Graduate Medical Education Policy Table of Contents

SAN ANTONIO REGIONAL HOSPITAL

Contents

PURPOSE

This manual establishes the governance framework and operating policies for all ACGME-accredited residency and fellowship programs sponsored by OPTI-West Educational Consortium at San Antonio Regional Hospital (SARH). It defines authority, accountability, and compliance requirements to promote high-quality education, patient safety, and a supportive training environment.

POLICY

This Graduate Medical Education (GME) Policy Manual establishes the institutional framework governing all residency and fellowship programs sponsored by OPTI-West Educational Consortium at San Antonio Regional Hospital (SARH). It defines the structures of authority, oversight, and accountability necessary to ensure compliance with Accreditation Council for Graduate Medical Education (ACGME) requirements while promoting excellence in clinical education, patient safety, and professional development. Through coordinated leadership by the Governing Body, Designated Institutional Official (DIO), and Graduate Medical Education Committee (GMEC), the institution maintains a standardized, transparent, and compliant approach to program administration and trainee oversight.

This manual further affirms SARH's commitment to providing a safe, equitable, and supportive learning environment in which residents and fellows are empowered to develop clinical competence, professionalism, and lifelong learning skills. It outlines institutional expectations for supervision, work hours, evaluation, well-being, and due process, ensuring that all trainees are treated fairly and are supported in delivering high-quality, compassionate patient care. Collectively, these policies uphold the integrity of the training environment and reinforce the institution's mission to advance medical education and improve healthcare outcomes.

I. **Authority and Governance**

A. Sponsoring Institution

1. OPTI-West Educational Consortium is the ACGME Sponsoring Institution. Its Governing Body — comprised of leaders from Western University of Health Sciences and Touro University — holds ultimate authority for all GME oversight, resource allocation, and ACGME compliance. The Governing Body receives regular reports from the DIO and GMEC.

B. Designated Institutional Official (DIO)

1. The DIO is appointed by OPTI-West and reports directly to the Governing Body. The DIO oversees all accredited programs,

ensures compliance with ACGME Institutional Requirements, and approves all official ACGME documentation. For full details, visit opti-west.com.

C. Graduate Medical Education Committee (GMEC)

1. The OPTI-West GMEC provides institutional oversight of all GME programs. It meets monthly and includes Program Directors, resident/fellow representatives, faculty, quality/safety representatives, and GME administrative staff.
    a. Key responsibilities:
        i. Oversight of program accreditation and quality
        ii. Review of Annual Program Evaluations (APE)
        iii. Approval of institutional GME policies
        iv. Monitoring of work hours compliance and learning environment (CLER focus areas)

II. GME Office

A. Leadership Roles

1. GME Administrator / Director
    a. Manages daily GME operations and policy administration
    b. Supports accreditation compliance and institutional reporting (IRIS)
    c. Supports program leadership and coordinators

B. GME Program Specialists / Coordinators

1. Maintain trainee records and coordinate onboarding/orientation
2. Assist with accreditation documentation and duty hour monitoring

C. Services for Residents and Fellows

1. Onboarding, orientation, and contract coordination
2. Support for wellness, grievance, and due process procedures
3. Guidance on institutional resources, benefits, and professional development

GME Reporting Structure

i. Institutional Leadership (OPTI West) → DIO → GMEC → Local Residency/Fellowship Leadership Program Director (PD) --> Associate/Assistant PDs→ Faculty (Core) → Residents & Fellows

ii. ACGME recognizes only two official oversight levels:

a. Institutional (DIO + GMEC)

b. Program (Program Director)

Everyone else (Program coordinator, GME office, departments) supports these two levels.

ii. Program Director (PD) to collaborate with SARH Leadership & other departments.

III. Program Administration

Each OPTI-West SARH Graduate Medical Education Program must have an ACGME-approved Program Director with protected time, accountable to the OPTI-West DIO and GMEC.

A. Program Director Responsibilities

1. Curriculum design and ACGME compliance
2. Faculty oversight and development
3. Resident supervision, milestones reporting, and evaluation
4. Fostering a safe, professional learning environment

B. Program Coordinator Responsibilities

Program Coordinators (PCs) are essential part of leadership team members, accountable to Program Director and DIO, who are responsible for the day-to-day administration of residency/fellowship programs with dedicated time and resources.

1. **Accreditation & Compliance**:Schedule coordination, program records with acgme policies, and accreditation documentation (ADS with faculty/resident changes, PLAs, & APE & Site visit documents)
2. **Program Administration & Operations:** Recruitment support (ERAS & NRMP), resident/fellow onboarding (orientation, rotation schedules,& program related materials), ensure proper set up for ITE, and Residency/Fellowship management systems (ex:New Innovations)
3. **Resident & Faculty Support:** Monitor resident duty hour logs & procedure logs, help track resident/fellow performance evaluation & milestone achievement; Communication between applicants, residents, faculty, and GME office & leadership.

C. Associate Program Directors (APDs) Responsibilities

1. Assist the Program Director in the administrative and clinical oversight of residents/fellows, often requiring protected time (e.g., 0.20 FTE) based on program size.

2. APDs help ensure compliance with accreditation standards, including curriculum development, duty hours, and resident evaluation.

D. Core Faculty Requirements

Core Faculty must demonstrate appropriate qualifications (including current board certification), professionalism including timely resident evaluations, annual faculty survey, and scholarly activity. Annual performance evaluations incorporate resident/fellow feedback.

Policy Area	ACGME Reference	Compliance Summary
Program Director Authority	IR III.A	PD qualifications and accountability defined
Faculty Requirements	IR III.B	Faculty qualifications and development outlined

IV. Resident/Fellow Appointment and Eligibility

OPTI-West SARH Graduate Medical Education Programs appoint only residents and fellows who meet ACGME eligibility criteria. All appointments are formalized through written contracts.

A. Key Appointment Process

1. Standardized, non-discriminatory selection criteria
2. Criminal background check and drug screening prior to appointment
3. Written contracts specifying duties, compensation, benefits, leave, and grievance rights
4. Reappointment, non-renewal, and termination governed by ACGME-compliant procedures
5. No non-compete clauses in resident/fellow contracts

Policy Area	ACGME Reference	Compliance Summary
Eligibility Criteria	IR IV.A	ACGME eligibility standards incorporated
Due Process	IR IV.D	Grievance and appeal processes defined

V. Resident/Fellow Rights and Responsibilities

A. Rights

1. Fair selection, promotion, and reappointment processes
2. Due process before any disciplinary action, suspension, or dismissal
3. Formal grievance pathway with confidentiality and protection from retaliation
4. Reasonable accommodations for disability
5. Access to mental health and well-being support
6. Forum to raise concerns collectively without fear of retaliation

B. Responsibilities

1. Provide safe, compassionate patient care within the scope of training
2. Participate in all required educational activities (conferences, rotations, QI, scholarly work)
3. Maintain professional conduct and comply with institutional policies
4. Comply with ACGME duty hour requirements
5. Participate in evaluations and provide feedback on faculty and rotations
6. Report safety concerns and patient safety events

VI. Supervision and Patient Safety

OPTI-West SARH Graduate Medical Education Programs ensure appropriate graduated supervision (Direct, Indirect, and Oversight) consistent with resident competence and progressive responsibility.

A. Supervision Levels

1. Direct: Attending physically present
2. Indirect: Attending immediately available
3. Oversight: Attending available for guidance

Residents participate in SARH patient safety reporting, root cause analysis, and quality improvement initiatives. Escalation of care protocols are clearly defined.

Policy Area	ACGME Reference	Compliance Summary
Supervision Policy	IR VI.A	Levels of supervision clearly defined
Patient Safety	IR VI.B	Residents participate in reporting and QI systems

VII. Clinical and Educational Work Hours

A. Key Standards

1. Maximum 80 hours per week averaged over 4 weeks
2. Minimum 1 day off in every 7
3. Fatigue mitigation strategies in place-10hrs off at night,etc.
4. PGY-1 residents may not moonlight; all moonlighting requires Program Director approval and counts toward duty hour limits

Policy Area	ACGME Reference	Compliance Summary
80-Hour Limit	IR VI.F	Weekly limit policy documented
Fatigue Mitigation	IR VI.F.1	Fatigue management system established

VIII. Well-Being and Professionalism

OPTI-West SARH Graduate Medical Education Programs promote a culture of professionalism and psychological safety. Confidential mental health services are accessible through Employee Assistance Program (EAP) and Employee health.

A. Well-Being Commitments

1. Confidential mental health resources available to all trainees
2. Policies prohibiting retaliation, harassment, and discrimination
3. Education on healthcare disparities and health equity
4. Physician impairment policy with structured intervention and support pathways

Policy Area	ACGME Reference	Compliance Summary
Well-Being Resources	IR VI.C	Confidential mental health access ensured
Professionalism	IR VI.D	Non-retaliation and professionalism policies enforced

IX. Evaluation and Advancement

Advancement in OPTI-West SARH Graduate Medical Education Programs are based on demonstrated competence, not time alone.

A. Resident Evaluation

1. Milestones-based assessments reviewed semiannually by the Clinical Competency Committee (CCC)
2. Formal promotion criteria applied consistently across programs
3. Remediation process available for underperforming trainees

B. Program Evaluation

1. Annual Program Evaluation (APE) conducted by Program Evaluation Committee (PEC)
2. Self-Study process conducted per ACGME requirements
3. Action plans documented and reviewed by OPTI West GMEC

Policy Area	ACGME Reference	Compliance Summary
Milestones Assessment	IR V.A	Semiannual milestone reporting required
Annual Program Evaluation	IR V.C	APE documentation and GMEC oversight required

X. Disaster and Program Closure

OPTI-West SARH Graduate Medical Education Programs maintain a disaster policy ensuring continuity of education. If a program is reduced or closed, OPTI West and SARH are committed to supporting residents in completing training through transfer or teach-out arrangements.

XI. Opti West and SARH Policy Index

A. 18240.00201. Resident/Fellow Application and Selection Policy

Non-discriminatory recruitment criteria, eligibility requirements, background checks, and drug screening.

B. 18240.00202. Resident/Fellow Promotion and Reappointment Policy

Criteria and process for advancing residents between training years; role of the CCC.

C. 18240.00203. Resident/Fellow Due Process Policy

Structured, fair process for disciplinary actions including notice requirements and appeal rights.

D. 18240.00204. Resident/Fellow Grievance Policy

Formal pathway for raising concerns, with confidentiality and anti-retaliation protections.

E. 18240.00205. Resident/Fellow Leave Policy

Vacation, sick, parental, medical, bereavement, military, and jury duty leave; impact on training completion. Residents and Fellows will follow SARH's employee leave policy.

F. 18240.00206. Resident/Fellow Physician Impairment Policy

Identification, reporting, and management of impaired trainees; referral and support pathways.

G. 18240.00207. Resident/Fellow Harassment Policy

Prohibition of harassment and retaliation; reporting, investigation, and disciplinary procedures. Residents and Fellows will follow SARH's employee leave policy.

H. 18240.00208. Resident/Fellow Disability Accommodations Policy

Reasonable accommodations for trainees with disabilities; request and evaluation procedures.

I. 18240.00209. Resident/Fellow Supervision and Accountability Policy

Levels of supervision and progressive responsibility based on trainee competence.

J. 18240.00210. Resident/Fellow Clinical and Educational Work Hours Policy

Duty-hour limits, rest requirements, call restrictions, and monitoring systems.

K. 18240.00211. Resident/Fellow Moonlighting Policy

Outside paid work by resident & fellow requires PD approval; counts toward duty hours; prohibited for PGY-1 residents.

L. **18240.00212. Resident/Fellow Vendor Interaction Policy**

Governs interactions with pharmaceutical and medical device companies to prevent conflicts of interest.

M. **18240.00213. Resident/Fellow Non-Competition Guarantee Policy**

Prohibits non-compete clauses in all resident and fellow contracts.

N. **18240.00214. Disaster Policy**

Procedures for resident transfer if disasters disrupt training environments.

O. **18240.00215. Resident/Fellow Program Closure / Reduction Policy**

Institutional responsibilities and resident placement if a program closes or reduces positions.

P. **18240.00216. Resident/Fellow Forum Policy**

Formal platform for residents to raise concerns collectively to leadership.

Q. **18240.00217. Special Review Policy**

Procedures for institutional review and corrective action of programs with deficiencies.

R. **18240.00218. Annual Program Evaluation (APE) Policy**

Annual review of educational outcomes, faculty development, and program quality.

S. **18240.00219. Resident/Fellow Contract Agreement Policy**

Written contracts specifying duties, compensation, benefits, and grievance rights.

T. **18240.00220. GME Humanism in Medicine Policy**

Commitment to eliminating bias and promoting equity, inclusion, and attention to social determinants of health.

U. **18241.00000. Internal Medicine Residency Program Evaluation Committee (PEC) Policy**

The Program Evaluation Committee (PEC) provides systematic, ongoing evaluation of the OPTI-West SARH Internal Medicine Residency Program to ensure continuous quality improvement in education, supervision, learning environment, and patient care in alignment with Accreditation Council for Graduate Medical Education (ACGME) requirements.

V. **18241.00001. Internal Medicine Residency Clinical Competency Committee (CCC) & Graduation Policy**

The Clinical Competency Committee (CCC)’s role is advisory and based on a comprehensive review of milestone data, evaluations, and other resident performance metrics. Also, CCC determines readiness for

promotion, recommending progression in supervision, and advising the Program Director on promotion and graduation decisions in accordance with Accreditation Council for Graduate Medical Education (ACGME) requirements.

Progression in supervision is competency-based and individualized. The Program Director considers CCC recommendations and other relevant information before rendering the final decisions regarding progression from direct to indirect supervision and any adjustments in supervision level to ensure patient safety and educational integrity.

END

SAN ANTONIO REGIONAL HOSPITAL	Department: **OPTI- WEST SARH GRADUATE MEDICAL EDUCATION (GME)**					
	Section: **POLICIES AND PROCEDURES MANUAL**					
	Title: **OPTI-West Resident/Fellow Eligibility and Selection Policy**					
	Number: **18240.00201**				Page 1 of 4	
	Hospitalwide	Interdepartmental	x Department	Patient Care	x Non-Patient Care	
Policy History			Approval: March , 2026		Dates	
Effective Date: March , 2026 Revision Date(s): Review Date(s):						

Record the review and revision dates every 2 years.

PURPOSE

To establish standardized, non-discriminatory criteria for recruiting and selecting residents and fellows into OPTI-West–sponsored training programs at San Antonio Regional Hospital (SARH). It defines eligibility requirements (including acceptable medical education pathways and licensing exams), ensures transparency regarding compensation and benefits, and assigns responsibility for selection decisions to program directors under institutional oversight. It also requires criminal background checks and drug screening prior to appointment.

This policy is necessary to ensure that all trainees meet minimum professional and educational standards while maintaining fairness and legal compliance in recruitment. By standardizing the selection process, the policy protects patient safety, promotes equity in hiring practices, and ensures the institution remains compliant with accreditation and employment laws.

POLICY

The OPTI-West Eligibility and Selection Policy is designed to ensure fair and consistent consideration and decision-making for all applicants to OPTI-West GME residency and fellowship training programs.

PROCEDURE

Recruitment and appointment of residents and fellows to OPTI-West programs is performed by the respective program director and faculty under the oversight of the Graduate Medical Education Committee (GMEC) and the Office of Graduate Medical Education.

Program directors must comply with the criteria for resident/fellow eligibility as defined in the Institutional Requirements and as further specified by the Common Program Requirements and applicable specialty-specific program requirements.

Residents and fellows in accredited programs sponsored by OPTI-West are selected based on qualifications that meet or exceed the standards outlined below.

I. **Eligibility**
Applicants must meet one of the following qualifications to be eligible for appointment to an ACGME-accredited program:

A. Graduation from a medical school in the United States or

Canada, accredited by the Liaison Committee on Medical Education (LCME); or,

B. Graduation from a college of osteopathic medicine in the United States, accredited by the American Osteopathic Association (AOA); or,

C. Graduation from a medical school outside of the United States or Canada, and meeting one of the following additional qualifications:

    1. Holds a currently-valid certificate from the Educational Commission for Foreign Medical Graduates prior to appointment; or,
    2. Holds a full and unrestricted license to practice medicine in a United States licensing jurisdiction in his or her current ACGME specialty-/subspecialty program; or,
    3. Has graduated from a medical school outside the United States and has completed a Fifth Pathway** program provided by an LCME-accredited medical school.
    4. A Fifth Pathway program is an academic year of supervised clinical education provided by an LCME-accredited medical school to students who meet the following conditions:
        a. have completed, in an accredited college or university in the United States, undergraduate premedical education of the quality acceptable for matriculation in an accredited United States medical school;
        b. have studied at a medical school outside the United States and Canada but listed in the World Health Organization Directory of Medical Schools;
        c. have completed all of the formal requirements of the foreign medical school except internship and/or social service;
        d. have attained a score satisfactory to the sponsoring medical school on a screening examination; and
        e. have passed either the Foreign Medical Graduate Examination in the Medical Sciences, Parts I and II of the examination of the National Board of Medical Examiners, or

Steps 1 and 2 of the United States Medical Licensing Examination (USMLE).

II. **Selection**

Selection of Residents must be free from discrimination and comply with all institutional, federal and state laws and regulations.

A. An applicant 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 his or her eventual appointment.

B. Information that is provided must include: 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.

C. Each Program will apply its own criteria for evaluating and ranking candidates. Those criteria may include, but are not limited to:

1. Review and confirmation of eligibility requirements
2. Performance on licensing examinations
3. Verbal and written communication skills
4. Letters of recommendation from faculty
5. Dean's letter
6. Medical school transcript

D. The recruitment and appointment of Residents/Fellows to training programs sponsored by OPTI-West is based on, and in compliance with, the ACGME's institutional, common and specific program requirements.

E. The process of application, eligibility, selection and appointment of Residents/Fellows to a program is the responsibility of the Program Director.

F. All candidates who are offered and accept positions must consent to a pre-enrollment criminal background check and pass a pre-enrollment drug screening.

G. OPTI-West programs do not require that Residents sign a non-competition clause as part of the Resident Agreement of Appointment.

