff of patients occurs to establish a standard handoff process (ED to inpatient service, one inpatient service to another, etc.)
7. Ensure that all handoffs are HIPAA compliant.
8. Each program's handoff procedure should:
  - a. Use a standardized electronic tool for handoff. Free text documents, such as Microsoft Word documents or emails, may not be used for day-to-day, shift-to-shift handoff, but may be used for end-of rotation handoffs.
  - b. Use a standardized handoff format. I-PASS (<https://www.ipassinstitute.com/>) is strongly suggested, but programs may choose a format that best suits their needs.
  - c. Ensure that handoff includes:
    - i. A concise patient summary
    - ii. Illness severity
    - iii. Active issues
    - iv. Contingency plans ("if/then" statement)
    - v. Confirmation of receipt of critical information (a "read-back" by the receiver)
    - vi. Family contacts
    - vii. The responsible attending physician
    - viii. Advanced care planning (DNR status, health care proxy/surrogate)
    - ix. An opportunity to ask questions

- d. Ensure that handoff is appropriately supervised. Supervision may be direct or indirect and may be provided by senior residents, fellows or faculty, depending on the situation.
9. Provide a mechanism that ensures the continued care of patients when a provider cannot continue to perform their patient care duties due to illness, fatigue, personal emergency or similar issues.
10. Ensure the smooth transition of ambulatory continuity patients from graduating residents/fellows to more junior residents/fellows at the end of each academic year.
11. Ensure effective systems for obtaining post-discharge follow up appointments.
12. Ensure faculty, residents and fellows know how to safely send and receive patients who require transfer between MSHS clinical sites and from outside institutions.

### **ALERTNESS AND FATIGUE MANAGEMENT**

Residents/fellows and faculty are educated regarding resident work hour regulations and are responsible for monitoring and identifying resident fatigue and sleep deprivation. Icahn School of Medicine at Mount Sinai provides the following training resources:

- I. All new residents/fellows are required to pass an online module on sleep deprivation and fatigue mitigation presented by a physician who is certified in Sleep Medicine by the American Board of Internal Medicine.
- II. The retreat for rising Chief Residents includes training in the recognition of impairment including the identification and management of fatigue and sleep deprivation.
- III. Programs have access to a curriculum in Sleep Alertness and Fatigue Education in Residency (SAFER) developed by the American Academy of Sleep Medicine.
- IV. Additional education is provided at program-level orientation sessions and departmental faculty meetings.

Any resident who feels too fatigued to safely care for patients or to actively engage in learning, or any peer or faculty member who recognizes such impairment in a resident, must report their observations to the Program Director immediately. The Program Director is responsible for ensuring appropriate clinical coverage arrangements must be made until the trainee is sufficiently rested to return to duty, as determined by the Program Director or designee. The Program Director may also relieve the resident for the remainder of their shift. It is the responsibility of the Program Director to investigate instances of excessive resident fatigue to determine the cause and to develop an action plan if warranted.

The Program Director and/or supervisor must ensure that the fatigued resident is able to return home safely. The Office for Graduate Medical Education maintains a transportation program to ensure the availability of safe transportation options.

### **DISCIPLINARY ACTION**

**Scope:** Icahn School of Medicine at Mount Sinai (ISMMS) sponsored programs based at The Mount Sinai Hospital (MSH); Mount Sinai Beth Israel (MSBI); Mount Sinai South Nassau (MSSN); New York Eye and Ear Infirmary of Mount Sinai (NYEEIMS); NYC Health+Hospitals/Queens (QHC). Programs at Mount Sinai Morningside and Mount Sinai West (MSM/MSW) and NYC Health+Hospitals/Elmhurst (EHC) follow policy and procedures outlined in their respective Committee of Interns and Residents (CIR) Collective Bargaining Agreement.

**Purpose:** ISMMS is committed to providing high-quality graduate medical education through its' sponsored residency and fellowship training programs. Residents and Fellows ("Resident") are learners and are expected to pursue acquisition of competency-based education that will allow them to meet specific Milestones in preparation for independent practice in their chosen specialty. Residents must also

adhere to standards of professional conduct expected by ISMMS. The policy and procedures described below are designed to ensure that actions that might adversely affect a Resident's status are taken only after appropriate, full and fair processes are employed, while simultaneously ensuring patient safety, quality of care, and the orderly conduct of training programs.

