

RESIDENCY PROGRAMS

About

The Bloomberg School offers two residency programs for physicians: a General Preventive Medicine Residency Program and an Occupational and Environmental Medicine Residency Program. Each two-year program is fully accredited by the Accreditation Council for Graduate Medical Education (ACGME). Although the programs are distinct entities, they share a similar structure; the first year is primarily an academic year in which coursework toward the MPH degree is completed. The second year is a practicum year during which residents fulfill rotation requirements in various settings including: public health departments, clinics, local and federal government agencies and sites, corporate sites, and a union site. Completion of either program leads to eligibility for certification by the American Board of Preventive Medicine in either General Preventive Medicine and Public Health or Occupational and Environmental Medicine. These programs appeal to physicians who are interested in a medical career that combines medicine and public health. Completion of either program opens up a world of possibilities and opportunities; many of our alumni are leaders who go on to make an impact in their professions across the country and globe.

Residency Programs

- General Preventive Medicine Residency Program (<http://e-catalog.jhu.edu/public-health/departments/residency-programs/general-preventive-medicine-residency/>)
- Occupational and Environmental Medicine Residency (<http://e-catalog.jhu.edu/public-health/departments/residency-programs/occupational-environmental-medicine-residency/>)

Graduate Medical Education Committee (GMEC) Policies

Johns Hopkins University Bloomberg School of Public Health

POLICIES AND PROCEDURES FOR GRADUATE MEDICAL EDUCATION - AY 20-21

Policy on Eligibility and Selection of Residents

1. To be eligible for appointment to a Johns Hopkins Bloomberg School of Public Health residency program, all applicants must have completed a **minimum** of one clinical year of training in an Accreditation Council for Graduate Medical Education (ACGME) approved clinical residency program.
2. Therefore, residents **must** have met one of the following criteria:
 - a. Graduate of medical school in the United States and Canada accredited by either the Liaison Committee on Medical Education (LCME) or the American Osteopathic Association (AOA), **or**
 - b. Graduate of medical school outside the United States and Canada who either has a currently valid certificate from the Education Commission for Foreign Medical Graduates or have a full and unrestricted license to practice medicine in a US licensing jurisdiction, **or**
 - c. Graduate of medical school outside the United States who has completed a Fifth Pathway program provided by an LCME-accredited medical school.
3. General Preventive Medicine Residency offers the two joint recruitment opportunities. With the exception of these two positions, the Johns Hopkins University Bloomberg School of Public Health

does not offer a first postgraduate year of training and does not otherwise participate in the National Residency Matching Program (NRMP).

- a. One transitional internship year position jointly with Mary Imogene Bassett Hospital in Cooperstown, NY, for which fourth-year medical students or other appropriately qualified applicants apply through the NRMP.
 - b. One combined family medicine-preventive medicine program with MedStar Franklin Square Medical Center in Baltimore, MD, for which fourth-year medical students or other appropriately qualified applicant apply through the NRMP.
4. Each School of Public Health residency program will select from among its eligible applicants on the basis of their preparedness and ability to benefit from the program to which they are appointed. The criteria for selection include:
 - a. aptitude
 - b. academic credentials
 - c. personal characteristics
 - d. ability to communicate
 - e. interest in and commitment to chosen field
 - f. prior work, research, and other experiences
 - g. potential for significant contribution to chosen field
 5. Applicants who have not earned an MPH or an equivalent degree that is deemed acceptable by the prospective residency program must also be accepted to the School MPH program. Failure to gain acceptance to the MPH program disqualifies applicants from further consideration.
 6. Each Hopkins program must have a formal procedure to review applicants that includes a review of a formal application, transcripts, essays, and letters of recommendations followed by, as appropriate, a personal or telephone interview, and review by an admissions committee. These procedures are established and implemented by the residencies, with oversight by the GMEC.
 7. Each residency program will present its list of successful residency candidates to the Graduate Medical Education Committee.

Policy on Evaluation of Resident

1. Each resident will have a confidential folder held in the residency program office and/or an electronic folder housed in a secure JHSPH server, that will contain all resident's formal evaluations. This folder will be made available to the resident if requested.
2. Each resident will meet formally with the program director or deputy program director a minimum of two times each year. Written documentation of that evaluation will be retained in the resident's confidential folder.
3. Each residency program has a chief resident, whose duties include being available to residents to informally advise and mentor. The chief resident will discuss any potential concerns with the program director.
4. The program director at any time can discuss a resident's progress with 1) other residency faculty, 2) the residency advisory/program evaluation committee, or 3) the chair of the Graduate Medical Education Committee.
5. The program director will serve as the resident's faculty adviser and will mentor the resident through the residency program. The director will be available to meet with the resident, at a minimum, at the beginning of each of the five terms.
6. At the beginning of each year of training, the residency program will guide the resident through an exercise to identify his/her professional

goals, decide on academic coursework and appropriate rotations, and write a paper summarizing and elaborating on their goals. This document will include an assessment of a resident's knowledge, skills, and competencies. It will serve as the educational plan for that year.

7. The program director will receive a copy of each resident's academic transcript each term and will review the transcript to assure satisfactory performance. A resident may not be on academic probation for more than one term to remain a resident in good standing.
8. The residency will provide guidance to the resident in developing appropriate practicum rotations.
9. Each practicum rotation preceptor will complete a formal written evaluation of a resident's performance at the completion of the rotation. This evaluation will become part of the resident's permanent file.