REFERENCES

I. ACGME Institutional Requirements: https://www.acgme.org/globalassets/pfassets/programrequirements/2025-reformatted-requirements/institutionalrequirements_2025_reformatted.pdf

II. ACGME Common Program Requirements: https://www.acgme.org/globalassets/pfassets/programrequirements/2025-reformatted-requirements/cprresidency_2025_reformatted.pdf

RELATED POLICIES / ATTACHMENTS / FORMS:

Medical Board of California approved medical schools-

https://www.mbc.ca.gov/Licensing/Physicians-and-Surgeons/Apply/Schools-Recognized.aspx

END

SAN ANTONIO REGIONAL HOSPITAL	Department:	**OPTI- WEST SARH GRADUATE MEDICAL EDUCATION (GME)**				
	Section:	**POLICIES AND PROCEDURES MANUAL**				
	Title:	**OPTI-West SARH Resident/Fellow Promotion and Reappointment Policy**				
	Number:	**18240.00202**			Page 1 of 3	
	Hospitalwide	Interdepartmental	x Department	Patient Care	x Non- Patient Care	
Policy History			Approval: March ,2026		Dates	
Effective Date: March , 2026 Revision Date(s): Review Date(s):						

Record the review and revision dates every 2years.

PURPOSE

This policy outlines the criteria and process for promoting residents from one training year to the next and for determining readiness for graduation. Promotion decisions are based on objective performance measures such as examinations, clinical evaluations, and completion of required educational activities. The policy also defines the role of the Clinical Competency Committee in reviewing resident progress and includes provisions for due process if adverse decisions occur.

The policy is needed to ensure that advancement through training reflects actual competence rather than time alone. It supports patient safety by preventing underperforming trainees from advancing without remediation and ensures fairness by applying consistent standards across programs. It also provides legal and procedural protections for residents if promotion is denied.

I. **Application**
All residents and fellows participating in post-graduate AOA/ACGME SARH Sponsored programs (i.e., residencies or fellowships) under the Sponsoring Institution: OPTI West Education Consortium.

POLICY

To establish policy governing promotion and/or renewal of a resident's/fellow's appointment in the OPTI-West Sponsored program.

PROCEDURE:

i. **Definitions**: None
ii. **Implementation**
A. **Promotion of residents from PGY1 to PGY2 Year**
1. Each program director is responsible, in collaboration with the Clinical Competency Committee (CCC) or other committee, for creating and implementing a work instruction describing criteria for promotion to PGY2 year. At minimum the work instruction should include the following;
2. Completion of required program In Training Exam (ITE), and
3. Resident must have taken COMLEX USA Level 3 or USMLE Step 3, and
4. Passing elevation on all PGY1 rotations, and

5. completion of all required online modules (e.g., GCEP)

B. **Promotion to PGY3 and beyond**
   1. Each program director is responsible, in collaboration with the CCC or other committee, for creating and implementing a work instruction describing criteria for promotion to PGY3 year and beyond (where applicable). At a minimum, the work instruction should include the following;
      a. Completion of required program In Training Exam (ITE), and
      b. Passing elevation on all PGY1 rotations, and
      c. completion of all required online modules (e.g., GCEP)

C. **Criteria for Residency Program Completion (Graduation)**
   1. Each program director is required to create specific requirements for graduation. These requirements should be reviewed annually by the CCC in accordance with ACGME Common and Specialty Specific Program Requirements and AOA Basic Documents and Specialty College standards.

D. **Due Process**
   1. In the event that a resident/fellow during the appointment period is subject to any of the following actions, he/she will be eligible to grieve in accordance with OPTI West Grievance Policy:
      a. Suspension, or
      b. Non – renewal, or
      c. Non – promotion, or
      d. Dismissal

E. **Red Flags Triggering Heightened Review in a Resident**
   1. Any of the following prompts focused CCC discussion regardless of milestone averages.
      a. Recurrent patient safety events
      b. Failure to recognize clinical deterioration
      c. Unsafe handoffs or communication failures
      d. Persistent documentation deficiencies
      e. Unprofessional behavior
      f. Failure to accept or integrate feedback
      g. Concerns raised by nursing or interprofessional staff

REFERENCES:

I. ACGME Institutional Requirements: https://www.acgme.org/globalassets/pfassets/programrequirements/2025-reformatted-requirements/institutionalrequirements_2025_reformatted.pdf

II. ACGME Common Program Requirements: https://www.acgme.org/globalassets/pfassets/programrequirements/2025-reformatted-requirements/cprresidency_2025_reformatted.pdf

III. AOA Basic Document for Postdoctoral Training: https://osteopathic.org/index.php?aam-media=/wp-content/uploads/2018/03/aoa-basic-document-for-postdoctoral-training.pdf

RELATED POLICIES / ATTACHMENTS / FORMS:

END

SAN ANTONIO REGIONAL HOSPITAL	Department:	**OPTI- WEST SARH GRADUATE MEDICAL EDUCATION (GME)**				
	Section:	**POLICIES AND PROCEDURES MANUAL**				
	Title:	**OPTI-West SARH Resident/Fellow Due Process Policy**				
	Number:	**18240.00203**			Page 1 of 3	
	Hospital wide	Interdepartmental	x Department	Patient Care	X Non- Patient Care	
Policy History			Approval: March , 2026		Dates	
Effective Date: 03/26 Revision Date(s): Review Date(s):						

Record the review and revision dates every 2years.

PURPOSE

This policy guarantees residents and fellows a structured and fair process when facing disciplinary actions such as suspension, dismissal, non-promotion, or non-renewal of contract. It defines notice requirements, the right to appeal or grieve decisions, and institutional responsibilities when adverse actions are taken.

The policy is essential to balance institutional authority with trainee rights. It reduces legal risk for the hospital by ensuring actions are handled consistently and transparently, while also protecting residents from arbitrary or retaliatory decisions. Clear due process mechanisms foster trust in institutional leadership and uphold professional standards.

I. **Application**

a. All residents and fellows participating in post-graduate AOA/ACGME-sponsored programs (i.e., residencies or fellowships) under the Sponsoring Institution: OPTI West Education Consortium.

POLICY

The procedures as stated herein are for the purpose of residency matters related to the performance of the resident/fellow of an OPTI West-sponsored residency program. The affected resident/fellow may be entitled to request a grievance hearing following:

I. a decision of dismissal from a program; or

II. failure to obtain credit for academic work completed as a result of academic deficiencies; or

III. non-reappointment (i.e., non-renewal of the Resident Agreement); or

IV. adverse actions due to misconduct (i.e., violation of state/federal laws); or

V. other matters felt by the to be detrimental to his/her career.

NOTE: A resident/fellow can be terminated or suspended at any time and without notice if it is determined there is an issue regarding patient safety.

PROCEDURE

I. **Definitions**: None

II. **Implementation**:

A. Upon receipt of written notice from the Designated Institutional Official (DIO) for Graduate Medical Education (GME) of a decision leading to an adverse action, a resident/fellow may request a review of that decision by

the DIO. The resident/fellow must make this request to the DIO within ten (10) business days of receiving that notice.

B. The resident/fellow must submit the decision review request, in writing, to the DIO. The DIO, upon receipt of the request, may appoint an ad hoc grievance committee of the Graduate Medical Education Committee (GMEC), and this committee will be convened to review the adverse decision and to advise the DIO. The committee will consist of four program directors, one resident/fellow, one faculty member (not from the same specialty), and the local DIO. The resident/fellow may choose an additional program director to be on the committee and a program faculty member. If the resident/fellow requesting the review does not choose a program director or faculty member within ten (10) business days of the date of the decision review request, or if the program director or faculty member is unavailable, the DIO will appoint these individual(s).

C. The committee will meet within ten (10) business days of being named by the DIO. The resident/fellow will be notified, by certified mail, of the date, time and location of the meeting. The committee will review the resident/fellow's record of performance and any relevant documents. The committee may request and consider any additional information as the members deem necessary. The resident/fellow may present any relevant information or testimony from any other OPTI West-sponsored program resident/fellow, fellow, staff or faculty member. The resident/fellow has the right to be accompanied by one advisor (faculty, family member, attorney, or other). Note: Attorneys are not permitted in the grievance hearing to represent the resident/fellow. The advisor or an attorney serving as the advisor may not address the committee or pose questions. The advisor may actively advise the resident/fellow, but shall have no interaction with other members of the committee.

D. The typical process of the hearing will include the following steps:

    1. Statement of Purpose by the chair of the committee
    2. Introduction of the committee members
    3. Opening Statement by the program director
    4. Opening Statement by the resident/fellow
    5. Relevant information/testimonies by OPTI West residents, fellows, staff, or faculty invited by the resident/fellow
    6. Questions/clarifications asked of the resident/fellow and program director by the committee
    7. Deliberation by the committee (closed session)

E. During the grievance hearing, the committee will review the following issues:

    1. Was the resident/fellow notified of the specific deficiencies to be corrected?

2. Was the resident/fellow instructed to correct the deficiencies?
3. Was the resident/fellow placed on "formal academic remediation?" (If the resident/fellow was not placed on "formal academic remediation," the program director must provide an explanation.)
4. Was the resident/fellow's performance reevaluated according to the terms of the remedial program?

After the committee discusses, reviews, and considers the four issues above, it will then issue an **advisory opinion** to the DIO. The DIO will review the circumstances of the action and the committee's **advisory opinion** and has the right to disregard the committee's **advisory opinion**.

F. If, after review of the committee's **advisory opinion**, the DIO decides the adverse action taken was appropriate, s/he will notify the resident/fellow, via certified mail, that the program's decision stands and of the final disposition. (i.e. There is no further review.)

G. If, after the review of the committee's **advisory opinion**, the DIO decides the adverse action taken was not appropriate and/or s/he disagrees with the decision by the residency program, the DIO will inform the resident/fellow and the program director.

H. If an adverse action is overturned by the DIO, the DIO will inform the affected resident/fellow, via certified mail, of the decision. If a decision is made to reinstate the resident/fellow to his/her original status, the DIO, local DIO, and the program director will meet with him/her to explain any required terms of reinstatement. The resident/fellow is NOT entitled to legal representation during the reinstatement meeting.

I. The decision of the DIO is final and shall be rendered within 15 business days of receipt of the committee's **advisory opinion**.

REFERENCES:

I. ACGME Institutional Requirements: https://www.acgme.org/globalassets/pfassets/programrequirements/2025-reformatted-requirements/institutionalrequirements_2025_reformatted.pdf

II. ACGME Common Program Requirements: https://www.acgme.org/globalassets/pfassets/programrequirements/2025-reformatted-requirements/cprresidency_2025_reformatted.pdf

III. AOA Basic Document for Postdoctoral Training https://osteopathic.org/index.php?aam-media=/wp-content/uploads/2018/03/aoa-basic-document-for-postdoctoral-training.pdf

RELATED POLICIES / ATTACHMENTS / FORMS:

END

SAN ANTONIO REGIONAL HOSPITAL	Department:	**OPTI- WEST SARH GRADUATE MEDICAL EDUCATION (GME)**			
	Section:	**POLICIES AND PROCEDURES MANUAL**			
	Title:	**OPTI-West SARH Resident/Fellow Grievance Policy and Procedure**			
	Number:	**18240.00204**			Page 1 of 2
	Hospitalwide	Interdepartmental	X Department	Patient Care	X Non- Patient Care
Policy History			Approval: March , 2026		Dates
Effective Date: 03/26 Revision Date(s): Review Date(s):					

Record the review and revision dates every 2 years.

PURPOSE:

This policy provides a formal pathway for residents and fellows to raise concerns related to training conditions, institutional actions, or program decisions. It defines steps for reporting, investigation, and resolution while emphasizing confidentiality and protection from retaliation.

This policy is necessary to promote psychological safety and early identification of systemic problems within training programs. By offering a structured grievance process, the institution can resolve conflicts internally before they escalate to legal or accreditation complaints, improving both workforce morale and patient care environments.

I. **Application**

A. All trainees, including residents and fellows, participating in postgraduate AOA/ACGME sponsored programs (i.e., residencies or fellowships) under the Sponsoring Institution: OPTI West Education Consortium.

This policy does not cover adverse educational actions (remediation, probation, non- advancement to the next level of training, non-renewal of contract, dismissal). Adverse educational actions are addressed in the Due Process policy.

POLICY:

This policy identifies the process by which a trainee in an OPTI West Sponsored Program may raise a concern from the program-to-program leadership level and/or to the sponsoring institutional level that minimizes conflicts of interest.

Trainees' concerns can be escalated to program and/or sponsoring institution leadership, as needed, without fear of retaliation or retribution.

PROCEDURE:

I. Informal Discussions:

A. The interests of OPTI West trainees are best served when problems are resolved as part of regular communication between trainee, program leadership and the GME leadership.

II. Mechanisms for discussion/resolving disputes that are free from retaliation or intimidation include:

A. Program Evaluation Committee:

1. Each ACGME-accredited training program has its own Program Evaluation Committee (PEC), which includes trainee representation. Matters of dispute or grievance are relayed to the trainee representation for reporting at a future Program Evaluation Committee meeting.

B. Graduate Medical Education Committee:

1. The Graduate Medical Education Committee has trainee representation. Matters of dispute or grievance are relayed to the trainees' representation for reporting at future GMEC meetings.

C. Program level resident/fellow forum

1. All residencies will have a local trainee-only forum at which trainee-specific concerns can be discussed without faculty, administration or OPTI-West leadership participation.

D. Consortium resident/fellow forum

1. Secured platform, *Slack*, is available for communication for trainees to communicate across the consortium. Any trainee from one of the OPTI West Sponsored Programs has the opportunity to directly raise a concern to the forum. Trainee representatives report those concerns to the GMEC and DIO.

E. The DIO has quarterly Zoom session with trainees to raise concerns or grievances.

F. The DIO has an open-door policy and trainees can bring their concerns for discussion and resolution in person or at danmiulli@westernu.edu.

REFERENCES:

I. ACGME Institutional Requirements: https://www.acgme.org/globalassets/pfassets/programrequirements/2025-reformatted-requirements/institutionalrequirements_2025_reformatted.pdf

II. ACGME Frequently Asked Questions: Institutional Requirements: https://www.acgme.org/globalassets/PDFs/FAQ/IR_FAQs.pdf?ver=2020-03-12-092622-117

III. Slack Website: https://get.slack.help/hc/en-us

IV. Zoom Website: https://support.zoom.us/hc/en-us

RELATED POLICIES / ATTACHMENTS / FORMS:

END

SAN ANTONIO REGIONAL HOSPITAL	Department:	**OPTI- WEST SARH GRADUATE MEDICAL EDUCATION (GME)**				
	Section:	**POLICIES AND PROCEDURES MANUAL**				
	Title:	**OPTI-West SARH Resident/Fellow Leave Policy**				
	Number:	18240.00205			Page 1 of 6	
	Hospitalwide	Interdepartmental	X Department	Patient Care	X Non- Patient Care	
Policy History			Approval:03/26		Dates	
Effective Date:	03/26					
Revision Date(s):						
Review Date(s):						

Record the review and revision dates every 2years.

PURPOSE

This policy defines allowable leave categories including vacation, sick leave, parental leave, medical leave, bereavement, military leave, and jury duty. It explains how leave impacts training completion and outlines procedures for requesting and approving time away from duty.

The policy is needed to balance resident well-being with continuity of patient care and educational requirements. Clear leave standards prevent inconsistent or inequitable treatment across departments and ensure compliance with labor laws and accreditation standards while supporting physician wellness and retention.

I. **Application**

A. All residents and fellows participating in post-graduate AOA/ACGME-sponsored programs (i.e., residencies or fellowships) under the Sponsoring Institution: OPTI West Education Consortium.

POLICY:

To establish policy governing leaves and to ensure that leaves are granted on a fair and equitable basis. Additionally, this policy will be administered in a manner that conforms to state and federal laws.

PROCEDURE:

I. **DEFINITIONS:**

A. **Leave Day: time away from training and other program requirements**.

1. In most cases, days counted toward leave follow a standard Monday through Friday work week. For certain rotations, days counted toward leave will be defined based on the applicable schedule and pre-determined workday(s).

II. **IMPLEMENTATION**:

A. **Vacation, Illness, and other Personal Leave Absences:**

1. Residents/fellows are granted a maximum of thirty (30) days of paid leave, per contract year, unless specifically limited as required for specialty board certification.

2. Absences from the residency program for vacation, illness, personal leave, education requests, etc., must not exceed a combined total of 30 paid leave days per academic year.
3. Paid leave does not carry over or accrue from one academic year to another.

B. **Vacation Leave Requests:**

1. Approval is contingent upon good academic and professional standing and impact on clinical rotation.
2. Vacation leave requests are granted at the discretion of the residency program director or Director of Medical Education/Designated Institutional Official (DME/DIO).
3. Time away from scheduled rotations must be taken as a "vacation leave request" and must be received not less than 60 days in advance. Official leave process requests may vary amongst sponsored programs as approved by the DIO or Graduate medical Education (GME) Office.
4. No more than a five (5) day block (Monday – Friday) may be taken off from any single rotation. Notification will be approved/denied in writing by the residency program director (or his/her designee).
5. Residency program directors have the discretion to restrict leave to specific rotations as dictated by patient care quality and safety needs. Vacation leave request can only be taken during designated leave rotations. Rotations in which vacation cannot be taken are noted in Appendix A. Exceptions can be made at the discretion of the residency program director. It is expected that this will vary amongst the sponsored programs.
6. Vacation **may not be taken during the months of June and July**. Exceptions are at the discretion of the residency program director and DME/DIO. It is anticipated that such requests will be rare and are subject to 60-day notice outlined in c) above.

In accordance with ACGME Common Program Requirement (CPR - IV.A.5.e).(2)), *residents are expected to demonstrate responsiveness to patient needs that supersedes self-interest*. OPTI West recognizes that there will be occasions when a resident/fellow should not report to work due to illness or other urgency.

C. **Illness Leave Request**

1. If a resident/fellow is unable to report to work due to illness or emergency, the resident/fellow must first notify the attending physician AND residency program director as soon as possible. It is the resident/fellow's responsibility to notify all appropriate parties

of their absence. This typically should occur within 2 hours of scheduled work commencement.

a. A resident/fellow who is absent due to a personal injury or illness and is released by their healthcare provider to return to work with restrictions, a reasonable effort will be made to offer the resident/fellow temporary modified work. Due to patient care and safety needs in many not be feasible to modify the work environment. Such modifications are granted on a case-by-case basis in accord with local program institutions Human Resources policy and applicable state/federal statutes.

D. **Personal Leave of Absence (PLOA)**

1. A Personal Leave of Absence (PLOA) without pay may be granted for a reasonable period of time up to thirty (30) days under special circumstances and will be reviewed on an individual basis by the residency program director in consultation with the DME/DIO and Human Resources.

   a. Extensions of leave are determined on an individual, case-by-case basis.