**Program Responsibilities:** Program Directors have the primary responsibility to monitor a Resident's progress and take appropriate academic and administrative disciplinary actions based on the Resident's performance as recommended by the Clinical Competency Committee (CCC) and in accordance with all core competencies. The Program Director, after consultation with the Designated Institutional Official (DIO) may proceed under this policy to address deficiencies in Resident performance

For Residents on J1 Visas, program directors should be aware of the following required reporting to the ECFMG and should work closely with the Office of International Personnel and Office of Graduate Medical Education on this reporting:

- [Required Notification of Remediation](#)
- [Required Notification of Exchange Visitor Physician Dismissal](#)
- [Required Notification of Exchange Visitor Physician Resignation](#)
- [Required Reporting by Exchange Visitor Physician of Incident or Allegation](#)
- [Required Reporting by TPL of Incident or Allegation](#)

#### Academic Advisement

An academic advisement (or academic alert) is undertaken when a Resident's academic performance does not meet departmental standards but is not sufficiently below standards to warrant disciplinary action. Disciplinary actions may include, but are not limited to, written warnings, probation, suspension, or termination. See "Disciplinary Action" below for more information.

#### Disciplinary Action

**Disciplinary Action:** The Program Director, the Department Chair, the President or Medical Director of the Hospital, may take disciplinary action, including termination for cause, against any resident who:

- Fails to demonstrate an acceptable level of professional competence, clinical judgment in the treatment of patients, or professionalism.
- Commits an act that constitutes professional misconduct under the New York State Education Law or a breach of professional ethics.
- Fails to abide by the By-laws, Rules and Regulations, or policies of the Hospital or the Medical Staff.
- Engages in any activities that are a threat to the welfare or safety of patients, employees, other physicians, or the Hospital.
- Falsifies any Mount Sinai document, or falsifies or misrepresents prior training or educational experience.

**Notice:** Notice of disciplinary action shall be in writing and shall include the action taken and the basis therefor. If no request for a hearing is made by the resident pursuant to Section III below, the disciplinary action shall become effective and final.

**Right to a Hearing:** Any resident who has received notice of proposed disciplinary action may request, in writing, a hearing before the House Staff Affairs Committee of the Medical Board within ten days from receipt of such notice. Requests should be directed to the President of the Medical Board in care of the Medical Staff. The nonrenewal of a contract is subject to a hearing by the House Staff Affairs Committee of the Medical Board.

**House Staff Affairs Committee:** When a request for a hearing has been made by a resident, the President of the Medical Board shall appoint an *ad hoc* committee to serve as the House Staff Affairs Committee. The House Staff Affairs Committee shall consist of two members of the House Staff elected as part of a peer selection process at the start of the academic year and at least three members of the Medical Staff. No one from the same department as the resident requesting the hearing and no one with

a conflict of interest shall be appointed as a member of the Committee. The President of the Medical Board shall appoint a Chair of the Committee.

**Hearing:** The House Staff Affairs Committee shall hold a hearing no sooner than 15, and no later than 45 days, from the date the written request for the hearing is received. A majority of House Staff Affairs Committee members shall constitute a quorum. The resident/fellow shall be entitled to be present at the hearing, to present relevant evidence and witnesses on their behalf, and to question witnesses appearing in support of the charges made.

The resident/fellow may challenge for cause the participation of any member of the House Staff Affairs Committee who in the resident/fellow's opinion would not be able to render an impartial decision. It shall be at the sole discretion of the Committee Chair whether to excuse any member of the Hearing Committee so challenged.

The scope of the hearing shall be limited to determining whether there is sufficient evidence to demonstrate that the adverse action taken by the Department was not arbitrary and capricious. All testimony at the hearing shall be under oath, and a transcript of the hearing shall be made. The rules of evidence shall not apply, and the decision shall be based on a preponderance of the evidence.

At the hearing, the staff member or applicant may be represented by an attorney or other person of their choice. The role of this representative or department's attorney shall be limited to: (1) providing advice and counsel to the Staff Member or applicant; and (2) addressing the members of the Hearing Committee. The role of the representative shall not include the presentation of evidence or the examination or cross-examination of witnesses. The Hearing Committee may, in its discretion, further define, expand or limit the role of any such representative.

A majority of members of the House Staff Affairs Committee shall constitute a quorum. The House Staff Affairs Committee shall make such additional rules as it deems necessary to assure prompt, fair, and expeditious handling of the matter. The House Staff Affairs Committee may take whatever action, consistent with Hospital policy, it considers appropriate.

Within 30 days of the conclusion of the hearing, the House Staff Affairs Committee shall make a written report of its findings and decision to the Director of the Hospital, the Department Chair and the resident/fellow.

**Appeal:** The decision of the House Staff Affairs Committee may be appealed by the resident, the Department Chair or Hospital President to a committee composed of the Hospital's Chief Medical Officer (or designee), an Officer of the Medical Board, and a member of the Medical Board who did not participate in the ad hoc committee hearing within 15 days of receipt of notice of the decision of the House Staff Affairs Committee. If no request for an appeal is made, the decision of the House Staff Affairs Committee shall be final. The appeal shall be limited to the record of the proceedings before the House Staff Affairs Committee, and the scope of review shall be limited to determining whether there is a reasonable basis on which to support the findings and conclusions of the House Staff Affairs Committee. Within 30 days after the conclusion of the appeal, the Appeal Committee shall send notice of its decision to the resident, the Department Chair, and the Hospital President. The decision of the Appeal Committee shall be final.

**Summary Suspension:** A resident may be summarily suspended from their duties and responsibilities without a hearing where their continued presence is deemed a risk to the Hospital or its patients. Following such action either by the Department Chair or by the Hospital President, the resident shall have the right to an immediate appeal to the House Staff Affairs Committee. A summary suspension of a resident pending termination shall be a suspension without pay. If the resident requests a hearing before the House Staff Affairs Committee, and is subsequently reinstated, they may be entitled to full or limited back pay at the discretion of the House Staff Affairs Committee.

**Professional Misconduct**

New York State law defines the parameters of misconduct. The following is a summary of the most significant types of professional misconduct that must be reported. The complete text of this act can be found in Article 131-A (Definitions of Professional Misconduct Applicable to Physicians, Physician Assistants, and Specialist Assistants) of New York State Law.

- Obtaining the license fraudulently
- Practicing the profession fraudulently or beyond its authorized scope
- Practicing the profession with negligence on more than one occasion
- Practicing the profession with gross negligence on a particular occasion
- Practicing the profession with incompetence on more than one occasion
- Practicing the profession with gross incompetence
- Practicing the profession while impaired by alcohol, drugs, physical disability or mental disability
- Being a habitual abuser of alcohol, or being dependent on or a habitual user of narcotics, barbiturates, amphetamines, hallucinogens, or other drugs having similar effects, except for a licensee who is maintained on an approved therapeutic regimen which does not impair the ability to practice, or having a psychiatric condition which impairs the licensee's ability to practice
- Being convicted of committing an act constituting a crime
- Being found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was made would, if committed in New York State, constitute professional misconduct under New York State law
- Accepting and performing professional responsibilities that the practitioner knows they are not competent to perform
- Delegating professional responsibilities to a person when the practitioner knows or has reason to know such person is not qualified to perform them
- Performing professional services that have not been duly authorized by the patient or their representative
- Altering or falsifying medical records in such a way that needed information for patient care is omitted or falsified
- Fee splitting

In addition to the requirement that a physician be reported for conduct described above, any licensed health care professional and any physician in training must be reported if the following should occur:

- I. The suspension, restriction, termination, or curtailment of the training, employment, association, or professional privileges of a licensed health care practitioner, or medical Resident, related in any way to:
  - A. alleged mental or physical impairment;
  - B. incompetence;
  - C. malpractice
  - D. misconduct; or
  - E. impairment of patient welfare.
- II. The denial of certification or completion of training of any individual for reasons related in any way to I.A-E above.
- III. The voluntary or involuntary resignation or withdrawal of association, or of privileges, to avoid the imposition of disciplinary measures.
- IV. The receipt of information that indicates that any licensed health care professional or medical Resident has been convicted of a crime.
- V. The denial of staff privileges to a physician if the reasons for such denial are related to I.A-E above.