   Note: Insurance premiums may be charged at "full" organizational cost depending on available paid leave and duration of the PLOA.

2. All PLOA requests must be coordinated and/or approved by the residency program director and may affect the resident/fellow's graduation date. Whenever possible, at least 30 days advance notice should be given. When advance notice cannot be provided, residents/fellows should contact their residency program director as soon as possible.

3. The resident/fellow will be required to ""make-up"" the time missed in accordance with the Residency Program and Board Eligibility requirements as noted in Section VII.

E. **Education Requests**

1. Residents/fellows may allocate five (5) days from their allotted thirty (30) days per contract year/academic year for time away from the residency program for educational purposes, such as workshops or medical education activities.

2. All education leave must be approved by the program director.

3. Approval is contingent upon good academic and professional standing and impact on clinical rotation.

F. **Medical Leave Requests for Serious Health Condition or Maternity/ Paternity:**

1. Family and medical leaves (including pregnancy and parental leaves) are granted in accordance with the applicable federal Family and Medical Leave Act (“FMLA”) and the state family leave statute.
2. All requests must be made through the Human Resources department.
3. Whenever possible, at least 30 days' advance notice should be given. When advance notice is not possible, residents/fellows should contact their residency program director as soon as possible.
4. All medical leave is unpaid unless the resident/fellow utilizes paid leave available, or the resident/fellow has short-term disability benefits for self- illness/injury/maternity leave.
5. In most situations, FMLA leave will necessitate the resident/fellow to repeat training or ""make-up"" the time missed in accordance with the Residency Program and Board Eligibility requirements. All residents/fellows should contact their program director to verify any educational time to be made up.

G. **Bereavement Leave:**

1. Residents/fellows may be granted up to five (5) protected bereavement days for the death of an immediate family member.
2. It is understood that bereavement leave may vary among sponsored programs as approved by the DIO or GME Office.
3. The resident/fellow will not be required to ""make-up"" the time missed, unless necessitated by Board Eligibility requirements.

H. **Holidays:**

1. A holiday schedule is granted at the discretion of the program directors and the attending physician of the clinical rotation.
2. Days off during holidays are not guaranteed, and not all requests are granted.
3. If holiday leave is desired, it is strongly recommended that a request be submitted to the GME program coordinator at least 60 days in advance of the new academic year.
4. Holidays will be paid as part of the 30-day maximum paid leave allotment.

I. **Jury Duty**

1. Should a resident/fellow be selected for jury duty, the GME office may provide a letter requesting deferral of obligation until completion of residency fellowship training. However, this may not excuse the resident/fellow from jury duty.
2. In the event that time is required to serve on the jury, the resident/fellow will be required to ““make-up”” the training time as noted in Section 12.

J. **Personal Legal Matters**

1. Leave for court appearances in connection with personal legal matters will be deducted from annual leave.
2. In those instances when annual leave time has been exhausted, the resident/fellow will be required to ““make-up”” the training time as noted in Section 12.

K. **Military Leave**

1. In the event of military leave, the resident/fellow is required to provide their program director and Human Resources with a copy of the military "orders."
2. The resident/fellow will be required to ““make-up”” the training time as noted in Section 12.
3. The military orders should contain the time of deployment and locations.
4. Human Resources at the resident/fellow site may check for eligibility for protected leave of absence.

L. **“make-up” Time**

1. The resident/fellow will be required to “make-up” the absent time in excess of four weeks (or the maximum allowed by the specialty board) at the end of the academic year in which the absence occurred.
2. This “make-up” time will necessarily delay the beginning of each of the resident/fellow's subsequent academic years by an amount equal to the “make-up” time.
3. Any required “make-up” time will be paid, and all fringe benefits will be provided in accordance with the position.
4. Any “make-up” time required will be scheduled with an effort to best accommodate the needs of the resident/fellow but may not be guaranteed.
5. For a leave of absence that extends beyond the maximum allowed by the AOA and/or ACGME, the Graduate Medical Education

Committee (GMEC) has the responsibility to see that the best interests of the educational program, as well as the interests of the resident/fellow is served. In order to ensure the highest quality education, the GMEC may decide that making up absent time would not be satisfactory. The GMEC will ultimately decide how to resolve these situations. However, potential problems involving "make-up" time do not grant the GMEC the authority to deny FMLA leave to someone lawfully entitled to it.

6. The GMEC has the authority to extend the trainee contract for a period of up to three months for leave, illness, or remediation purposes without requesting approval for overlap of trainee numbers from the AOA and/or ACGME. Any overlap in excess of three (3) months shall require application for a temporary increase or complement change and be pre-approved by the AOA and/or ACGME. Such requests must be maintained in the trainee's file.

REFERENCES:

I. ACGME Institutional Requirements: https://www.acgme.org/globalassets/pfassets/programrequirements/2025-reformatted-requirements/institutionalrequirements_2025_reformatted.pdf

II. AOA Basic Document for Postdoctoral Training https://osteopathic.org/index.php?aam-media=/wp-content/uploads/2018/03/aoa-basic-document-for-postdoctoral-training.pdf

RELATED POLICIES / ATTACHMENTS / FORMS:

END

SAN ANTONIO REGIONAL HOSPITAL	Department:	**OPTI- WEST SARH GRADUATE MEDICAL EDUCATION (GME)**			
	Section:	**POLICIES AND PROCEDURES MANUAL**			
	Title:	**OPT-West SARH Resident/Fellow Physician Impairment Policy**			
	Number:	**18240.00206**			Page 1 of 4
	Hospitalwide	Interdepartmental	**X** Department	Patient Care	**X** Non- Patient Care
Policy History			Approval: March , 2026	Dates	
Effective Date:	March , 2026				
Revision Date(s):					
Review Date(s):					

Record the review and revision dates every 2years.

PURPOSE:

This policy establishes procedures for identifying, reporting, and managing residents or fellows whose performance may be impaired due to illness, substance use, fatigue, or mental health conditions. It prioritizes patient safety while outlining support and referral pathways for the impaired trainee.

The policy is necessary because impaired clinicians pose risks to patients, colleagues, and themselves. A structured approach allows early intervention before harm occurs and ensures that the institution fulfills its duty to both protect patients and provide compassionate assistance to struggling physicians.

I. **Application**

A. All residents and fellows participating in post-graduate AOA/ACGME-sponsored programs (i.e., residencies or fellowships) under the Sponsoring Institution: OPTI West Education Consortium.

POLICY

OPTI West recognizes it has a fundamental duty and responsibility to ensure the health and well-being of its residents/fellows. Physician impairment, due to alcohol, substance use, and emotional illness, is often first manifested during medical school or residency training and may escape detection or intervention. Residents/fellows are entitled to the support of an educational environment that is protective, sensitive, and able to intervene competently in potentially destructive and dysfunctional situations, without jeopardizing the residents/fellows' rights to confidentiality and the continuation of his/her residency training. Residents/fellows will be strongly encouraged to seek help or assistance for any problems with alcohol, drugs, or mental illness that affect their ability to function as a resident/fellow.

PROCEDURE:

I. **Definitions**:

A. **Impaired** – For purposes of this policy, "impaired" shall mean under the adverse influence of alcohol or any narcotic or drug; or, mentally unable to reason, communicate, or perform medical services in a safe and professionally acceptable manner, or carry out any duties or assignments, or requirements of the residency program.

II. **Implementation**:

A. Impairment in a resident/fellow may be subtle or overt but is most often first noticed as a significant and persistent change in behavior. Such changes may be manifested in any or all the physical, emotional, family, social, educational or clinical domains of functioning. These behavioral changes are often referred to as "red flags." If a faculty member, non-physician hospital staff member, resident/fellow, student or program coordinator notice these "red flags," s/he will notify the program director, the local Designated Institutional Official (DIO), and/or the DIO for Graduate Medical Education (GME) immediately.

B. The program director will contact the resident/fellow and arrange to meet with the resident/fellow immediately. The program director will then contact the DIO and arrange for the meeting to take place in a neutral location.

C. If the resident/fellow acknowledges a problem with alcohol, substance use or emotional problems, s/he will be removed from the clinical area and be tested for impairment. The cost of this testing will be paid by the program site through the Employee Assistance Program. The resident/fellow will be placed on an administrative leave of absence pending a further evaluation of their condition. The resident/fellow may be reinstated by the DIO in consultation with the program director and local DIO based on the results of the evaluation.

D. If a resident/fellow requires intervention in the form of inpatient treatment, s/he will be placed on a leave of absence. The resident/fellow may be reinstated by the DIO for GME in consultation with the program director and the department chair, based on results of the treatment.

E. If a resident/fellow refuses to acknowledge a problem with alcohol, substance abuse or emotional problems, s/he will be removed from the clinical area. The resident/fellow will be asked to submit to a drug/alcohol urine test in order to rule out these factors. If the resident/fellow refuses to submit to this test, s/he will be immediately suspended from the residency program. The terms for reinstatement from the suspension will be determined by the DIO and the program director, in consultation with the local DIO.

F. If the resident/fellow fails to accept the terms of reinstatement from a leave of absence or from a suspension, or if the resident/fellow fails to satisfy the terms of his/her reinstatement or treatment, s/he will be dismissed from the residency program.

III. Warning Signs of Impairment

A. Performance Deteriorates

1. Inconsistent work quality and lowered productivity. Spasmodic work pace, deteriorated concentration, signs of fatigue
2. Increased mistakes, carelessness, errors in judgment

B. Poor Attendance and Absenteeism

1. Absenteeism and lateness accelerate, particularly before and after weekends
2. Frequent complaint of flu, stomach distress, sore throat, headache, or other vaguely defined illness

C. Attitude and Physical Appearance Changes

1. Details are neglected, assignments handled sloppily
2. Others are blamed for the individual's own shortcomings
3. Colleagues and the supervisor him/herself are often deliberately avoided
4. Personal appearance and ability to get along with others deteriorate
5. Colleagues may show signs of poor morale and reduced productivity, often because of the time spent "covering up" for the substance user

D. Health and Safety Hazards Increase

1. A higher-than-average accident rate emerges
2. Careless handling and maintenance of machinery and equipment
3. Taking needless risks in order to raise productivity following periods of low achievement
4. Disregard for the safety of colleagues

E. Domestic Problems Emerge

1. Complaints about problems in the home and with the family increase. There is talk of separation, divorce, and delinquent behavior in children

F. Financial problems recur with frequency

It is impossible to note all the behavioral symptoms that may occur in this process of deterioration, or to define precisely their sequence and severity.

They may appear single or in combination, and they may very well signify problems other than substance use.

REFERENCES:

I. ACGME Institutional Requirements: https://www.acgme.org/globalassets/pfassets/programrequirements/2025-reformatted-requirements/institutionalrequirements_2025_reformatted.pdf

II. AOA Basic Document for Postdoctoral Training: https://osteopathic.org/index.php?aam-media=/wp-content/uploads/2018/03/aoa-basic-document-for-postdoctoral-training.pdf

RELATED POLICIES / ATTACHMENTS / FORMS:

END

SAN ANTONIO REGIONAL HOSPITAL	Department:	**OPTI- WEST SARH GRADUATE MEDICAL EDUCATION (GME)**				
	Section:	**POLICIES AND PROCEDURES MANUAL**				
	Title:	**OPTI-West SARH Resident/Fellow Harassment Policy**				
	Number:	**18240.00207**			Page 1 of 6	
	Hospitalwide	Interdepartmental	x Department	Patient Care	x Non- Patient Care	
Policy History			Approval: March , 2026		Dates	
Effective Date:	March , 2026					
Revision Date(s):						
Review Date(s):						

Record the review and revision dates every 2years.

PURPOSE

This policy prohibits harassment and retaliation and defines reporting mechanisms, investigation procedures, and disciplinary consequences. It applies to all members of the OPTI West Education Consortium training environment, including faculty, staff, and trainees.

The policy is critical to maintaining a safe and respectful workplace and learning environment. It reduces institutional liability, supports staff and trainee well-being, and reinforces professional conduct standards that directly affect teamwork, communication, and patient outcomes.

I. Application

A. OPTI West Education Consortium is committed to maintaining an academic and clinical environment that is free of unlawful harassment or intimidation. Harassment includes any behavior or conduct that is based on a protected characteristic and that unreasonably interferes with an individual's work performance or creates an intimidating, hostile, or offensive work environment. Such behavior is in violation of policy and will not be tolerated.

All employees and managers should be aware that the organization will take appropriate action to prevent unlawful harassment, including sexual harassment, and that people engaged in such behavior will be subject to corrective action, up to and including termination. No reprisals against residents/fellows reporting suspected harassment or discrimination in good faith will be tolerated.

Any resident/fellow subject to unwelcome or threatening verbal or physical conduct, telephone calls, mail or attention from patients, co-workers, or others should notify the Designated Institutional Official (DIO) (see website https://www.opti-west.com/programs for current DIO contact information) for immediate assistance.

POLICY

A basic value of OPTI West is respect for each individual and for individual differences. In keeping with that principle, we are committed to maintaining an environment which is free of harassment or intimidation based on race/color, national origin/ancestry, sex (including gender expression), religion, age (for persons 40 and older), mental or physical disability, veteran status, medical condition (including

genetic characteristics), marital status, sexual orientation, and pregnancy. Harassment includes any behavior or conduct that unreasonably interferes with an individual's work performance or creates an intimidating, hostile, or offensive work environment. Such behavior is in violation of policy and will not be tolerated. While all forms of harassment are prohibited, this policy also separately emphasizes the prohibition against sexual harassment. To that end, OPTI West will comply with the California-mandated requirement (AB 1825) that all supervisors, managers, directors, and above receive two (2) hours of sexual harassment awareness training every two (2) years.

All employees and supervisors should be aware that OPTI West will take appropriate action to prevent and correct any behavior that constitutes harassment or sexual harassment, as defined

and that individuals who are found to be engaged in such behavior are subject to discipline up to and including termination.

PROCEDURE

I. **Definitions**

A. Harassment (Based on a Legally Protected Status)

1. Harassment is verbal, visual, or physical conduct that denigrates or shows hostility or aversion toward an individual because of his/her race/color, national origin/ancestry, sex (including gender expression), religion, age (for persons 40 and older), mental or physical disability, veteran status, medical condition (including genetic characteristics), marital status, sexual orientation, and pregnancy or that of his/her relatives, friends, or associates and that:

    a. Has the purpose or effect of creating an intimidating, hostile, or offensive working environment; or

    b. Has the purpose or effect of unreasonably interfering with an individual's work performance; or

    c. Otherwise adversely affects an individual's employment opportunities.

2. Harassing conduct includes, but is not limited to, the following:

    a. Epithets, slurs, negative stereotyping, or threatening, intimidating or hostile acts that relate to race/color, national origin/ancestry, sex (including gender expression), religion, age (for persons 40 and older), mental or physical disability, veteran status, medical condition (including genetic characteristics), marital status, sexual orientation, and pregnancy.

    b. Written or graphic material that denigrates or shows hostility or aversion toward an individual or group because

of race/color, national origin/ancestry, sex (including gender expression), religion, age (for persons 40 and older), mental or physical disability, veteran status, medical condition (including genetic characteristics), marital status, sexual orientation, and pregnancy and that is placed on walls, bulletin boards, or elsewhere OPTI West affiliated premises, or circulated in the workplace.

c. Retaliation for having reported harassment or for participating in an investigation into a complaint of harassment is prohibited by law and affiliated institutions policy.

3. Harassment (Sexual)

   a. The determination of what constitutes sexual harassment will vary with the circumstances. However, in general, unwelcome sexual advances, requests for sexual favors and other verbal, visual or physical conduct of a sexual nature may constitute sexual harassment when:

      i. Submission to such conduct, made either directly or indirectly, is a term or condition of an individual's employment;

      ii. Submission to such conduct or rejection of such conduct is used as a basis for employment decisions affecting an individual;

      iii. Such conduct unreasonably interferes with an individual's work performance or creates an intimidating, hostile or offensive working environment. Examples of conduct which may create an offensive work environment include, but are not limited to, repeated and unwanted sexual advances or requests for sexual favors, displays of sexually suggestive objects, cartoons, web pages, screen savers, or pictures; suggestive or derogatory comments, insults or jokes; gestures or physical contact which are sexual in nature.

   b. Prohibited acts of sexual harassment can take a variety of forms ranging from subtle words or actions to physical assault. Sexual harassment can be male to female, female to male, female to female, or male to male. Examples of conduct which may create an offensive work environment include, but are not limited to:

i. Verbal conduct such as using epithets, derogatory comments, slurs, or making unwanted sexual advances, invitations, comments or noises;

ii. Visual conduct such as displaying derogatory posters, photographs, cartoons, or web pages, or viewing or disseminating offensive material online;

iii. Unwelcome physical conduct such as touching, purposely blocking normal movement, or interfering with work directed at an individual because of his/her sex (including gender expression);

iv. Insinuations, threats, and demands of an individual to submit to sexual requests to keep his/her job or avoid some other adverse impact on his/her job, and offers of job benefits in return for sexual favors. An adverse impact on an individual's job need not amount to a loss of his/her job or a demotion, but could mean an action that adversely impacts the individual's evaluation, wages, advancement or promotion, assigned duties, shift, or any other condition of employment or career development.

c. Retaliation for having reported harassment or for participating in an investigation into a complaint of harassment is prohibited by law and affiliated institutions' policy.

II. Implementation

A. Each sponsored program and affiliated site must have a manager/supervisor/program director who is responsible for this policy.

1. Each manager has a responsibility to maintain the workplace free of any form of harassment, whether by a manager, supervisor, employee, or other person (including a patient or vendor).

B. Discussing and Reporting Incidents or Problems

1. We urge anyone who believes he or she has been subjected to discrimination, harassment or offensive sexual behavior to immediately contact one of the resources listed in Section 5. below to discuss the situation.

2. All complaints of discrimination, harassment or offensive sexual behavior will be investigated promptly and in an impartial manner by a staff member of the Human Resources of the OPTI West-affiliated site or other appropriate person designated by Human Resources.

3. Because the subject of sexual harassment may be particularly sensitive to some, you are encouraged to choose the resource you feel most comfortable with to resolve the situation as quickly as possible. These discussions will be kept confidential to the extent possible, and every reasonable effort shall be made to protect the privacy of all parties. However, please keep in mind that reporting of the situation and cooperation in the inquiry are important to prevent it in the future.
4. In addition, employees may call a Human Resources representative on an anonymous basis to explore, discuss, or gain clarification about sexual harassment.

C. **Investigation**

1. Human Resources representative or appropriate designee at OPTI West-affiliated sites will promptly conduct a thorough and objective investigation of the alleged incident and will decide as to whether the harassment occurred, whether it did not occur, or whether the evidence is inconclusive. The process details will vary by affiliated site.
2. Any retaliation against or intimidation of any individual who has made a complaint or who has participated in an investigation of a harassment charge will not be tolerated and should be reported immediately to Human Resources at the OPTI West-affiliated site.

D. **Resolution**

1. If it is determined that harassment or retaliation has occurred, prompt and effective measures will be taken to remedy.
2. The Human Resources representative will inform the complainant of the results of the investigation and any action that will be taken to remedy the harassment.
3. Any employee, supervisor, manager, director, or above who is found, after appropriate investigation, to have engaged in harassment of another employee will be subject to appropriate disciplinary action depending on the circumstances, up to and including termination.

E. **Resources**

1. Your immediate supervisor or the next-level manager
2. Human Resources at your site
3. Any member of the OPTI West GME Office
4. Employee Assistance Program at your site
5. External resources:

a. In addition to the internal resources that are available, employees may file complaints regarding unlawful discrimination, harassment, or retaliation either with the Federal Equal Employment Opportunity Commission or with the state Department of Fair Employment. Contact information for these agencies is available in the Government section of the telephone book and online.

REFERENCES

I. ACGME Institutional Requirements: https://www.acgme.org/globalassets/pfassets/programrequirements/2025-reformatted-requirements/institutionalrequirements_2025_reformatted.pdf

II. AOA Basic Document for Postdoctoral Training: https://osteopathic.org/index.php?aam-media=/wp-content/uploads/2018/03/aoa-basic-document-for-postdoctoral-training.pdf

RELATED POLICIES / ATTACHMENTS / FORMS:

END

SAN ANTONIO REGIONAL HOSPITAL	Department:	**OPTI- WEST SARH GRADUATE MEDICAL EDUCATION (GME)**				
	Section:	**POLICIES AND PROCEDURES MANUAL**				
	Title:	**OPTI-West SARH Resident/Fellow Disability Accommodations Policy**				
	Number:	**18240.00208**			Page 1 of 2	
	Hospitalwide	Interdepartmental	X Department	Patient Care	X Non- Patient Care	
Policy History			Approval: March , 2026		Dates	
Effective Date:	March , 2026					
Revision Date(s):						
Review Date(s):						

Record the review and revision dates every 2years.

PURPOSE:

This policy ensures that residents and fellows with disabilities receive reasonable accommodations and are not discriminated against in training or employment. It outlines procedures for requesting accommodations and the institution's responsibility to evaluate and implement them.

The policy is necessary to comply with disability laws and promote equity in medical education. It ensures that qualified trainees are not excluded due to physical or cognitive limitations and that patient care remains safe by matching accommodations with essential job functions.

I. **Application**

a. All residents and fellows participating in post-graduate AOA/ACGME sponsored programs (i.e., residencies or fellowships) under the Sponsoring Institution: OPTI West Education Consortium.

POLICY:

OPTI West and its Sponsored Residency/Fellowship Programs at offered at partner sites do not discriminate based on disability in its hiring or employment practices. OPTI West is committed to ensuring that there is no discrimination in any terms, conditions or privileges of employment.

PROCEDURE:

I. Implementation

a. Resident/fellow physicians who require accommodation to safely perform the essential functions of his/her position must report such need as soon as practicable to their Program Director.

b. The Program Director and the resident/fellow will then contact the Disability Access Coordinator at the site to begin the process to request accommodation.

c. If the request for accommodation is approved, a team member from the site Human Resources will be assigned to begin the interactive process with the resident/fellow and program director to determine whether a reasonable accommodation exists.

d. Resident/fellows are not required to tell their Program Director their diagnosis or personal medical information.

e. However, Human Resources will share with the Program Director information regarding the resident/fellow's limitations necessary to determine if an accommodation exists.

f. The Program Director is prohibited from discussing the fact that a resident/fellow is being accommodated.

g. Questions or concerns regarding the accommodation process should be directed to the training site Disability Access Coordinator or Human Resources.

REFERENCES:

I. ACGME Institutional Requirements: https://www.acgme.org/globalassets/pfassets/programrequirements/2025-reformatted-requirements/institutionalrequirements_2025_reformatted.pdf

II. ACGME Common Program Requirements: https://www.acgme.org/globalassets/pfassets/programrequirements/2025-reformatted-requirements/cprresidency_2025_reformatted.pdf

III. AOA Basic Document for Postdoctoral Training: https://osteopathic.org/index.php?aam-media=/wp-content/uploads/2018/03/aoa-basic-document-for-postdoctoral-training.pdf

IV. Title II of the Americans with Disabilities Act (ADA) 1990: https://www.ada.gov/law-and-regs/ada/

RELATED POLICIES / ATTACHMENTS / FORMS:

END

SAN ANTONIO REGIONAL HOSPITAL	Department:	**OPTI- WEST SARH GRADUATE MEDICAL EDUCATION (GME)**			
	Section:	**POLICIES AND PROCEDURES MANUAL**			
	Title:	**OPTI-West SARH Resident/Fellow Supervision & Accountability Policy**			
	Number:	**18240.00209**			Page 1 of 5
	Hospitalwide	Interdepartmental	Department	Patient Care	Non- Patient Care
Policy History			Approval: March ,2026		Dates
Effective Date:	March , 2026				
Revision Date(s):					
Review Date(s):					

PURPOSE:

This policy defines levels of supervision and progressive responsibility based on trainee competence. It ensures attending physician oversight while allowing graduated autonomy as residents demonstrate proficiency.

The policy is essential for patient safety and clinical quality. It prevents unsupervised practice beyond competence while supporting professional development. Clear supervision standards reduce ambiguity in clinical decision-making and strengthen accountability structures within care teams.

This policy establishes standards for requesting, providing, and supervising specialty consultations by all residents to ensure high-quality patient care, effective interprofessional communication, patient safety, and compliance with ACGME requirements.

APPLICATION

All residents and fellows participate in post-graduate AOA/ACGME Sponsored programs (i.e., residencies or fellowships) under the Sponsoring Institution: OPTI West Education Consortium.

POLICY

In accordance with the ACGME Institutional and Program Requirements, effective programs, in partnership with their Sponsoring Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care.

Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each resident’s development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth. Although the attending physician is ultimately responsible for the care of the patient, every trainee shares the responsibility and accountability for their efforts in the provision of care.

PROCEDURE:

All OPTI-West programs must meet the following requirements:

Each patient must have an identifiable and appropriately credentialed and privileged attending physician (or licensed independent practitioner as specified by the applicable Review Committee) who is responsible and accountable for the patient's care.

Residents and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. This information must be available to residents, faculty members, other members of the health care team, and patients.

I. **Levels of Supervision:**

Supervision may be exercised through a variety of methods. For many aspects of patient care, the supervising physician may be a more advanced resident or fellow. Other portions of care provided by the resident can be adequately supervised by the immediate availability of the supervising faculty member, fellow, or senior resident physician, either on site or by means of telephonic and/or electronic modalities. Some activities require the physical presence of the supervising faculty member. In some circumstances, supervision may include post-hoc review of resident-delivered care with feedback.

The program must demonstrate that the appropriate level of supervision in place for all residents is based on each resident's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation.

To promote oversight of resident supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:

II. **Direct Supervision:** The supervising physician is physically present with the resident and patient (especially with PGY1 Residents).

III. **Indirect Supervision:**

a. With Direct Supervision immediately available – the supervising physician is physically within the hospital or other site of patient care and is immediately available to provide Direct Supervision.

b. With Direct Supervision available – the supervising physician is not physically present within the hospital or other site of patient care but is immediately available by means of telephonic and/or electronic modalities and is available to provide Direct Supervision.

IV. **Oversight:** The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident/fellow must be assigned by the program director after consultation with faculty members.

The program director must evaluate each resident/fellow's abilities based on specific criteria, guided by the Milestones.

Faculty members functioning as supervising physicians must delegate portions of care to residents/fellows based on the needs of the patient and the skills of each resident/fellow.

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.

Programs must set guidelines for circumstances and events in which residents must communicate with the supervising faculty member(s).

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

Opti West Residents/Fellows' Consult Principles:

- Consults should be patient-centered, timely, and clinically appropriate, in coordination with the Supervising Physician
- Residents must practice within their level of training and seek appropriate supervision (patient's condition exceeds general specialty scope, diagnostic uncertainty, patient is deteriorating, or policy requires it).
- Consultants and primary teams share responsibility for clear communication and coordinated care.
- Faculty oversight is required for consult-related decision-making, especially for high-risk or urgent cases.

Process for Requesting Consults

1) **Residents:**
    a. PGY-1: Discuss consultations with supervising faculty before requesting, except in emergencies (supervising faculty to contact consultants).
    b. PGY-2 and PGY-3: May initiate consultations with appropriate attending awareness.
2) **Responsibilities**
    a. **Residents/Fellows:** Prepare requests thoroughly, communicate respectfully, follow up promptly, and involve appropriate faculty and patients in decisions.
    b. **Faculty Supervision and Oversight:** The attending physician is ultimately responsible for patient care and oversight of all consult-related decisions. Faculty oversight, including the need to respond if the consultant requests to speak to the Faculty directly related to patient care.
    c. **Consultant Responsibilities:** Respond timely, flag urgent findings to the

primary team, support resident education, and may request attending contact in urgent situations (or for further clarification).

3) **Patient Safety and Quality Improvement**

   a. **HIPAA- compliant electronic communication platforms:** Residents/Fellows need to use HIPAA - compliant electronic communication platforms when discussing patient information, in accordance with sponsored program standards and institutional policy.

      Protected Health Information (PHI) must never be transmitted via personal devices or non-compliant applications. This includes, but is not limited to, standard SMS texting, iMessage, WhatsApp, or any other unapproved messaging platforms. These applications may lack required safeguards such as appropriate encryption standards, audit trails, secure storage, and controlled access protections. Use of such platforms for PHI may result in unauthorized disclosure, data breaches, and potential HIPAA violations.

      Residents and fellows may text faculty on a personal device solely to inquire about availability or an approximate time to speak. However, any communication involving patient identifiers, clinical details, medical decision-making, or consultation requests must occur through an institution-approved HIPAA-compliant messaging system or via direct telephone conversation.

      Compliance with these requirements is mandatory. Failure to adhere to institutional communication policies may result in corrective action and potential reporting obligations under applicable regulatory standards to safeguard patient privacy.

      If residents/fellows have any questions regarding approved platforms or appropriate communication procedures, they can contact the Sponsored Program's Compliance Office or Graduate Medical Education Office for clarification.

   b. Delays, communication failures, near misses, or adverse events should be reported through Opti West Sponsored Program Hospital's safety systems (ex: Midas on intranet) and reviewed for quality improvement.

4) **Review and Compliance**

   OPTI-West requires all ACGME-accredited residency and fellowship training programs to develop and maintain a policy on resident supervision. Program policies must meet the educational objectives and patient care responsibilities of the training program and must comply with the requirements regarding supervision of residents according to the specialty-specific Program

   Requirements, the Common Program Requirements, and the Institutional Supervision and Accountability Policy. This policy is reviewed annually by the Program Director and Program Evaluation Committee (PEC) and updated as needed to remain compliant with institutional GME policies.

   In addition, the policy must also address:

a. Process for notifying the health care team of the resident's supervision status.

b. Process for advancement in resident supervision level.

c. Process for documentation and list of supervised activities and procedures.

d. Process for reporting inadequate supervision and accountability in a protected manner that is free from reprisal.

5) Monitoring

OPTI West must ensure that each of its ACGME-accredited programs establishes a written program-specific supervision policy consistent with this institutional policy and the respective ACGME common and specialty/subspecialty-specific program requirements.

All programs are required to submit their supervision policy on a yearly basis as part of their Annual Program Evaluation (APE) submission.

REFERENCES:

1) ACGME Institutional Requirements: https://www.acgme.org/globalassets/pfassets/programrequirements/2025-reformatted-requirements/institutionalrequirements_2025_reformatted.pdf

2) ACGME Common Program Requirements: https://www.acgme.org/globalassets/pfassets/programrequirements/2025-reformatted-requirements/cprresidency_2025_reformatted.pdf

3) HIPAA: https://www.hhs.gov/hipaa/for-professionals/index.html

4) Consults in GME:

Courteous Consult in GME.pdf

RELATED POLICIES / ATTACHMENTS / FORMS:

Midas -Risk Incident Reporting at SARH on Intranet

Midas - Risk Incident Reporting (

END

SAN ANTONIO REGIONAL HOSPITAL	Department: **OPTI-WEST SARH GRADUATE MEDICAL EDUCATION (GME)**				
	Section: **POLICIES AND PROCEDURES MANUAL**				
	Title: **OPTI-West SARH Resident/Fellow Clinical & Educational Work Hours Policy**				
	Number: **18240.00210**				Page 1 of 3
	Hospitalwide	Interdepartmental	Department	Patient Care	Non- Patient Care
Policy History			Approval: March , 2026		Dates
Effective Date: March , 2026 Revision Date(s): Review Date(s):					

Record the review and revision dates every 2years.

PURPOSE

This policy defines the OPTI–West Educational Consortium Clinical and Educational Work Hours Policy for its Sponsored Programs.

This policy establishes duty-hour limits, rest requirements, and call restrictions consistent with national accreditation standards. It also describes monitoring systems and corrective actions for violations.

The policy exists to reduce fatigue-related medical errors and protect resident health. By standardizing work hour expectations, the institution improves patient safety, supports workforce sustainability, and demonstrates compliance with accreditation and labor regulations.

I. **APPLICATION**

All residents and fellows participating in ACGME-sponsored programs under the Sponsoring Institution: OPTI-West Education Consortium.

POLICY

As the Sponsoring Institution, OPTI-West Educational Consortium, through its Graduate Medical Education Committee (GMEC), is responsible for promoting education and ensuring that the working environment and clinical and educational work hours are appropriate and in compliance with the ACGME institutional, common, and specialty-specific requirements.

OPTI-West sponsored programs must design an effective program structure that is configured to provide residents with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities. All must adhere to the following.

Each OPTI-West Sponsored Program will develop a Clinical and Educational Work Hours policy incorporating the following elements.

I. **Maximum Hours of Clinical and Educational Work per Week**

A. Work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of;

1. all in-house clinical and educational activities, and

2. clinical work done from home, and

3. all moonlighting activities

II. Mandatory Time Free of Clinical Work and Education

A. Resident/Fellows must have 10 hours off between scheduled clinical work and education periods.

B. There may be circumstances when residents/fellows choose to stay to care for their patients or return to the hospital with fewer than 8 hours free of clinical experience and education.

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

1. After 24 hours of in-house call, Residents/Fellows must have at least 14 hours free of clinical work and education.

2. Residents/Fellows must be scheduled for a minimum of one day in seven free of clinical work and required education

a. 1/7 days off is averaged over four weeks

b. At-home call cannot be assigned on these free days

III. Maximum Clinical Work and Education Period Length

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

B. Up to four hours of additional time may be used for

1. activities related to patient safety, such as providing effective transitions of care, and/or

2. resident education

3. Additional Resident/Fellow patient care (clinical work) responsibilities must not be assigned during this time

IV. Clinical and Educational Work Hour Exceptions

A. On rare occasions, after handing off all other responsibilities, a resident/fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances:

1. to continue to provide care to a single severely ill or unstable patient; and/or

2. humanistic attention to the needs of a patient or family; and/or,

3. to attend unique educational events

4. These exceptional additional hours of care or education must be counted toward the 80-hour weekly limit

V. Responsibility

A. Program Directors must ensure that the scheduling of Residents/Fellows complies with the clinical and educational work hours requirements as above.

B. Program Directors and the GME Office are responsible for the ongoing monitoring of Residents/Fellows' clinical and educational work hours and must ensure that the work hours are logged in New Innovations as required.

C. Programs that are not in compliance with the work hours will be required to develop a corrective action plan and submit the plan to the Opti West DIO and GMEC.

VI. Monitoring and Oversight

The Opti West GMEC, in collaboration with the Opti West DIO, is responsible for the monitoring and oversight of Resident/Fellow Clinical and Educational Work Hours through the following methods:

A. Review of the program's policies on work hours and resident working environment as part of the GMEC Annual Program Review (APE).

B. Review of monthly program work hour violation reports from the program's residency management system, New Innovations, at the GMEC meetings.

C. Review of the ACGME Resident/Fellow surveys regarding work hours.

D. Review of reporting of violations, concerns, or complaints from Residents/Fellows to the DIO.

E. GMEC quarterly review of the program's corrective action plans for non-compliance with work hours.

REFERENCES

I. ACGME Institutional Requirements: https://www.acgme.org/globalassets/pfassets/programrequirements/2025-reformatted-requirements/institutionalrequirements_2025_reformatted.pdf

II. ACGME Common Program Requirements: https://www.acgme.org/globalassets/pfassets/programrequirements/2025-reformatted-requirements/cprresidency_2025_reformatted.pdf

RELATED POLICIES / ATTACHMENTS / FORMS:

END

SAN ANTONIO REGIONAL HOSPITAL	Department:	**OPTI- WEST SARH GRADUATE MEDICAL EDUCATION (GME)**				
	Section:	**POLICIES AND PROCEDURES MANUAL**				
	Title:	**OPTI-West SARH Resident/Fellow Moonlighting Policy**				
	Number:	**18240.00211**			Page 1 of 3	
	Hospitalwide	Interdepartmental	X Department	Patient Care	X Non- Patient Care	
Policy History			Approval: March , 2026		Dates	
Effective Date:	March , 2026					
Revision Date(s):						
Review Date(s):						

Record the review and revision dates every 2years.

PURPOSE

This policy defines the OPTI-West Moonlighting Policy for its Sponsored Programs.

This policy regulates outside paid work by residents and fellows, requiring program director approval and counting moonlighting toward duty-hour limits. It prohibits moonlighting for PGY-1 residents.

The policy is needed to prevent fatigue, conflicts of interest, and patient safety risks. It ensures that training remains the primary focus of residency while allowing limited professional practice when appropriate and safe.

I. Application

All residents and fellows participating in post-graduate AOA/ACGME-sponsored programs (i.e., residencies or fellowships) under the Sponsoring Institution: OPTI West Education Consortium.