**Job Retention**

A resident may be terminated from their training program for failure to abide by the By-laws, Rules, and Regulations, or policies of the Hospital or of the medical staff; for falsification of any Hospital document; for any activity that may threaten the safety or welfare of a patient, employee, or other physician; or for any action that may be detrimental to Hospital operations.

As stated above in "Disciplinary Action," a resident may be disciplined up to, and including, termination of their training program for failure to abide by the House Staff Manual, By-Laws, Rules and Regulations, or policies of the Hospital; for falsification of any Hospital document; any conduct that may threaten the safety or welfare of a patient, employee, other physician, or visitor; or any other conduct that maybe detrimental to Hospital operations.

**DRUG-FREE WORKPLACE**

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The Drug-Free Workplace Act of 1988 requires Mount Sinai, as a federal grant recipient and contractor, to certify that it will provide a drug-free workplace. To accomplish this, each employee engaged in a federal grant or contract is provided with the Hospital's Drug-Free Workplace Policy and Statement and is expected to be familiar with its contents.

As a condition of employment under such a grant or contract, employees will abide by the terms of this Statement, and notify the Vice President of Human Resources and Labor Relations or their designee of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction.

In addition, the health screening program for all new employees, incoming residents, and medical students includes urine toxicology testing (see "Toxicology Screening" in Section II of this Manual). This policy includes all House Staff rotating from other institutions.

A Drug-Free Awareness Program has been established to inform all employees about the dangers of drug abuse in the workplace; the Hospital's policy of maintaining a drug-free workplace; the available drug counseling, rehabilitation, and employee assistance programs; and the potential penalties for drug-abuse violations.

**Statement to Employees**

The following statement describes Mount Sinai's policy regarding substance abuse for all employees, including faculty, residents/clinical fellows, and bargaining and non-bargaining unit employees:

The Hospital has a significant interest in ensuring that the work environment is free from the hazards to patients, employees, and visitors that are created due to the unauthorized use of alcohol, drugs, or controlled substances.

The illegal sale, manufacture, distribution, or unauthorized use or possession of drugs or controlled substances by employees on Hospital premises, or in the course of Hospital business, are prohibited and may be grounds for immediate dismissal.

The Hospital may, at its discretion, take any other appropriate disciplinary action short of termination against employees who have violated the above rules.

**SUBSTANTIAL DISRUPTIONS IN PATIENT CARE OR EDUCATION**

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**Scope:** All Icahn School of Medicine at Mount Sinai (ISMMS) sponsored programs including those based at The Mount Sinai Hospital (MSH); Mount Sinai Beth Israel (MSBI); Mount Sinai Morningside and Mount Sinai West (MSM/MSW); New York Eye and Ear Infirmary of Mount Sinai (NYEEIMS); Mount Sinai South Nassau (MSSN); Health and Hospitals/Elmhurst; Health and Hospitals/Queens; and Valley Health System.

**Purpose:** To establish guidelines in accordance with the ACGME requirements that addresses support for each of its ACGME-accredited programs and residents/fellows in the event of a disaster or other substantial disruption in patient care or education.

**Policy:** A disaster is an event or set of events causing significant alteration to the residency experience at one or more residency programs.

If, because of a disaster or other interruption in patient care, at least an adequate educational experience cannot be provided for each resident and/or fellow the institutional sponsor of the residency program(s) will:

- I. arrange temporary transfers to other programs and/or institutions until such time as the residency and/or fellowship program can provide an adequate educational experience for each of its residents and/or fellows;
- II. cooperate in and facilitate permanent transfers to other programs or institutions. Programs or institutions will make the transfer decision expeditiously so as to maximize the likelihood that each resident will timely complete the resident year;
- III. inform each transferred resident of the minimum duration of their temporary transfer, and continue to keep each resident 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 year, it must so inform each such transferred resident; and
- IV. ensure, to the extent possible and consistent with institutional policy, the continuation of salary and benefits; professional liability coverage; and resident/fellow assignments.  
for displaced residents during any interruption in training or temporary reassignment.