POLICY

Training OPTI-West and its Sponsored Residency/Fellowship Programs is a full-time educational experience. Extramural paid activities (moonlighting) must not interfere with the resident's/fellow's educational performance; nor must those activities interfere with the resident's opportunities for rest, relaxation, and independent study. As a result, residents/fellows are NOT required to engage in moonlighting activities as a condition for appointment to an OPTI West residency program.

PROCEDURE:

I. Implementation

A. Each OPTI-West Sponsored Program will develop a Moonlighting policy incorporating the following elements.

II. Definition

A. Moonlighting is defined as any activity, outside the requirements of the residency/fellowship program, in which an individual performs duties as a fully-licensed physician and receives direct financial remuneration. This includes, but is not limited to:

1. Providing direct patient care
2. Conducting "wellness" physical examinations

3. Reviewing medical charts, EKGs, or other information for a company or an agency
4. Clinical teaching in a medical school or other educational programs involving clinical skills
5. Providing medical opinions or testimony in court or to other agencies
6. Serving as a sports team physician or medical official for an event

B. PGY-1 residents are not permitted to moonlight.

C. Time spent by residents in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit.

D. To ensure complete accounting of time spent moonlighting, all residents/fellows who wish to work outside the residency program must request permission and receive written approval from the program director.

1. The Program Director may decline to approve or rescind prior approval of moonlighting activities if he/she believes that such activities will interfere with:
    a. the Resident/Fellow training progress, or
    b. the resident's fitness for work, or
    c. compromise patient safety

E. OPTI West, as the Sponsoring Institution or individual sponsored programs, may prohibit moonlighting by residents/fellows.

III. **Monitoring**

A. Each Sponsored Program(s) local GMEC shall monitor work hours at each meeting. Local GMEC minutes shall note such monitoring, including moonlighting.

B. Local GMEC minutes will be provided to the OPTI West GME Office for review at the OPTI GMEC meeting.

C. Each Sponsored Program Evaluation Committee and written Annual Program Evaluation shall incorporate review of the clinical learning environment, including work hours and moonlighting.

REFERENCES:

I. ACGME Institutional Requirements: https://www.acgme.org/globalassets/pfassets/programrequirements/2025-reformatted-requirements/institutionalrequirements_2025_reformatted.pdf

II. ACGME Common Program Requirements: https://www.acgme.org/globalassets/pfassets/programrequirements/2025-reformatted-requirements/cprresidency_2025_reformatted.pdf

III. AOA Basic Document for Postdoctoral Training: https://osteopathic.org/index.php?aam-media=/wp-content/uploads/2018/03/aoa-basic-document-for-postdoctoral-training.pdf

RELATED POLICIES / ATTACHMENTS / FORMS:

END

SAN ANTONIO REGIONAL HOSPITAL	Department:	**OPTI- WEST SARH GRADUATE MEDICAL EDUCATION (GME)**				
	Section:	**POLICIES AND PROCEDURES MANUAL**				
	Title:	**OPTI-West SARH Resident/Fellow Vendor Interaction Policy**				
	Number:	**18240.00212**			Page 1 of 2	
	Hospital wide	Interdepartmental	X Department	Patient Care	X Non- Patient Care	
Policy History			Approval: March , 2026		Dates	
Effective Date: March , 2026 Revision Date(s): Review Date(s):						

Record the review and revision dates every 2years.

PURPOSE

This policy establishes guidelines for the interaction of medical staff, faculty, students, and trainees (residents/fellows) of OPTI West Sponsored Programs with industry representatives, including pharmaceutical and medical device companies.

It covers gifts, access, educational funding, and disclosure of relationships to prevent conflicts of interest in education and patient care.

The policy exists to protect clinical objectivity, educational integrity, and ethical decision-making in prescribing and purchasing.

Industry interactions happen in many settings — such as product marketing, device training, research support, and continuing medical education — both on and off campus. While many of these interactions support our educational, clinical, and research missions, they must remain ethical and free from conflicts of interest that could compromise patient safety, data integrity, our training programs, or the reputation of our faculty and institution.

I. **Application**

A. All residents and fellows participating in post-graduate AOA/ACGME-sponsored programs (i.e., residencies or fellowships) under the Sponsoring Institution: OPTI West Education Consortium.

POLICY

It is the policy of OPTI West, its sponsored programs, and partner sites that interactions with industry should be conducted to avoid or minimize conflicts of interest. When conflicts of interest do arise, they must be addressed appropriately, as described herein. All residency program stakeholders should be aware of the ACCME Standards for Commercial Support (http://www.accme.org/requirements/accreditation-requirements-cme-providers/standards-for- commercial-support). They provide useful guidelines for evaluating all forms of industry interaction, both on and off the medical training site campus.

PROCEDURE

I. **Implementation**

A. Each OPTI West-sponsored program site will develop a Vendor Interaction policy incorporating the following elements.

B. Each Vendor Interaction policy must incorporate the following types of interactions with industry. It does not include Faculty research and related activities, which are typically covered by local conflict of interest policies.

1. Gifts and compensation
2. Site access by sales and marketing representatives
3. Provision of scholarships and other educational funds to students and trainees
4. Support for educational and other professional activities
5. Disclosure of relationships with industry
6. Training of students, trainees, and staff regarding potential conflict of interest in industry interactions

I. **Monitoring**

a. Each hospital with a Sponsored Program will file its Vendor Interaction policy with the OPTI West GME office not less than every two years.

b. Each Sponsored Program(s) PEC shall evaluate the impact of vendor interaction annually. The Annual Program Evaluation report will detail any impact on the program and, where necessary, address plans to minimize such impact.

REFERENCES:

I. ACGME Institutional Requirements: https://www.acgme.org/globalassets/pfassets/programrequirements/2025-reformatted-requirements/institutionalrequirements_2025_reformatted.pdf

II. ACGME Common Program Requirements: https://www.acgme.org/globalassets/pfassets/programrequirements/2025-reformatted-requirements/cprresidency_2025_reformatted.pdf

III. ACGME Standards for Commercial Support: http://www.accme.org/requirements/accreditation-requirements-cme-providers/standards-for-commercial-support

RELATED POLICIES / ATTACHMENTS / FORMS:

END

SAN ANTONIO REGIONAL HOSPITAL	Department:	**OPTI- WEST SARH GRADUATE MEDICAL EDUCATION (GME)**			
	Section:	**POLICIES AND PROCEDURES MANUAL**			
	Title:	**OPTI-West SARH Resident/Fellow Non-Competition Guarantee Policy**			
	Number:	**18240.00213**			Page 1 of 2
	Hospitalwide	Interdepartmental	X Department	Patient Care	X Non- Patient Care

Policy History	Approval: March , 2026 Dates
Effective Date: March , 2026	
Revision Date(s):	
Review Date(s):	

Record the review and revision dates every 2years.

PURPOSE

This policy prohibits non-compete clauses in trainee (resident and fellow) contracts, ensuring trainees are not restricted in future employment after training, as per the Accreditation Council for Graduate Medical Education (ACGME) and OPTI-West Educational Consortium and its Sponsored Programs.

This policy is necessary to comply with accreditation requirements and promote workforce mobility. It prevents exploitation of trainees and supports recruitment by ensuring fair contractual conditions.

OPTI-West, as the Sponsoring Institution, is required to maintain a policy that forbids the usage of non-competition guarantees within the training agreement of its Sponsored Programs.

I. Application

All residents and fellows participating in post-graduate AOA/ACGME-sponsored programs (i.e., residencies or fellowships) under the Sponsoring Institution: OPTI-West Education Consortium.

POLICY

It is the policy of OPTI-West, its sponsored programs, and partner sites that no residency/fellowship appointment agreement may require residents/fellows to sign a non- competition guarantee or restrictive covenant as a condition of the appointment.

PROCEDURE:

I. Monitoring

A. Each Consortium partner will file its resident/fellow agreement with MEC of the sponsored program and review it not less than every two years.

B. Each Sponsored Program will file its resident agreement with the OPTI-West GME office not less than every two years.

C. The DIO/DME and staff within the Office of Medical Education will review the resident agreements and report any concerns to the consortium partner and GMEC.

REFERENCES:

I. ACGME Institutional Requirements: https://www.acgme.org/globalassets/pfassets/programrequirements/2025-reformatted-requirements/institutionalrequirements_2025_reformatted.pdf

II. ACGME Common Program Requirements: https://www.acgme.org/globalassets/pfassets/programrequirements/2025-reformatted-requirements/cprresidency_2025_reformatted.pdf

III. ACGME Policies and Procedures: https://www.acgme.org/globalassets/ab_acgmepoliciesprocedures.pdf

RELATED POLICIES / ATTACHMENTS / FORMS:

END

SAN ANTONIO REGIONAL HOSPITAL	Department:	**OPTI- WEST SARH GRADUATE MEDICAL EDUCATION (GME)**				
	Section:	**POLICIES AND PROCEDURES MANUAL**				
	Title:	**OPTI-West SARH Resident/Fellow Disaster Policy**				
	Number:	**18240.00214**			Page 1 of 2	
	Hospital wide	Interdepartmental	X Department	Patient Care	X Non- Patient Care	
Policy History			Approval: March , 2026		Dates	
Effective Date:	March , 2026					
Revision Date(s):						
Review Date(s):						

Record the review and revision dates every 2years.

PURPOSE

This policy outlines procedures for the temporary or permanent transfer of residents if disasters disrupt training (educational) environments. It requires coordination with accrediting bodies (ACGME/AOA) and clear communication with affected trainees (Residents/Fellows).

The policy is needed to ensure continuity of education and patient care during emergencies. It supports rapid response planning and protects residents from training interruptions that could jeopardize licensure or certification.

I. **Application**

All residents and fellows participating in post-graduate AOA/ACGME-sponsored programs (i.e., residencies or fellowships) under the Sponsoring Institution: OPTI West Education Consortium

POLICY

The sponsoring institution will attempt to:

I. Arrange temporary transfers to other programs/institutions until the residency/fellowship program can provide an adequate educational experience for each of its Residents/Fellows.

II. Cooperate in and facilitate permanent transfers to other programs/institutions. Programs/institutions will make the keep/transfer decision expeditiously to maximize the likelihood that each Resident will complete the Resident year in a timely way.

III. Inform each transferred Resident of the minimum duration of his/her temporary transfer, and continue to keep each Resident informed of the minimum duration. If 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.

PROCEDURE

The 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 Review Committee Executive Director with information and/or requests for information.

Residents should call or email the appropriate Review Committee Executive Director with information and/or requests for information. Within ten (10) days after the declaration of a disaster, the DIO will contact ACGME to discuss due dates that ACGME will establish for the programs.

I. To submit program reconfigurations to ACGME and

II. 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.

REFERENCES:

I. ACGME Institutional Requirements: https://www.acgme.org/globalassets/pfassets/programrequirements/2025-reformatted-requirements/institutionalrequirements_2025_reformatted.pdf

II. ACGME Policies and Procedures: https://www.acgme.org/globalassets/ab_acgmepoliciesprocedures.pdf

RELATED POLICIES / ATTACHMENTS / FORMS:

END

SAN ANTONIO REGIONAL HOSPITAL	Department:	**OPTI- WEST SARH GRADUATE MEDICAL EDUCATION (GME)**			
	Section:	**POLICIES AND PROCEDURES MANUAL**			
	Title:	**OPTI-West SARH Resident/Fellow Program Closure-Reduction & Institutional Closure Policy**			
	Number:	**18240.00215**			Page 1 of 2
	Hospitalwide	Interdepartmental	x Department	Patient Care	x Non- Patient Care

Policy History	Approval: March , 2026 Dates
Effective Date: March , 2026	
Revision Date(s):	
Review Date(s):	

Record the review and revision dates every 2years.

PURPOSE:

This policy defines institutional responsibilities if a training program or sponsoring institution closes or reduces positions. It prioritizes placement of affected residents in other programs.

This policy is necessary to safeguard trainee careers and ensure ethical institutional conduct. It reduces legal and reputational risk while ensuring that residents are not abandoned during structural changes.

I. **Application**

All residents and fellows participating in post-graduate AOA/ACGME-sponsored programs (i.e., residencies or fellowships) under the Sponsoring Institution: OPTI West Education Consortium.

POLICY:

It is the policy of OPTI West and its sponsored programs (SARH) that it will make reasonable efforts to complete the training of Residents/Fellows actively enrolled in a sponsored program in the event of program closure or reductions in Resident numbers.

PROCEDURE:

In the event the residency cannot be finished, OPTI West will make a reasonable effort to place the affected Resident/Fellow in another training situation that will allow completion or continuation of the residency training.

Before making any reductions in a residency program, OPTI West and its partner sites, will consider the effects of such reductions on its other residency programs and its affiliated institutions.

Residents will be informed as soon as possible of any decisions regarding program closure or reduction in size. Such decisions are not reviewable under the Dispute Resolution Procedure or Due Process policy.

In the event of closure or dissolution of the consortium, OPTI West will work collaboratively with its training partners to do any and all of the following;

I. Assist training partner (SARH) to become its own Institutional Sponsor

II. Assist training partner (SARH) to become a part of another ACGME approved Sponsoring Institution

REFERENCES:

I. ACGME Institutional Requirements: https://www.acgme.org/globalassets/pfassets/programrequirements/2025-reformatted-requirements/institutionalrequirements_2025_reformatted.pdf

II. ACGME Policies and Procedures: https://www.acgme.org/globalassets/pdfs/ab_acgmepoliciesprocedures.pdf

RELATED POLICIES / ATTACHMENTS / FORMS:

END

SAN ANTONIO REGIONAL HOSPITAL	Department:	**OPTI- WEST SARH GRADUATE MEDICAL EDUCATION (GME)**				
	Section:	**POLICIES AND PROCEDURES MANUAL**				
	Title:	**OPTI-West SARH Resident/Fellow Forum Policy**				
	Number:	**18240.00216**			Page 1 of 4	
	Hospitalwide	Interdepartmental	X Department	Patient Care	X Non- Patient Care	
Policy History			Approval: March , 2026		Dates	
Effective Date: March , 2026 Revision Date(s): Review Date(s):						

Record the review and revision dates every 2years.

PURPOSE

This policy establishes a formal platform for residents/fellows in an OPTI West-sponsored program to raise concerns collectively and communicate with leadership without fear of retaliation.

The Forum consists of all residents/fellows from all OPTI West-sponsored programs, regardless of specialty or location of program.

The policy is needed to promote transparency and continuous improvement. It creates an early warning system for problems affecting patient care or training quality and strengthens institutional governance through resident engagement.

I. **Application**

All residents and fellows participating in post-graduate AOA/ACGME-sponsored programs (i.e., residencies or fellowships) under the Sponsoring Institution: OPTI West Education Consortium.

POLICY

Sponsoring Institutions with more than one program must ensure the availability of an organization, council, town hall, or other platform that allows all residents/fellows from within and across the Sponsoring Institution's ACGME-accredited programs to communicate and exchange information with other residents/fellows relevant to their ACGME-accredited programs and their learning and working environment. OPTI West is responsible for providing appropriate meeting space and/or technological support to conduct the resident forum.

Any resident/fellow from one of the OPTI West-sponsored programs will have the opportunity to directly raise a concern to the forum. Residents/fellows will have the option, at least in part, to conduct their forum without the DIO, program director, faculty members, or other administrators present. Residents/fellows will have the option to present concerns that arise from discussions at the forum to the DIO and GMEC.

PROCEDURE

I. **Definitions**

A. Resident Forum

1. The resident/fellow forum will be open to all OPTI West residents/fellows and will provide a platform in which

residents/fellows can raise issues to OPTI West's leadership without administrators being present unless otherwise requested by the residents/fellows.

B. Platform

1. A secure platform can be a chat room restricted to residents/fellows, but other social media platforms such as Facebook© or Twitter© would not meet the expectation.

II. Implementation

A. Local resident forum

1. All residencies will have a local resident-only forum at which residency-specific concerns can be discussed without faculty, administration, or OPTI-West participation and without fear of attribution or retribution.

   a. Chief resident or resident designee will be responsible for taking concerns to residency leadership.

   b. Chief resident or resident designee will be responsible for taking concerns regarding the learning and working environment – i.e., domain of the sponsoring institution to the resident representative to OPTI-West GMEC.

   c. OPTI-West GMEC resident representatives will be responsible for providing feedback to residents in constituent residencies regarding issues from local residency forums that are brought to OPTI-West GMEC.

B. OPTI-West Virtual Forum

1. A designated platform will be used as the virtual forum available to all OPTI-West residents.

   a. The designated platform is intended as a virtual office workspace where a team can gather to communicate and/or collaborate as a group. The designated platform is web-based and available on all devices, including cell phones and/or tablets via the designated platform APP.

   b. The designated platform has features that include chat/email, direct messaging, voice call, video chat, and screen sharing. Users can drag and drop PDFs, images, videos, and other files directly into the program and share them instantly with other residents or residency programs.

   c. The designated platform offers "channels" that can be used by residents/fellows to communicate securely with other residents/fellows across all OPTI-West residency programs. Channels can be organized around anything -- a

topic, project, location, even a specific residency program or specialty.

i. "Public channels" are used for conversations open to all members. Anything posted to a public channel is browsable and searchable by all members.

ii. The designated platform channels can also be "Private" and will require an invitation to be viewed.

2. All designated platform users will be asked to acknowledge and sign a Code of Ethics before being permitted to utilize the resident-only platform.
    a. The designated platform will be 'self-policed' by chief residents and/or resident designees from each of the OPTI-West residency programs.
        i. Chief residents or resident designees will monitor the designated platform channels to ensure they are free from bullying, harassment, and/or inappropriate content.
3. Annually, the OPTI-West Executive Associate will remove graduating residents from the designated platform in June/July and will add new onboarded interns/fellows to the designated platform in July/August.
4. Escalation of questions, concerns or issues that arise from conversations within the resident-only platform, the designated platform:
    a. Chief resident or resident designee will be responsible for taking concerns to residency leadership.
    b. Chief resident or resident designee will be responsible for taking concerns regarding the learning and working environment – i.e., domain of the sponsoring institution to the resident representative to OPTI-West GMEC.
    c. OPTI-West GMEC resident representatives will be responsible for providing feedback to residents in constituent residencies regarding issues from local residency forums that are brought to OPTI-West GMEC.

C. OPTI-West Designated Institutional Officer (DIO) Town Halls

1. On a semi-annual basis (no more than monthly), the OPTI-West DIO will host a virtual town hall open to all OPTI-West residents for the purpose of sharing information and concerns.
2. Zoom will be the platform used for the virtual meeting with the OPTI-West DIO and all OPTI-West residents.

a. Zoom offers a high-quality video that functions even in low-bandwidth situations, which is completely secure with end-to-end encryption. The program can record meetings either locally or to (limited) cloud space.

i. Residents unable to attend the scheduled OPTI-West DIO Town Hall will have access to the recording.

b. Zoom capabilities include video chat, group messaging, screen sharing, whiteboarding, keyboard/mouse control, and more. Allowing for an interactive meeting when necessary.

c. Zoom is web-based and available on all devices, including cell phones and/or tablets via the Zoom APP. Zoom works with Skype for Business and Slack.

3. OPTI-West residents will have the ability to ask questions and raise concerns directly to the DIO. Questions can be submitted prior to the Zoom Town Hall Meeting and/or during the Town Hall via the Zoom Q&A feature.

D. OPTI-West Resident Forum committee will monitor the implementation and use of the above resident forums and town halls.

REFERENCES

I. ACGME Institutional Requirements: https://www.acgme.org/globalassets/pfassets/programrequirements/2025-reformatted-requirements/institutionalrequirements_2025_reformatted.pdf

II. ACGME Frequently Asked Questions: Institutional Requirements: https://www.acgme.org/globalassets/PDFs/FAQ/IR_FAQs.pdf?ver=2020-03-12-092622-117

III. Slack Website: https://get.slack.help/hc/en-us

IV. Zoom Website: https://support.zoom.us/hc/en-us

RELATED POLICIES / ATTACHMENTS / FORMS:

END

SAN ANTONIO REGIONAL HOSPITAL	Department:	**OPTI- WEST SARH GRADUATE MEDICAL EDUCATION (GME)**				
	Section:	**POLICIES AND PROCEDURES MANUAL**				
	Title:	**OPTI-West SARH Resident/Fellow Special Review Policy**				
	Number:	**18240.00217**			Page 1 of 4	
	Hospitalwide	Interdepartmental	X Department	Patient Care	X Non- Patient Care	
Policy History			Approval: March , 2026		Dates	
Effective Date: March , 2026 Revision Date(s): Review Date(s):						

Record the review and revision dates every 2 years.

PURPOSE

This policy defines procedures for institutional review of underperforming programs (ACGME-accredited residency and fellowship with faculty& trainees) that show deficiencies or fail to meet standards.

It includes corrective action planning and oversight mechanisms, including the Graduate Medical Education Committee (GMEC) special review process, methods to oversee & resolve the issues.

The policy is essential for quality assurance and accreditation compliance.

It ensures that struggling programs receive structured support and that systemic risks to patient care or education are identified early.

I. **I.B.6** The GMEC must demonstrate effective oversight of underperforming program(s) through a Special Review process.

II. **I.B.6.a)** The Special Review process must include a protocol that:

III. **I.B.6.a).(1)** Establishes criteria for identifying underperformance; and,

IV. **I.B.6.a).(2)** Results in a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes.

POLICY

The GMEC will establish criteria for identifying program, faculty, trainee underperformance, develop protocols to use for special reviews and provide reports that describe the quality improvement goals and corrective actions that the program will use and the process that the GMEC will use to monitor outcomes.

PROCEDURE

The GMEC will identify underperformance through the following established criteria, which may include, but are not limited to, the following deviations from expected results in standard performance indicators:

I. **Program attrition**

   A. Change in program director more frequently than every 2 years.

   B. Greater than 1 resident/fellow per year attrition (withdrawal, transfer, or dismissal)

II. **Program loss of major educational necessities**

A. Changes in major participating sites.

B. Consistent incomplete resident complement.

C. Major program structural change.

III. **Recruitment performance**

A. Unfilled positions over three years.

IV. **Scholarly activity**

A. Graduating residents – lack of evidence of sufficient scholarly activity.

B. Faculty (core) – lack of evidence of sufficient scholarly activity.

V. **Board pass rate**

A. Below acceptable ACGME specialty standards

VI. **Resident/fellow or Faculty survey**

A. Resident survey – Resident overall dissatisfaction with the program, including but not limited to egregious single-year issues and issues that extend over more than one year.

B. < 80% compliance on any duty hour question in the institutional and/or ACGME Resident Surveys

C. < 70% compliance on work environment issues – Faculty Supervision, Service over Education, Lack of Resources, < 60% compliance in any area

D. Greater than 10 “red” zones

E. Faculty survey – less than 60% completion rate

VII. **Case logs/Clinical experience**

A. Below acceptable ACGME specialty-specific standards

VIII. **Non-compliance with responsibilities**

A. Failure to regularly attend GMEC scheduled meetings (minimum quarterly basis)

B. Failure to submit milestones data to the ACGME.

C. Failure to submit data to requesting organizations or GMEC.

IX. **Inability to demonstrate success in CLER focus areas**

A. Patient safety

B. Health Care Quality

C. Supervision

D. Care transitions

E. Duty hours, fatigue management, and mitigation

F. Professionalism

X. **Inability to meet established ACGME common and program-specific requirements**

A. Based on the letter of notification and the number of citations

B. Unresolved citations

XI. **SPECIAL GMEC REVIEW PROCEDURE:**

A. A Special Review will occur when:

1. A program has met three or more of the criteria established to initiate the review. A severe or unusual deficiency in any one or more of the established criteria.
2. There has been a significant complaint against the program, faculty, or trainee.

B. Designation

1. When a residency/fellowship program is deemed to have met the established criteria designation as an underperforming program, the DIO will schedule a special review. The special review shall occur within 90 days of a program's designation as "underperforming".

C. Special Review Panel

1. Each special review will be conducted by a panel including the DIO and a member of the GMEC, who is not a member of the program under review. As deemed necessary, a resident member of the GMEC and additional faculty and resident GMEC members, who are not members of the program under review, could also be included.

D. Preparation for the Special Review

1. The Chair of the Special Review panel, in consultation with the DIO/GMEC and/or other persons as appropriate, shall identify the specific concerns that are to be reviewed as part of the special review process. Based on identified concerns, the program being reviewed may be asked to submit documentation before the actual special review that will help the panel gain clarity on its understanding of the identified concerns.

E. The Special Review

1. Materials and data to be used in the review process may include, but are not limited to:
    i. The ACGME common, specialty/subspecialty specific program, and institutional requirements in effect at the time of the review;
    ii. Accreditation letters of notification from the most recent

ACGME reviews and progress reports sent to the respective RRC;

iii. Reports from previous internal reviews of the program (if applicable), Previous annual program evaluations,

iv. Results from internal or external resident surveys, if applicable, and

v. Any other materials that the Special Review panel considers necessary and appropriate.

The Special Review panel will conduct interviews with the Program Director, key faculty members, at least one resident from the training program, and other individuals deemed appropriate by the panel.

F. Special Review Report

1. The Special Review panel will submit a written report to the GMEC to be presented for review and approval. The report, at a minimum, will contain: a description of the review process and the findings and recommendations of the panel. These shall include a description of the quality improvement goals, a description of the corrective actions designed to address the identified concerns, and the process for GMEC monitoring of outcomes. The GMEC may, at its discretion, choose to modify the Special Review Report before accepting a final version.

G. Monitoring of Outcomes

1. The GMEC will monitor the outcomes of the Special Review by documenting discussions and follow-up in the GMEC minutes.

REFERENCES

I. ACGME Institutional Requirements: https://www.acgme.org/globalassets/pfassets/programrequirements/2025-reformatted-requirements/institutionalrequirements_2025_reformatted.pdf

II. ACGME Policies and Procedures: https://www.acgme.org/globalassets/ab_acgmepoliciesprocedures.pdf

RELATED POLICIES / ATTACHMENTS / FORMS:

END

SAN ANTONIO REGIONAL HOSPITAL	Department:	**OPTI- WEST SARH GRADUATE MEDICAL EDUCATION (GME)**			
	Section:	**POLICIES AND PROCEDURES MANUAL**			
	Title:	**OPTI-West SARH Residents/Fellow Annual Program Evaluation Policy**			
	Number:	**18240.00218**			Page 1 of 3
	MEC Hospitalwide	Interdepartmental	x Medicine Department	Patient Care	x Non- Patient Care

Policy History	Approval: March , 2026	Dates
Effective Date: March , 2026 Revision Date(s): Review Date(s):		

Record the review and revision dates every 2years.

PURPOSE

This policy requires each program to conduct an annual review of educational outcomes, faculty development, graduate performance, and program quality, with action plans for improvement.

The policy is necessary to support continuous quality improvement.

It provides leadership with data-driven insights into program effectiveness and ensures accountability for meeting educational and clinical standards.

I. **Program Role**

A. As required by the ACGME Common/Specialty-specific Program Requirements (V.C.1), each program director must appoint a Program Evaluation Committee (PEC) which:

1. must be composed of at least two program faculty members and should include at least one resident;
2. must have a written description of its responsibilities;
3. should participate actively in:
    a. planning, developing, implementing, and evaluating educational activities of the program
    b. Reviewing and making recommendations for revision of the competency-based curriculum
    c. goals and objectives
        i. addressing areas of non-compliance with ACGME standards
        ii. reviewing the program annually using evaluations of faculty, residents, and others

B. The PEC must document a formal, systematic evaluation of the curriculum at least annually, and is responsible for producing an Annual Program Evaluation (APE) (V.C.2), which monitors and tracks the following:

1. resident performance

2. faculty development
3. graduate performance, including the performance of program graduates on the certification examination
4. program quality
5. progress on the previous year's action plan(s).
6. As part of the APE, the PEC must prepare a written plan of action (V.C.3) to document performance improvement plans, including delineation of how they will be measured and monitored.

II. GMEC Role

A. Per the ACGME Institutional Requirements (I.B.4.a).4) the Graduate Medical Education Committee (GMEC) is charged with the oversight of OPTI West-sponsored programs' annual evaluation and improvement activities and will review each program's APE and approved Action Plan.

PROCEDURE

The APE process is intended to promote a meaningful way for program leadership to review and analyze program data. This document is a template to assist programs in the completion of the APE process.

Step 01: Convene the PEC, comprised of at least 2 faculty members and 1 resident

Step 02: Gather essential data and information (detailed below) for your PEC to review;

Step 03: Analyze data relative to:

A. Resident/fellow performance
B. Faculty development
C. Graduate performance
D. Program quality
E. Previous year's action plan

Step 04: Complete your written APE Summary and Action Plan Report using APE template (provided by Opti-West as below)

A. Email submission to the Opti-West DIO and institutional program coordinator (on website: https://www.opti-west.com) by July 31st of each academic year

Step 05: Each APE will be briefly presented in the months of August, September, and October for review and approval at the OPTI West GMEC.

REFERENCES

I. ACGME Common Program Requirements: https://www.acgme.org/programs-and-institutions/programs/common-program-requirements/

II. ACGME APE Tools:https://acgmehelp.acgme.org/hc/en-us/articles/360044317853-Annual-Program-Evaluation-APE-Tools

III. Opti West APE Template: 
APE 2024 - 2025.docx OptiWest

RELATED POLICIES / ATTACHMENTS / FORMS:

END

SAN ANTONIO REGIONAL HOSPITAL	Department:	**OPTI- WEST SARH GRADUATE MEDICAL EDUCATION (GME)**			
	Section:	**POLICIES AND PROCEDURES MANUAL**			
	Title:	**OPTI-West SARH Residents/Fellows Contract/Agreement Policy**			
	Number:	**18240.00219**			Page 1 of 2
	Hospitalwide	Interdepartmental	x Medicine Department	Patient Care	x Non- Patient Care

Policy History	Approval: March , 2026 Dates
Effective Date: March , 2026 Revision Date(s): Review Date(s):	

Record the review and revision dates every 2years.

PURPOSE

In accordance with the ACGME Institutional requirements, all Resident/Fellows who are in OPTI-West programs must be provided a contractual agreement that outlines the terms and conditions of their appointment to their GME program.

This policy requires written contracts specifying duties, compensation, benefits, insurance coverage, leave policies, grievance rights, and board eligibility information.

The policy is needed to ensure transparency and legal clarity in employment relationships. It protects both the institution and trainees by clearly defining expectations and rights, reducing disputes and misunderstandings.

I. **Application**

All residents and fellows participating in post-graduate AOA/ACGME-sponsored programs (i.e., residencies or fellowships) under the Sponsoring Institution: OPTI West Education Consortium.

POLICY

I. The contract/agreement of appointment must directly contain or provide a reference that specifies the following:

A. Resident/Fellow responsibilities

B. Duration of appointment

C. Financial support for residents/fellows

D. Conditions for reappointment and promotion to a subsequent PGY level

E. Grievance and due process

F. Professional liability insurance, including a summary of pertinent information regarding coverage

G. Hospital and health insurance benefits for residents/fellows and their eligible dependents

H. Disability insurance for residents/fellows

I. Vacation, parental, sick, and other leave(s) for residents/fellows, compliant with applicable laws

J. Timely notice of the effect of leave(s) on the ability of residents/fellows to satisfy requirements for program completion

K. Information related to eligibility for specialty board examinations

L. Institutional policies and procedures regarding resident/fellow clinical and educational work hours and moonlighting

Non-competition: Neither OPTI-West, the sponsoring institution, nor any of its ACGME-accredited programs will require a resident to sign a non-competition guarantee or restrictive covenant.

II. Monitoring

A. Each Sponsored Program will file its resident agreement with the OPTI West GME office not less than every two years.

B. The DIO/DME and staff within the Office of Graduate Medical Education will review the resident agreements and report any concerns to the consortium partner and GMEC.

REFERENCES

I. ACGME Institutional Requirements: https://www.acgme.org/globalassets/pfassets/programrequirements/2025-reformatted-requirements/institutionalrequirements_2025_reformatted.pdf

II. ACGME Policies and Procedures: https://www.acgme.org/globalassets/ab_acgmepoliciesprocedures.pdf

III. ACGME Common Program Requirements:

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

B. https://www.acgme.org/globalassets/pfassets/programrequirements/2025-reformatted-requirements/cprresidency_2025_reformatted.pdf

RELATED POLICIES / ATTACHMENTS / FORMS:

END

SAN ANTONIO REGIONAL HOSPITAL	Department: **OPTI- WEST SARH GRADUATE MEDICAL EDUCATION (GME)**				
	Section: **POLICIES AND PROCEDURES MANUAL**				
	Title: **Residents and Fellows' Humanism in Medicine Policy**				
	Number: **18240.00220**				Page 1 of 3
	Hospitalwide	Interdepartmental	X Medicine Department	Patient Care	x Non- Patient Care
Policy History			Approval: Yes		Dates March ,2026
Effective Date: 03-26 Revision Date(s): Review Date(s):					

Record the review and revision dates every 2years.

PURPOSE:

This policy replaces the former D.E.I. policy retired 02/2026, and affirms Opti West Graduate Medical Education (GME) department's commitment to humanism in medicine by promoting a culture grounded in respect, dignity, compassion, professionalism, and fairness with elimination of bias, within the organization and communities we serve. The policy supports a safe, inclusive, supportive learning and care environment that advances patient-centered, high-quality healthcare. GME is committed to developing, fostering, and advancing inclusion and diversity in our healthcare practice, workforce, workplace, policies, leadership, and faculty. GME department believes in equity for everyone.

POLICY:

Opti West GME is committed to fostering a professional environment characterized by mutual respect, psychological safety, and equitable treatment. The institution promotes behaviors and practices that honor the inherent dignity and worth of every individual and recognizes the importance of understanding patients' lived experiences, values, and social contexts as integral to compassionate, effective care. Discrimination, harassment, and conduct that undermines dignity or professionalism are inconsistent with this policy and institutional values.

I. **GUIDING PRINCIPLES**

a. Respect and Dignity: Treat all individuals with courtesy, empathy, and professionalism. Our goal is to celebrate and respect our differences.

b. Compassionate, Patient-Centered Care: Deliver care that honors patient preferences, values, and cultural contexts (including social determinants of health).

c. Psychological Safety: Foster environments where individuals feel safe to speak up and report concerns without fear of retaliation.

d. Professionalism and Accountability: Uphold ethical standards, civility, and responsibility in all interactions.

e. Equitable Treatment: Ensure fairness in selection, education, supervision, evaluation, and patient care, which will take into account unique perspectives. GME will work to provide equitable treatment to every individual and work to eliminate discrimination in all its forms at all organizational levels.

f. Community Trust: Promote trust through transparency, integrity, and respectful engagement.

II. GUIDELINES

a. Accomplishing diverse representation in trainees, faculty, key forums, and leadership

b. Enabling equality of opportunity and preparedness through fairness and training

c. Opposing bias and discrimination by promoting curiosity and transparency

d. Fostering belonging and inclusion for all--an emotional connection to the mission

Social Determinants of Health (SDOH) are conditions in the places where people live, learn, work, and play that impact a wide range of health and quality-of-life risks and outcomes.

Adding to the ACGME Requirements IV.B.1a.1.e residents, fellows, faculty, and staff must demonstrate competence in compassion, integrity, and respect for others; responsiveness to patient needs that supersedes self-interest; respect for patient privacy and autonomy; accountability to patients, society, and the profession; respect and responsiveness to diverse patient populations, including but not limited to diversity in gender, age, culture, race, religion, disabilities, national origin, socioeconomic status, and sexual orientation; ability to recognize and develop a plan for one's own personal and professional well-being; and, appropriately disclosing and addressing conflict or duality of interest.

The ACGME recognizes the diversity of residencies and fellowships and anticipates that programs prepare physicians for a variety of roles, including clinicians, scientists, and educators. It is expected that the program's scholarship will reflect its mission and aims, and the needs of the community it serves.

For example, some programs may concentrate their scholarly activity on quality improvement, population health, and/or teaching, while other programs might choose to utilize more classic forms of biomedical research as the focus for scholarship. Areas for improvement per ACGME V.C.1.c.5.f include resident fellow and faculty workforce diversity.