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 ACGME Review Committee Executive Director with information and/or requests for information. Residents should call or email the appropriate ACGME Review Committee Executive Director with information and/or requests for information.

Within ten days after the declaration of a disaster, the DIO will contact ACGME to discuss due dates that ACGME will establish for the programs (a) to submit program reconfigurations to ACGME, and (b) to inform each program's residents of resident transfer decisions. The due dates for submission shall be no later than 30 days after the disaster unless other due dates are approved by ACGME.

In the event of a disaster at non-Consortium programs or institutions, consideration will be given to accepting temporary or permanent transfers.

## **CONFLICTS OF INTEREST AND RELATED MATTERS**

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The purpose of the Policy on Conflicts of Interest and Related Matters is to ensure that all institutional decisions are made solely to promote the best interests of Mount Sinai and its patients without favor or preference based on personal considerations, and to provide for the highest ethical conduct with respect to the actions and business relationships of all trustees, residents/clinical fellows, employees, and voluntary staff. All residents and clinical fellows must review these policies and disclose any potential conflicts as provided by the policies. Residents and fellows should also review the Mount Sinai Code of Conduct and Business Ethics, which details guidelines for relationships with vendors (e.g., pharmaceutical companies). Violations of the Code of Conduct and Business Ethics can be reported confidentially by calling the Mount Sinai Compliance Hotline at (800) 853-9212. Copies of the publications are available through the Office of Corporate Compliance.

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## **INTELLECTUAL PROPERTY POLICIES AND PROCESSES**

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All employees of Mount Sinai, including members of the faculty and residents/fellows, are required to abide by institutional [Intellectual Property Policies and Procedures](#).

## **SOCIAL MEDIA GUIDELINES**

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### **Introduction**

Social media are internet-based applications which support and promote the exchange of user-developed content. Some current examples include Facebook, Wikipedia, and YouTube. Posting personal images, experiences and information on these kinds of public sites poses a set of unique challenges for all members of the Mount Sinai community, including employees, faculty, residents and clinical fellows, volunteers and students (collectively “Personnel”). All personnel have responsibility to the institution regardless of where or when they post something that may reflect poorly on Mount Sinai. Mount Sinai is committed to supporting your right to interact knowledgeably and socially; however, these electronic interactions have a potential impact on patients, colleagues, Mount Sinai, and future employers’ opinions of you. The principal aim of this Guideline is to identify your responsibilities to Mount Sinai in relation to social media and to help you represent yourself and Mount Sinai in a responsible and professional manner.

### **Guideline**

The following Guidelines outline appropriate standards of conduct related to all electronic information (text, image or auditory) that is created or posted externally on social media sites by Personnel affiliated with Mount Sinai. <https://www.mountsinai.org/files/MSHealth/Assets/HS/About/SocialMediaHandbook.pdf>

## **PRESS RELATIONS**

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While the Health System does not restrict the right of residents or clinical fellows to communicate with the media as individuals, such contacts carry the potential for misrepresentation, dissemination of incorrect information, disclosure of confidential matters, violation of privacy, and the misinterpretation of the comments of an individual as being representative of the policy or viewpoint of the entire Hospital. Therefore, residents and clinical fellows should refer all media inquiries directly to The Press Office (available 24/7) by phone (212-241-9200) or email [newsmedia@mssm.edu](mailto:newsmedia@mssm.edu)

No news media or promotional audio or video recording, filming, or still photography may be conducted within the Hospital without authorization and advance arrangement through Press Relations, which will advise the Security Office of all such arrangements. Since Hospital procedures provide that the Security Office will prevent any photographer or camera crew arriving unexpectedly from entering the Hospital, Press Relations should be advised in advance whenever an outside camera crew or photographer will be coming to the campus for any purpose.