As referenced from ACGME residency milestones, residents, fellows, faculty, and staff should promote the:

1. Ability to provide care that acknowledges bias

2. Ability to assess and address SDOH factors for patients

3. Ability to assess SDOH factors within the community

4. Involvement of faculty members to address deficiencies in the performance of learners related to equity

5. Ability to assess themes of bias related to gender, race, and ability

6. Ability to assess learners' ability to advocate for health equity within their communities on a local and national scale

PROCEDURE

I. RESPONSIBILITIES

a. **Institutional Leadership:** Model humanistic values, ensure supportive policies, and allocate resources to promote respectful care environments. GME will work to eliminate discrimination in all its forms at all organizational levels.

b. **Faculty and Supervisors:** Serve as role models, provide constructive feedback, and address behaviors inconsistent with this policy.

c. **Residents and Learners:** Practice humanistic care and uphold professional conduct.
All Staff: Treat patients and colleagues with dignity and support teamwork.

d. **Education and Implementation:** Humanism and professionalism principles will be integrated into orientation, faculty development, and resident education. Training will include communication skills, reflective practice, and patient-centered care.

e. **Reporting and Accountability:** Concerns regarding behavior inconsistent with this policy may be reported through established institutional reporting mechanisms. Reports will be reviewed promptly and addressed in accordance with Opti West institutional policies. Retaliation for good-faith reporting is prohibited.

f. **Review and Continuous Improvement:** This policy will be reviewed periodically to ensure alignment with evolving standards of healthcare quality, patient safety, professionalism, and ethical practice.

REFERENCES

II. Accreditation Council for Graduate Medical Education IV.B.1.b): https://www.acgme.org/globalassets/pfassets/programrequirements/2025-reformatted-requirements/cprresidency_2025_reformatted.pdf

END

SAN ANTONIO REGIONAL HOSPITAL	Department: **OPTI-West SARH Graduate Medical Education (GME)**				
	Section: **POLICIES AND PROCEDURES MANUAL**				
	Title: **OPTI-West SARH IM Residency Program Evaluation Committee (PEC) Policy**				
	Number: **18241.00000**				Page 1 of 2
	Hospital wide	Interdepartmental	x Medicine Department	Patient Care	X Non- Patient Care
Policy History			Approval: March, 2026	Dates	
Effective Date: March, 2026 Revision Date(s): Review Date(s):					

Record the review and revision dates every 2years.

PURPOSE

The Program Evaluation Committee (PEC) provides systematic, ongoing evaluation of the OPTI-West SARH Internal Medicine Residency Program to ensure continuous quality improvement in education, supervision, learning environment, and patient care in alignment with Accreditation Council for Graduate Medical Education (ACGME) requirements.

POLICY

This policy applies to all educational activities, clinical training sites, faculty, and residents within the OPTI-West SARH Internal Medicine Residency Program.

I. **Committee Composition**

The PEC is appointed by the Program Director and includes:

a. The Program Director (Chair)- every meeting
b. Associate/Assistant Program Director(s) – biannually
c. Core teaching faculty- minimum 2
d. IM Subspecialty Faculty-biannually
e. Ambulatory Faculty-biannually
f. Emergency Department Faculty-annually
g. Opti West Education representatives (from Western U and Touro U)- biannually
h. At least two resident representatives or designate (as appropriate and consistent with institutional policy) – every meeting
i. Additional members (e.g., Chief or Assistant Chief Nursing chief/designee, Pharmacy chief/designee, Quality/safety representative, Informatics, Employee Health) as needed annually
j. Program Coordinator- every meeting

PROCEDURE

II. **Responsibilities**

The PEC is responsible for:

a. Conducting an **Annual Program Evaluation (APE)** of the residency program

b. Reviewing program aims, curriculum, educational content, and learning objectives

c. Reviewing resident performance data (aggregate milestones, board pass rates, in-training exam trends)

d. Reviewing faculty development, teaching effectiveness, and supervision quality

e. Monitoring duty hours, supervision, workload, and the learning environment

f. Reviewing patient safety, quality improvement involvement, and professionalism trends

g. Evaluating ACGME and Non- ACGME resident and faculty survey results and identifying areas for improvement

h. Assessing compliance with ACGME program and institutional requirements

i. Subcommittees like Interview Subcommittee – Inclusion of core faculty, APD, Subspecialty lead faculty, Outpatient clinic faculty, residents, and Opti West Education representatives.

REFERENCES:

I. ACGME Institutional Requirements: https://www.acgme.org/globalassets/pfassets/programrequirements/2025-reformatted-requirements/institutionalrequirements_2025_reformatted.pdf

II. ACGME Common Program Requirements: https://www.acgme.org/globalassets/pfassets/programrequirements/2025-reformatted-requirements/cprresidency_2025_reformatted.pdf

III. AOA Basic Document for Postdoctoral Training: https://osteopathic.org/index.php?aam-media=/wp-content/uploads/2018/03/aoa-basic-document-for-postdoctoral-training.pdf

RELATED POLICIES / ATTACHMENTS / FORMS:

END

SAN ANTONIO REGIONAL HOSPITAL	Department: **OPTI-West SARH Graduate Medical Education (GME)**					
	Section: **POLICIES AND PROCEDURES MANUAL**					
	Title: **Internal Medicine Residency Clinical Competency Committee (CCC) Promotion & Graduation Policy**					
	Number: **18241.00001**				Page 1 of 6	
	Hospitalwide	Interdepartmental	x Department	Patient Care	XNon-Patient Care	
Policy History			Approval: March, 2026		Dates	
Effective Date: March, 2026 Revision Date(s): Review Date(s):						

Record the review and revision dates every 10years.

PURPOSE

The Clinical Competency Committee (CCC)'s role is advisory and based on a comprehensive review of milestone data, evaluations, and other resident performance metrics. Also, CCC determines readiness for promotion, recommending progression in supervision, and advising the Program Director on promotion and graduation decisions in accordance with Accreditation Council for Graduate Medical Education (ACGME) requirements.

POLICY

Promotion and progression in supervision are **competency-based and individualized**. The **Program Director considers CCC recommendations and other relevant information before rendering the final decisions** regarding progression from direct to indirect supervision and any adjustments in supervision level to ensure patient safety and educational integrity.

I. The **Program Director makes the final determination** regarding:
   A. Promotion from PGY-1 to PGY-2
   B. Progression from **direct to indirect supervision**
   C. Promotion from PGY-2 to PGY-3
   D. Recommendation for graduation of PGY-3 residents

II. **Levels of Supervision Definitions**
   A. **Direct Supervision:** Attending/supervisor is physically present with resident & patient.
   B. **Indirect Supervision (Immediately Available):** a) With Direct Supervisor/Attending immediately available within the hospital/patient care area to provide direct supervision.
   C. With Direct Supervisor/Attending available by means of telephonic and/or electronic virtual modalities, & is available for direct supervision.
   D. **Oversight:** Feedback is provided after care is delivered by resident to provide review of patient procedures/encounters, with the supervisor available, though not necessarily on-site.

III. Composition and Process

The CCC consists of core Internal Medicine faculty appointed by the Program Director. The CCC meets semiannually and as needed to review resident performance using multiple assessment modalities, including but not limited to:

A. ACGME Milestones evaluations

B. Direct faculty evaluations

C. Mini-CEX and observed clinical encounters

D. Procedure logs

E. Multisource (360°) evaluations

F. In-training exam (ITE) performance

G. Professionalism and patient safety reports

H. Scholarly activity and quality improvement participation

The CCC provides recommendations to the Program Director regarding promotion, supervision level, remediation, probation, or non-promotion.

Residents may be recommended for promotion from PGY-1 to PGY-2 and transition from primarily **direct supervision** to **indirect supervision with direct supervision immediately available** when they demonstrate:

A. Achievement of **ACGME Milestones at or above expected PGY-1 levels** across all six core competencies

B. Ability to perform comprehensive history-taking and physical examinations with appropriate clinical reasoning

C. Safe and timely order entry, documentation, and care coordination

D. Recognition of clinical deterioration and appropriate escalation of care

E. Professional conduct, reliability, and responsiveness to feedback

F. Effective communication with patients, families, nurses, and interprofessional teams

G. Demonstrated understanding of patient safety principles and reporting of safety events

Residents who do not meet promotion criteria may be placed on a structured **Learning Improvement Plan** with defined goals, timelines, and follow-up assessments.

IV. General Promotion to Indirect Supervision (CCC):

Simple CCC Checklist (Promotion Policy to PGY2/3 Indirect Supervision)
PGY-2 residents eligible for indirect supervision demonstrate consistent ability to independently evaluate and manage common inpatient conditions, formulate appropriate assessments and plans, recognize clinical deterioration,

communicate effectively with the care team, and escalate concerns appropriately.

These residents typically meet or exceed **ACGME Internal Medicine Milestones Level 2** across Patient Care, Medical Knowledge, Interpersonal and Communication Skills, Professionalism, and Systems-Based Practice.

A. Admit and present patients

B. Generate a prioritized differential

C. Initiate standard workups and treatment plans

D. Identify unstable patients and escalate care

E. Perform safe handoffs

F. Document clearly in Cerner/Oracle

G. Demonstrate reliability and professionalism

H. Seek help appropriately

V. Core ACGME Requirements for Procedure Supervision

A. **Initial Supervision:** PGY-1 residents must initially be supervised directly (physically present) for all procedures.

B. **Progression:** Residents may progress to indirect supervision—where the supervisor is in the hospital and immediately available, or available by phone—once they have demonstrated sufficient skills.

C. **Sign-Off Requirement:** Residents can only perform procedures independently (or under indirect supervision/oversight) after they are "signed off" as competent by an authorized attending or senior resident, usually monitored via procedural logs (e.g., New Innovations).

VI. Key Factors for Promotion to Indirect Supervision

A. **Procedure Complexity:** High-risk or complex procedures may continue to require direct supervision longer than basic, low-risk procedures (e.g., phlebotomy vs. central line insertion).

VII. IMPLEMENTATION:

A. Promotion of residents from PGY1 to PGY2 Year

Each program director is responsible, in collaboration with the Clinical Competency Committee (CCC) or other committee, for creating and implementing a work instruction describing criteria for promotion to PGY2 year. At minimum the work instruction should include the following;

1. Completion of required program In Training Exam (ITE), and

2. Resident must have taken COMLEX USA Level 3 or USMLE Step 3 during first year, and
3. Passing elevation on all PGY1 rotations, and
4. Completion of all required on line modules (e.g. AMA GCEP), involvement in scholarly activity like Quality Improvement (QI), Posters, or Case Reports.

B. **Promotion to PGY3 and beyond**

Each program director is responsible, in collaboration with the CCC or other committee, for creating and implementing a work instruction describing criteria for promotion to PGY3 year and beyond (where applicable). At minimum the work instruction should include the following;

1. Completion of the required program In-Training Exam (ITE), and
2. Passing elevation on all PGY1 rotations, and
3. completion of all required online modules (e.g., AMA GCEP)

C. **Criteria for OPTI-West SARH Internal Medicine Residency Program Completion (Graduation)**

Each program director is required to create specific requirements for graduation. These requirements should be reviewed annually by the CCC in accordance to ACGME Common Program Requirements and AOA Basic Documents and Specialty College standards.

D. **Internal Medicine Residency Program – Specific Requirements for Graduation** document, aligned with ACGME Common Program Requirements:

1. **Purpose & Scope** — program authority and framework
2. **Program Duration** — 36-month minimum, leave/makeup policies
3. **ACGME Core Competencies** — all six domains with program-specific requirements:
    a. Rotation table with minimum weeks per subspecialty
    b. Procedural competency (10 procedures with case minimums)
    c. Medical Knowledge / ITE requirements
    d. PBLI, ICS, Professionalism, and SBP expectations

4. **Milestones** — minimum and target levels per domain for graduation
5. **Curriculum Requirements** — conference attendance thresholds, scholarly activity, teaching duties
6. **Administrative & Licensing** — USMLE/COMLEX deadlines, ACLS/BLS, records compliance
7. **Evaluation Process** — summative evaluations, 360° feedback, CCC review
8. **Remediation & Extension** — grounds and timeline
9. **Graduation Certification** — step-by-step process with ABIM notification
10. **Due Process & Appeals** — per ACGME CPR VI.C

E. **Due Process**
In the event that a resident/fellow during the appointment period is subject to any of the following actions he/she will be eligible to grieve in accord with OPTI West Grievance Policy:

1. Suspension, or
2. Non – renewal, or
3. Non – promotion, or
4. Dismissal

F. **Red Flags Triggering Heightened Review in a Resident:** Any of the following prompts a focused CCC discussion regardless of milestone averages.

1. Recurrent patient safety events
2. Failure to recognize clinical deterioration
3. Unsafe handoffs or communication failures
4. Persistent documentation deficiencies
5. Unprofessional behavior
6. Failure to accept or integrate feedback
7. Concerns raised by nursing or interprofessional staff

REFERENCES

I. ACGME Institutional Requirements: https://www.acgme.org/globalassets/pfassets/programrequirements/2025-reformatted-requirements/institutionalrequirements_2025_reformatted.pdf

II. ACGME Common Program Requirements: https://www.acgme.org/globalassets/pfassets/programrequirements/2025-reformatted-requirements/cprresidency_2025_reformatted.pdf

III. AOA Basic Document for Postdoctoral Training: https://osteopathic.org/index.php?aam-media=/wp-content/uploads/2018/03/aoa-basic-document-for-postdoctoral-training.pdf

RELATED POLICIES / ATTACHMENTS / FORMS:

END

SAN ANTONIO REGIONAL HOSPITAL	Department:	**OPTI-West SARH Graduate Medical Education (GME)**									
	Section:	**POLICIES AND PROCEDURES MANUAL**									
	Title:	**Residency/Fellowship Faculty and Staff Wellbeing Policy**									
	Number:	**18240.00221**						Page 1 of 5			
		Hospitalwide		Interdepartmental	x	Department		Patient Care		XNon-Patient Care	
Policy History				Approval: May, 2026				Dates			
Effective Date:		May, 2026									
Revision Date(s):											
Review Date(s):											

PURPOSE:

Opti-West San Antonio Regional Hospital (SARH) Graduate Medical Education (GME) is committed to fostering a culture of well-being for all faculty members and staff involved in graduate medical education. This policy establishes a framework to support the physical, mental, and professional health of faculty, in alignment with ACGME Institutional Requirements pertaining to faculty well-being. Also, for the staff involved with Graduate Medical Education. The institution recognizes that faculty and staff well-being is essential to delivering high-quality education, patient care, and maintaining a healthy and sustainable academic medical environment.

SCOPE:

This policy applies to all GME Faculty and Staff members at SARH, including:

- Core Faculty - with primary teaching responsibilities and direct program involvement
- All Faculty — the broader faculty group engaged in resident education and clinical supervision
- Staff- including managers, coordinators and other GME support staff

I. ACGME Alignment

This policy is developed in alignment with ACGME Institutional Requirements, which mandate that Sponsoring Institutions and programs must:

- Provide a supportive educational and work environment that promotes faculty well-being
- Educate faculty and program leadership on recognizing and responding to burnout, depression, and substance use disorders
- Facilitate access to confidential mental health assessment and treatment resources
- Ensure faculty are able to attend to their own health and well-being, including the ability to access medical and mental health care

SARH GME is dedicated to meeting and exceeding these requirements to promote a thriving academic medical community.

II. Well-Being Initiatives, Programs & Resources

a. Faculty Well-Being, Recognition, and Community-Building Events

The OPTI West San Antonio Regional Hospital (SARH) Graduate Medical Education (GME) Office is committed to fostering faculty well-being, professional fulfillment, engagement, and a culture of appreciation. To support these goals, GME will sponsor and coordinate the following annual and recurring faculty recognition and wellness events:

1. **Annual Core Faculty Recognition Dinner**

   An annual dinner will be held exclusively for Core Faculty members to recognize their significant contributions to resident and fellow education, program development, mentorship, and scholarly activities. This event will provide an opportunity for collegial networking, celebration of achievements, and informal discussion of educational initiatives and program goals. Attendance by all Core Faculty members is strongly encouraged.

2. **Annual All-Faculty Dinner**

   An annual dinner inclusive of all faculty will be held to celebrate the collective efforts of the entire faculty body, promote interdisciplinary relationships, and reinforce a culture of appreciation and belonging. All faculty members are encouraged to attend.

3. **Biannual Faculty Development Conferences and Networking Luncheons**

   Twice annually, SARH GME will host Faculty Development Conferences accompanied by networking luncheons. These sessions will focus on faculty development topics such as ACGME requirements, resident assessment and feedback, scholarly activity, wellness, professionalism, quality improvement, patient safety, and educational best practices. To maximize participation and minimize disruption to clinical responsibilities, these conferences will generally be scheduled on Saturdays.

4. **Annual Holiday Celebration for Faculty, GME Staff, Residents, and Fellows**

   An annual holiday celebration will be held to recognize the collective contributions of faculty, staff, residents, and fellows to the educational and clinical missions of SARH. This event is intended to strengthen interdisciplinary relationships, promote community engagement, and reinforce a culture of collaboration, gratitude, and belonging throughout the institution.

5. **Annual Resident, Fellow, Faculty, and GME Staff Awards & Graduation Celebration**

   Beginning in May 2028, SARH GME will host an annual Awards and Graduation Dinner recognizing graduating residents and fellows,

outstanding faculty contributions, exemplary staff support, and significant achievements in education, research, quality improvement, patient safety, professionalism, leadership, and service. This event will celebrate the accomplishments of the graduating class while honoring individuals who have made exceptional contributions to the success of the GME programs.

The GME Office will communicate event dates, venues, registration requirements, and logistical details in advance of each academic year. Participation in these activities is encouraged as part of SARH's commitment to faculty engagement, professional development, wellness, and community-building.

b. **Peer Support Program — Here 4 U**

SARH offers a confidential peer support program known as Here 4 U, available to all faculty members and GME staff. The Here 4 U program provides:

- Peer-to-peer emotional support from trained colleagues who understand the unique challenges of the medical profession
- A confidential, non-punitive environment for faculty to discuss work-related stress, burnout, personal hardship, and other challenges
- Referral pathways to professional mental health resources as needed
- Proactive outreach following critical incidents or high-stress events

Faculty are encouraged to utilize the Here 4 U peer support program at any time. Information on how to access the program is available through the GME office and the Human Resources department.

c. **Well-Being Program for Physicians & Staff**

SARH provides access to a dedicated Well-Being Program for Physicians & Staff, designed to support the holistic health needs of all physician faculty GME Staff. This program includes:

- Access to confidential mental health assessment and counseling services
- Resources addressing physician burnout, stress management, work-life integration, and resilience
- Educational programming on topics related to mental health, self-care, and sustainable practice
- Referral support to specialized treatment services as appropriate
- Regular well-being check-ins and programming events throughout the academic year

Faculty & GME Staff are encouraged to proactively engage with the Well-Being Program for Physicians. All services are provided confidentially, and participation does not impact credentialing or employment status.