## Section Four: Resources

A comprehensive listing of resources can also be found in the **CareTeam App**  
<https://msh.careteamapp.com/directory>

### MENTAL HEALTH RESOURCES

#### **Student and Trainee Mental Health**

All students (medical and graduate) and trainees (residents, clinical fellows, and postdoctoral fellows) have access to confidential mental health services through the Student and Trainee Mental Health Program (STMH).

<https://icahn.mssm.edu/about/departments/psychiatry/clinical/stmh>

### REPORTING AND SUPPORT

#### **SafetyNet**

A safety incident is any unintended incident, act or omission that could have, or did, result in harm, damage or loss to patients, staff, visitors and the public, or the organization. Please use this form to report any safety incidents or near misses.

<https://mshsintranet.mountsinai.org/default.aspx?id=59688>

#### **Feedback Form for Mistreatment and Unprofessional Behavior**

Submit Feedback: If you want to report mistreatment, unprofessional, or exemplary behavior directed at students and trainees

[https://mountsinai.formstack.com/forms/feedback\\_form](https://mountsinai.formstack.com/forms/feedback_form)

#### **GME Concerns Reporting**

Allows for confidential reporting of any issues of concern to Resident, Clinical Fellows or Faculty in programs under ISMMS Sponsorship.

[https://mountsinai.formstack.com/forms/gme\\_concerns\\_reporting](https://mountsinai.formstack.com/forms/gme_concerns_reporting)

#### **Ombuds Office**

The Ombuds Office is a confidential, informal, neutral, and independent resource where residents and fellows can freely discuss any issue of concern.

<https://icahn.mssm.edu/about/ombuds-office>

### HOUSING

The Real Estate Division provides housing for Residents and Clinical Fellows (in qualifying programs) at Mount Sinai Hospital; Mount Sinai Morningside and Mount Sinai West; Mount Sinai Beth Israel; and New York Eye and Ear Infirmary of Mount Sinai.

<https://icahn.mssm.edu/about/ait/levy-library>

### EDUCATIONAL RESOURCES

#### **Levy Library**

The Levy Library supports the education, research, and clinical information needs of the Mount Sinai Health System, including the Icahn School of Medicine at Mount Sinai. The Library is a unit of Mount Sinai's Academic Informatics and Technology division.

<https://icahn.mssm.edu/education/residencies-fellowships/housing>

**MOONLIGHTING REQUEST FORM**

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**Mount Sinai Health System**  
**Office for Graduate Medical Education**  
**Moonlighting Attestation**

I am requesting permission to moonlight, and understand that permission to moonlight is subject to the following conditions:

1. My moonlighting activities will not interfere with responsibilities related to my residency or fellowship program.
2. I am a United States citizen or green card holder.
3. I will accurately report my moonlighting hours in all work hour surveys.
4. My total work hours will be in accordance with all applicable work hour restrictions, including those in New York State Hospital Code Section 405 and ACGME requirements.
5. I will inform my training director of all moonlighting shifts and schedules.
6. I understand that professional liability insurance ("malpractice insurance") has been provided for duties within the scope of my residency or fellowship training. This insurance *does not* cover moonlighting activities at other facilities. I understand that I will be required to submit proof of separate and appropriate professional liability coverage that covers the requested moonlighting activity.
7. I possess and maintain a current, unrestricted medical license.
8. I will not report any cases seen during moonlighting activities in procedure logs maintained by my residency or fellowship program.
9. I understand that approval to moonlight is granted through the end of the academic year in which it is approved and must be renewed each subsequent academic year if moonlighting activities are ongoing.
10. My performance in the residency/fellowship program will be monitored for the effects of moonlighting, and permission may be withdrawn if adverse effects are observed.
11. Permission to moonlight may be withdrawn if academic advisement or disciplinary action is issued to me by the residency/fellowship program.
12. Failure to comply with any of the above items may result in withdrawal of permission to moonlight and/or disciplinary action.

Resident/Fellow Name: \_\_\_\_\_ Date: \_\_\_\_\_

Resident/Fellow Signature: \_\_\_\_\_

**Mount Sinai Health System**  
**Office for Graduate Medical Education**  
**Moonlighting Request Form**

Date of Request: \_\_\_\_\_

Resident/Fellow Name: \_\_\_\_\_

Residency/Fellowship Program: \_\_\_\_\_

Training Hospital (circle): MSBI    MSH    NYEEIMS    MSM/MSW    MSSN

Moonlighting Employer: \_\_\_\_\_

Name of Supervisor at Moonlighting Location: \_\_\_\_\_

Contact Phone # of Supervisor at Moonlighting Location: \_\_\_\_\_

Description of Moonlighting Duties: \_\_\_\_\_  
\_\_\_\_\_

Requested Dates of Moonlighting Activity: Start: \_\_\_\_\_ End: \_\_\_\_\_

Range of Moonlighting Hours Per Week: From: \_\_\_\_\_ To: \_\_\_\_\_

Resident/Fellow Will Bill for Professional Services (Yes/No): \_\_\_\_\_

Professional Liability Carrier: \_\_\_\_\_

Professional Liability Policy Number: \_\_\_\_\_

Unlimited Medical License Number (specify state): \_\_\_\_\_

Resident/Fellow Signature: \_\_\_\_\_

.....

I have reviewed the above request for moonlighting activity and determined that the resident/fellow has demonstrated eligibility to moonlight. The resident/fellow is not required to engage in moonlighting. The resident/fellow's performance in the residency/fellowship program will be monitored for the effect of moonlighting. Permission to moonlight may be withdrawn if adverse effects are observed. This statement of permission will be retained in the resident/fellow's educational file.

Residency/Fellowship Program Director Signature \_\_\_\_\_

Date \_\_\_\_\_

Program Director Name (print) \_\_\_\_\_

## LEAVE OF ABSENCE REQUEST FORM

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### Icahn School of Medicine at Mount Sinai Graduate Medical Education

#### Directions for Completing Leave of Absence Request Form

##### Step 1/Step 2: Resident/Fellow

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- Please read the GME Leave of Absence Policy and review your [ABMS](#) Specialty Requirements regarding duration of training.
- Using LOA Request Form please complete Step 1 and Step 3, column 2 (indicating days you believe are available).
- Once completed please forward to your program.

##### Step 2: Training Program

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Please complete Step 2 and Step 3, column 3 (confirming resident/fellow days available). Then if needed impact of leave on training.

- Return the form to the resident/fellow confirming:
  - the available leave balances
    - confirm the amount of days they plan to use during the leave
  - the impact of the leave on their duration of training
  - please save all email correspondence
    - may upload to the checklist if helpful
- Once confirmed:
  - Have the resident/fellow notify the Hartford by either calling (888)714-4380 or filing a claim online at <https://abilityadvantage.thehartford.com>
    - They should share and upload all approval letters/emails to the checklist (approvals are not received until after the first date of absence)
  - Submit this form to the appropriate leave coordinator, with cc to [gmeleave@mssm.edu](mailto:gmeleave@mssm.edu); please ensure no protected health information is included.
  - GME Leave Team (GME Administrators for your specialty) will then issue New Innovations Checklist to the resident/fellow.
- Submit a Leave of Absence transaction (s) in Sinai Cloud  
Use this link for instructions on adding an absence in Sinai Cloud  
<http://mshsintranet.mountsinai.org/uploadedFiles/MSHSCloud/052020%20-%20Submit%20a%20Request%20for%20Time%20Off.pdf>

##### Step 3: Extensions or Changes to LOA

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- For any changes to the leave (returning early or extending) the Leave of Absence Request Form should be updated by the program and sent to the leave coordinator;
- Please upload the changes to the New Innovations Checklist
  - include email correspondence between HS and/or Hartford confirming extensions/changes.

##### Step 4: Program Return to Work Processes

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- Before a resident/fellow can return to work after a medical leave, they must confirm return to work date with the program coordinator and/or program director and contact EHS.
- Resident/fellow must complete and submit to EHS a **Medical Clearance Form. (Except for maternity leaves less than 3 months)** EHS will review the form and provide clearance for an employee to return to work for any absence more than three (3) consecutive days.