Opti West SARP IMRP requires the faculty to undergo Wellbeing training and Physician burnout training annually. GME staff to follow SARH training on Relias.

d. **Institutional & Program Resources**

- OPTI-WEST Mental Health Resources
- SARH IMRP Program Wellness Faculty Lead- reports to PEC
- SARH Wellbeing Program for Physicians
- SARH provides the Wise@Work App for all Care Team members
- HERE4U — SARH peer support program

e. **Apps & Digital Mental Health Tools**

- Headspace Care — App-Based Coaching, Therapy, and Psychiatry
- Calm App
- Ash App
- CalHOPE Connect

f. **Crisis & Emergency Resources**

The SARH IMRP abides by the OPTI-WEST GME Policies. This document can be found in the "GME Policies" folder on the New Innovations homepage. The lives and wellness of our faculty and staff are greatly valued. The Program Coordinator will collect everyone's emergency contact information to ensure safety of all program contributors.

- Emergency Services: 911
- Suicide Prevention Hotline & Crisis Lifeline: Call or Text 988
- Spanish Suicide Prevention Hotline & Crisis Lifeline: 1-888-628-9454
- San Bernardino County Department of Behavioral Health Access Unit: 1-888-743-1478
- San Bernardino County Substance Use Disorder 24-Hour Helpline: 1-800-968-2636
- SARH Emergency Room
- Sexual Assault Hotline: 1-800-656-4673
- CalHOPE Warm Line: (833) 317-HOPE (4673)

- Contact Aetna Insurance (number on insurance card) for mental health resources
- SARH Human Resources (HR) Direct Line: 909-920-4721
- SARH Compliance/Ethics Confidential Hotline: (866) 580-5398
- Kind Health – Urgent Psychiatric Care, Addiction & Substance Use Treatment for Physicians and Healthcare workers: https://www.kindtelehealth.com/ / support@kindhealth.care / (909) 206-4057

g. **Suicide Prevention & Awareness**

The SARH IMRP is committed to suicide prevention and awareness. The following resources are available to all residents:

- SARH Suicide Prevention and Awareness Crisis Response Plan
- American Foundation for Suicide Prevention: After a Suicide — A Toolkit for Physician Residency/Fellowship Programs
- ACGME After a Suicide Toolkit

III. Policy Review

This policy will be reviewed annually by the SARH GME Medicine Committee and revised as needed to reflect updates in ACGME requirements, best practices in resident well-being, and feedback from the resident community. Faculty and GME staff are encouraged to submit feedback and suggestions to the GME office at any time throughout the academic year.

IV. Confidentiality

All faculty members & GME staff are assured of confidentiality when accessing well-being resources, peer support programs, and mental health services under this policy. Participation in any well-being program or support service will not be used in any adverse credentialing, privileging, or employment decision, in accordance with applicable institutional, state, and federal guidelines.

V. Responsibilities

a. **Program Director / GME Leadership**

- Actively promote a culture of well-being and model healthy behaviors
- Communicate available well-being resources to faculty on a regular basis
- Ensure faculty have appropriate time to attend dinners and well-being events

- Identify and address systemic issues that may contribute to faculty burnout or distress

b. **GME Coordinator**

- Coordinate logistics for annual core faculty and all-faculty dinners
- Maintain updated information on all available well-being resources and communicate these to faculty
- Track participation and feedback to continuously improve well-being initiatives

c. **GME Faculty Members & GME staff**

- Take personal responsibility for their own well-being
- Utilize available programs and support resources as needed
- Support the well-being of colleagues and report concerns through appropriate channels

REFERENCES

I. ACGME Institutional Requirements: https://www.acgme.org/globalassets/pfassets/programrequirements/2025-reformatted-requirements/institutionalrequirements_2025_reformatted.pdf

II. ACGME Common Program Requirements: https://www.acgme.org/globalassets/pfassets/programrequirements/2025-reformatted-requirements/cprresidency_2025_reformatted.pdf

III. AOA Basic Document for Postdoctoral Training: https://osteopathic.org/index.php?aam-media=/wp-content/uploads/2018/03/aoa-basic-document-for-postdoctoral-training.pdf

RELATED POLICIES / ATTACHMENTS / FORMS:

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SAN ANTONIO REGIONAL HOSPITAL	Department: **OPTI-West SARH Graduate Medical Education (GME)**				
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	Title: **Residency/Fellowship Wellbeing Policy**				
	Number: **18240.00222**				Page 1 of 9
	Hospitalwide	Interdepartmental	x Department	Patient Care	XNon-Patient Care
Policy History			Approval: May, 2026		Dates
Effective Date: May, 2026 Revision Date(s): Review Date(s):					

PURPOSE:

Opti-West San Antonio Regional Hospital (SARH) Internal Medicine Residency Program is dedicated to creating a supportive, inclusive, and healthy training environment for all residents and interns. This policy establishes comprehensive well-being initiatives to support the physical, emotional, and professional development of residents throughout their training, in full alignment with ACGME Common Program Requirements on resident well-being. SARH Internal Medicine Residency Program recognizes that resident well-being is fundamental to patient safety, educational excellence, and the development of compassionate, resilient physicians.

SCOPE:

This policy applies to all GME residents and interns enrolled in SARH training programs, including all post-graduate year (PGY) levels.

I. Program Commitment to Resident Wellbeing (ACGME Aligned)

This policy is developed in alignment with the ACGME Common Program Requirements (Section VI — The Learning and Working Environment), which require that programs:

A. Provide a supportive environment where residents can raise and resolve concerns without fear of intimidation or retaliation

B. Educate residents on the recognition of impairment, including burnout, depression, and substance use disorders

C. Provide access to confidential counseling, medical, and mental health services

D. Facilitate residents' ability to manage their own physical and mental health, including time to access health care

E. Promote well-being through structured programming, peer support, and community-building activities

All initiatives outlined in this policy reflect SARH GME's commitment to upholding and exceeding these ACGME standards.

In accordance with the ACGME Internal Medicine Program Requirements for Graduate Medical Education, the SARH IMRP is committed to supporting and promoting resident well-being in various ways, including but not limited to:

F. Safe learning and work environment

G. Access to food while on duty
H. Safe, quiet, clean, and private sleep/rest facilities
I. Clean and private facilities for lactation that have refrigeration
J. Security and safety measures appropriate to the participating site
K. Reasonable accommodation
L. Anonymous Resident suggestions
M. Right for Sick leave and Rotation Sites accommodations for appointments
N. Mitigating and teaching the signs of fatigue — For more information, please see the subsection titled "Fatigue Mitigation" below

Resident well-being and stress levels are monitored on a regular basis. Work hours and moonlighting activities are regularly monitored and are kept in compliance with the ACGME institutional standard for resident duty hours. For more information, please see the sections titled "Duty Hours" and "Moonlighting" in the handbook.

Residents are encouraged to voluntarily take The Physician Well-Being Index, developed by Mayo Clinic and supported by ACP. They can review their results with their faculty mentor and look at emotional support resources on www.acponline.org.

Residents may also voluntarily take any of the following assessments:

- PHQ-9
- GAD-7 and other assessments
- Empathy Quiz (20 Q) / Empathy Quiz (60 Q)
- Self-Compassion Test
- Mindfulness Quiz
- Stress Screener / Individual Stress Test
- Screening for Post-Traumatic Stress Disorder (PTSD)
- Epworth Sleepiness Scale
- Work-Life Balance Quiz
- Maslach Burnout Inventory (MBI) Self-Assessment
- Physician Well-Being Index
- Physician Well-Being and Professional Fulfillment

II. Wellbeing Initiatives and Programs

A. Beta Conference — Peer Support Leadership Training

SARH GME is committed to cultivating peer-support leadership within the resident community. Each year, two (2) resident representatives will be selected to attend the Beta Conference, a peer support training event designed to enhance skills in peer advocacy, mental health awareness, and colleague support.

Selection criteria for Beta Conference representatives:

1. One (1) male resident representative from the current resident class
2. One (1) female resident representative from the current resident class
3. Residents will be selected based on demonstrated leadership, peer engagement, and commitment to resident well-being

Attendance at the Beta Conference is designated as mandatory blocked time, meaning selected residents will be protected from rotation duties and clinical obligations to ensure full participation. Selected residents are expected to:

1. Complete all conference programming and training sessions
2. Return and share key learnings with fellow residents through a formal debrief or presentation
3. Serve as peer support resources within the residency program for the academic year following their attendance

B. Mandatory Dinners and Annual Resident Retreat- Blocked Time from Rotation

SARH GME will organize structured social events to build community, support transitions, and promote belonging within the residency program. Attendance at designated dinners, annual retreat, and transition to PGY1 to PGY2 Saturday session is mandatory and constitutes protected, blocked time from clinical rotation responsibilities for all residents, with exceptions as approved by Program Director (vacations, illnesses, etc).

1. Annual Resident Retreat with teambuilding sessions (Mandatory Friday evening, Saturday, and Sunday) - paid by the program
2. Transition from PGY1 to PGY2 (Mandatory Saturday session with lunch)
3. Dinner with Incoming Interns (Mandatory)
    a. An annual welcome dinner will be held for all incoming interns. This event fosters early community-building, facilitates peer introductions, and supports the transition of new trainees into the SARH GME community. All current

residents are required to attend. This dinner is designated as blocked time from rotation to ensure full participation.

4. All-Faculty Holiday Dinner (Mandatory)
    a. An annual holiday dinner inclusive of all residents and all faculty will be held to celebrate shared accomplishments, promote faculty-resident connection, and reinforce a culture of appreciation and belonging. All residents are required to attend this event, which is designated as blocked time from rotation. The holiday dinner serves as an important opportunity for interpersonal engagement across the training program**.**

The GME office will communicate schedules for retreats, transition from PGY1 to PGY2 group sessions, and both mandatory dinners at the start of each academic year. Program directors are responsible for ensuring resident schedules accommodate these protected events.

C. **Peer Support Program — Here 4 U**

SARH offers a confidential peer support program, Here 4 U, available to all residents and interns. Here 4 U provides a safe, non-punitive environment for residents to access peer emotional support from trained colleagues who understand the unique stressors of medical training. The program includes:

1. Confidential, peer-to-peer emotional support and active listening
2. Support following high-stress clinical events, adverse outcomes, or personal hardship
3. Referral pathways to professional mental health resources and counseling services
4. Access facilitated by trained peer supporters, including resident representatives from the Beta Conference

Residents are encouraged to access Here 4 U proactively and without hesitation. Use of the Here 4 U program is strictly confidential and will not impact any academic, clinical, or disciplinary evaluations.

D. **Employee Assistance Program (EAP)**

All residents have access to SARH's Employee Assistance Program (EAP), which provides confidential short-term counseling, referrals, and support services for a wide range of personal and professional challenges, including:

1. Mental health counseling and therapy referrals
2. Financial counseling and legal assistance
3. Stress management and coping resources

4. Substance use assessment and referral services
5. Support for relationship, family, and work-life balance concerns

EAP services are available 24 hours a day, 7 days a week, at no cost to the resident. Contact information for the EAP is provided during orientation and is available through the GME office and Human Resources department at any time.

E. **Well-Being Program for Physicians**

Residents have full access to the SARH Well-Being Program for Physicians, a comprehensive resource designed to support the holistic health needs of physician trainees. The program provides:

1. Confidential mental health assessment, counseling, and therapy services
2. Educational programming on burnout prevention, stress management, and resilience-building
3. Resources on work-life integration and sustainable medical practice
4. Referral support to specialized mental health and substance use treatment services as appropriate
5. Regular well-being events, workshops, and check-ins throughout the academic year

Residents are strongly encouraged to engage with the Well-Being Program for Physicians throughout their training. All services are entirely confidential and participation will not adversely affect any training evaluation, credentialing process, or employment record.

III. Fatigue Mitigation

The Opti-West SARH IMRP abides by the Opti-West SARH GME institutional policies on "Well-Being" and "Clinical and Educational Work Hours" which cover fatigue mitigation. These policies can be found in the "GME Policies" folder located on residency New Innovations homepage.

Fatigue among residents and staff may increase the possibility of error, compromise decision-making, and therefore jeopardize safety in patient care. Providing residents with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being.

Faculty and residents must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects. The following guidelines apply:

A. Internal Medicine residents and faculty will undergo annual training on fatigue to help residents recognize the signs of fatigue and sleep

deprivation, as well as learn measures to combat fatigue and procedures to remove themselves from patient care duties if necessary.

B. Any resident physician who believes they are too fatigued to evaluate and treat patients will take proper measures to remove themselves from service until such time as they can safely provide patient care appropriately.

C. Residents who feel that they cannot care for patients due to excessive fatigue must immediately contact the program coordinator or chief(s).

D. If the program coordinator or chief(s) agrees that this resident should be removed from service, they will arrange for alternative coverage of duties (jeopardy system) using the established policies for absences during on-call.

E. The program coordinator should involve the Program Director, if necessary, to help make such arrangements (calling Taxi paid by the program for resident with inability to call Uber/Lyft), and must notify the rotation site director.

F. The program chiefs should involve the Program Director, if necessary, to help make such arrangements (calling Taxi paid by the program for resident with inability to call Uber/Lyft), and must notify the Program Coordinator, who will inform the rotation site director.

G. There will be no academic repercussions for taking time out due to fatigue; however, residents who are temporarily relieved of duty for this reason will need to plan with the Program Coordinator or Chief(s) to make up training time or return the missed coverage later.

IV. Confidentiality & non-retaliation

All residents are guaranteed full confidentiality when accessing well-being resources, peer support, EAP services, and mental health programming under this policy. SARH GME expressly prohibits any form of retaliation, discrimination, or adverse academic action against any resident who accesses well-being services or raises concerns about their own or a colleague's well-being. Participation in well-being programs will not be disclosed to program leadership, credentialing bodies, or licensing boards without explicit resident consent, except as required by law.

V. Responsibilities

A. Program Director

1. Champion a culture of well-being and model healthy professional behaviors
2. Ensure all mandatory retreat for team development, transition from PGY1 to PGY2 year, dinners, CMA Advocacy Leg Day, and Beta

Conference attendance are protected as blocked time from rotation

3. Communicate all available well-being resources to residents during orientation and regularly throughout the year
4. Identify systemic contributors to resident distress and advocate for program-level changes as needed

B. **GME Coordinator**

1. Coordinate logistics for mandatory resident dinners and communicate schedules at the start of each academic year
2. Facilitate selection of Beta Conference resident representatives in a timely manner
3. Maintain up-to-date information on all well-being resources and distribute to residents
4. Track resident well-being programming participation and gather feedback for continuous improvement
5. Collect all residents' home addresses and emergency contact information to ensure safety and crisis response readiness

C. **Residents**

1. Take personal responsibility for their own health and well-being
2. Attend all mandatory well-being events as required and protected by this policy
3. Support the well-being of fellow residents (especially sending home any new PGY1 residents, who are staying back above their time limit as per ACGME) and report concerns through appropriate, confidential channels
4. Beta Conference representatives will serve as active peer support resources within the program

VI. Resident Well-Being Resources

Residents have access to the following resources to support their well-being. All services listed below are available confidentially and at no cost unless otherwise noted**.**

A. **Institutional & Program Resources**

1. OPTI-WEST Mental Health Resources
2. SARH IMRP Wellness Committee Resident Lead
3. SARH IMRP Program Wellness Committee Faculty Lead

4. SARH Employee Assistance Program (EAP) — includes confidential counseling; contact Human Resource for Virtual Behavioral Health
5. SARH provides Wise@Work App for all Care Team members, including residents
6. HERE4U — SARH peer support program

B. **Apps & Digital Mental Health Tools**

1. Headspace Care — App-Based Coaching, Therapy, and Psychiatry
2. Calm App
3. CalHOPE Connect

C. **Crisis & Emergency Resources**

The SARH IMRP abides by the OPTI-WEST GME "Resident Impairment Communication Plan." This document can be found in the "GME Policies" folder on the New Innovations homepage. The lives and wellness of our residents, faculty, and staff are greatly valued. The Program Coordinator will collect everyone's home address and emergency contact information to ensure safety of all program contributors.

1. Emergency Services: 911
2. Suicide Prevention Hotline & Crisis Lifeline: Call or Text 988
3. Spanish Suicide Prevention Hotline & Crisis Lifeline: 1-888-628-9454
4. San Bernardino County Department of Behavioral Health Access Unit: 1-888-743-1478
5. San Bernardino County Substance Use Disorder 24-Hour Helpline: 1-800-968-2636
6. SARH Emergency Room
7. Sexual Assault Hotline: 1-800-656-4673
8. CalHOPE Warm Line: (833) 317-HOPE (4673)
9. Contact Aetna Insurance (number on insurance card) for mental health resources
10. SARH Human Resources (HR) Direct Line: 909-920-4721
11. SARH Compliance/Ethics Confidential Hotline: (866) 580-5398

VII. Suicide Prevention & Awareness

The SARH IMRP is committed to suicide prevention and awareness. The following resources are available to all residents:

A. SARH Suicide Prevention and Awareness Crisis Response Plan

B. American Foundation for Suicide Prevention: After a Suicide — A Toolkit for Physician Residency/Fellowship Programs

C. ACGME After a Suicide Toolkit

VIII. Policy Review

This policy will be reviewed annually by the SARH GME Medicine Committee and revised as needed to reflect updates in ACGME requirements, best practices in resident well-being, and feedback from the resident community. Residents are encouraged to submit feedback and suggestions to the GME office at any time throughout the academic year.

REFERENCES

I. ACGME Institutional Requirements: https://www.acgme.org/globalassets/pfassets/programrequirements/2025-reformatted-requirements/institutionalrequirements_2025_reformatted.pdf

II. ACGME Common Program Requirements: https://www.acgme.org/globalassets/pfassets/programrequirements/2025-reformatted-requirements/cprresidency_2025_reformatted.pdf

III. ACGME After a Suicide Toolkit and American Foundation for Suicide Prevention:

A. ACGME After a Suicide Toolkit

B. American Foundation for Suicide Prevention: After a Suicide — A Toolkit for Physician Residency/Fellowship Programs

IV. AOA Basic Document for Postdoctoral Training: https://osteopathic.org/index.php?aam-media=/wp-content/uploads/2018/03/aoa-basic-document-for-postdoctoral-training.pdf

RELATED POLICIES / ATTACHMENTS / FORMS:

END