- When the employee returns to work the Program must:
  - **Confirm the End Date** is accurate
  - **Open the transaction for reason the Resident has been away from work (FMLA/PFL/Maternity)**
  - **Uncheck the Open ended box**
  - **Scroll down to Descriptive or Additional information and enter the return to work date. (The return to work date is when they physically are back at work and not the end date of the LOA)**
  - **Submit**
- Upload the final Leave of Absence Request Form to the New Innovations Checklist along with a copy of the EHS clearance.
- Update the New Innovations Block Schedule.

**Graduate Medical Education**  
**Leave of Absence Request Form**

All residents and fellows requesting a Leave of Absence for medical; parental; or caregiver leave are required to complete this form.

**STEP 1: RESIDENT/FELLOW**

Resident/Fellow Name	Life #	Date of Hire	Training Program	
Email Address	Phone Number		Supervisor	
Reason for Leave of Absence	Type of Leave		Requested Time Off*	
<input type="checkbox"/> Employee Illness <input type="checkbox"/> Parental Leave <input type="checkbox"/> Caregiver Leave <input type="checkbox"/> Military Leave	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent		First Day Out	Expected Date of Return
	<input type="checkbox"/> FMLA <input type="checkbox"/> PFL <input type="checkbox"/> ACGME <input type="checkbox"/> Unpaid			
I understand that additional leave time could result in my training being extended and have discussed this with my program director. _____ (initial)				

\*go to Step 3 and complete column 2

**STEP 2: PROGRAM**

Program Coordinator Name	Email Address	Phone Number
Program Director Name	Email Address	Phone Number

**STEP 3: LEAVE ENTITLEMENTS / IMPACT ON DURATION OF TRAINING**

Type	HS-Days Available	PC Confirms – Total Days Available	Number of days HS will use	LOA Extended – More Days needed	LOA Ended – Days Unused	Total Days Remaining
<b>Sick Days</b> <i>12 annually to maximum of 60</i>						
<b>Vacation Days</b> <i>20 annually; no carryover</i>						
<b>ACGME Days</b> <i>30 for duration of training program</i>						
<b>Unpaid Days</b>						

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**Impact of Leave on Resident/Fellow Duration of Training**

As Program Director I attest that based on the leave of absence planned above for this resident:

**Will not need to extend training** upon satisfactory completion of all program requirements, and no further leaves of absence per ABMS Specialty requirements.

**Will need to extend training** per the ABMS Specialty requirements; I anticipate an additional \_\_\_\_\_ number of days will be required to meet the requirements upon satisfactory completion of all program requirements, and no further leaves of absence.

**Will determine at a later date**

Date: \_\_\_\_\_ PD Initial: \_\_\_\_\_ PC Initial: \_\_\_\_\_ HS Initial: \_\_\_\_\_

Changes, above, have been made since previous submission:

Date: \_\_\_\_\_ PD Initial: \_\_\_\_\_ PC Initial: \_\_\_\_\_ HS Initial: \_\_\_\_\_

**Additional Program Director Notes Related to Impact on Duration of Training:**

**STEP 4: EXTENSIONS OR CHANGES IN LOA****Updated information if needed:**

1. Did the type of Leave change due to an extension? If so to which:

FMLA \_\_\_\_\_ PFL \_\_\_\_\_ ACGME \_\_\_\_\_ Unpaid \_\_\_\_\_

2. Please update new dates if needed and also update Step 3 if needed:

First Day Out: \_\_\_\_\_ Extended Leave: \_\_\_\_\_ New Expected Date of Return: \_\_\_\_\_

**STEP 5: RETURN TO WORK****Procedure for Returning to Work after Medical Leave:**

First Day Out: \_\_\_\_\_ Expected Date of Return: \_\_\_\_\_ Actual Date of Return: \_\_\_\_\_

**Cleared by EHS :**  Yes  No

Update, if needed, Step 3 on **Impact of Leave on Resident/Fellow Duration of Training**

**Other comments/changes:**