Policy on Resident Evaluation of Program (Including MPH Degree)

1. The resident will be required to formally evaluate all aspects of the MPH program, including its faculty.
2. The resident will be required to formally evaluate all practicum rotations that he/she has completed.
3. Each year, the resident will be required to evaluate all aspects of the residency including its faculty.

Policy on Promotion and Credentialing

1. The names of all residents who successfully complete the first year residency requirements will be submitted to the Graduate Medical Education Committee. After review, the Graduate Medical Education Committee will recommend promotion. All residents will be notified of their status.
2. At the end of the second year, the names of residents who have successfully completed the two-year program will be presented to the Graduate Medical Education Committee for credentialing. After review, the dean of the School will be presented with the names of residents who have successfully completed the requirements of each residency.
3. The residents who have been approved for completion of the residency will receive a certificate stating that they have met the requirements of their residency program. The certificate will be signed by the program director and by the dean of the School.
4. Successful completion of the requirements of the residency fulfills the American Board of Preventive Medicine residency requirements.

Policy on Financial Remuneration and Benefits

The Johns Hopkins Bloomberg School of Public Health provides tuition support, stipend support, medical malpractice insurance, and health, dental, life, and disability insurance consistent with ACGME requirements.

Policy on Professional Liability Insurance

Johns Hopkins Bloomberg School of Public Health residents are provided with liability coverage for the duration of training, and such coverage will provide legal defense and protection against awards from claims reported or filed after the completion of graduate medical education if the alleged acts or omissions of the residents are within the scope of the education program.

The Johns Hopkins University and Johns Hopkins Hospital will provide coverage for liability exposure for all residents for educational activities that they perform within The Johns Hopkins Medical Institutions or external rotations that are within the scope of their training program. The coverage includes legal defense and payment of loss to the extent

of maximum judgment within insurance policy limits and also requires participation in the Hospital's Risk Management Program.

Coverage is provided through MCIC Vermont, Inc. It is a claims made policy and provides the insured with "tail coverage" for claims that concern events occurring while the resident was at Hopkins but which are reported after the resident has left residency training. Professional liability coverage is in the amount of \$1,000,000 per occurrence; and \$3,000,000 annual aggregate.

Insofar as extracurricular employment is not an extension of graduate medical education at Hopkins, medical professional liability insurance coverage is not provided to any trainee for such activities.

Policy on Vacation

The vacation policy is 3 weeks per year for all residents and must be used within the academic year (July 1 – June 30). Unused vacation time for residents does not carry-over beyond the end of the academic year and will not be paid out as a supplement if it is not taken.

Each residency program shall set its own vacation schedule. This vacation schedule shall be set so that a resident is able to complete all of the residency requirements for each of the years. Vacation shall be scheduled to avoid interference with coursework. Each resident must satisfy all attendance requirements of the precepting agency while on rotations.

New Child Accommodations Policy

(Replaces Former Policy on Parental, Maternity, and Adoption Leave)

For the purposes of this Policy only, "postdoctoral trainees" shall apply to General Preventive Medicine and Occupational and Environmental Residency trainees at the Johns Hopkins Bloomberg School of Public Health.

Full-time graduate students and postdoctoral trainees may request from their school a "new child accommodation" for 8 weeks. A new child accommodation is designed to make it possible to maintain the parent's existing status, and to facilitate their return to full participation in classwork, research, teaching, and clinical training in a seamless manner.

Individuals who have teaching or research duties should work collaboratively to support the program's responsibility in identifying a substitute for any duties or recurring responsibilities for the duration of the accommodation period. Those requesting an accommodation will not be expected to assume sole responsibility for finding their own temporary replacement, but must work with their program and supervisor(s) to delineate the responsibilities to be addressed.

The Policy applies equally to birth and non-birth parents of any gender. Accommodations begin on the day the student or trainee indicates he/she is no longer fully engaged in his/her professional and academic activities due to a new child and, to the extent possible, should be requested in advance of the beginning of the accommodation. Retroactive requests (more than one week after the new child accommodation has begun) will not automatically be granted but handled on a case-by-case basis. An accommodation is to be taken continuously and not intermittently and is not to continue beyond the end date of any appointment.

Full-time postdoctoral trainees: Individuals approved for a new child accommodation are guaranteed to retain the rights and privileges as employed postdoctoral trainees. Financial support will remain unchanged during the accommodation period, contingent on the policies of the funding entity supporting the trainee. This accommodation assures that

the parent will not lose any financial support during the accommodation period; it does not provide financial support or additional benefits if none was already in place. No appointment period is extended by this accommodation, unless there is an explicit extension of the appointment agreed upon by the appropriate school official.

Postdoctoral trainees in accredited training programs (e.g. Bloomberg School of Public Health residencies) may be required by certifying boards to make up time spent utilizing a new child accommodation in order to sit for the board exam. If additional months of training are necessary to complete program requirements as set by the applicable certifying board, an extended appointment period with salary and benefits will be granted.

Full-time graduate students: Residents who are MPH students approved for a new child accommodation are guaranteed to retain the same rights and privileges as all other students, including remaining registered and matriculated in a degree program. If the student is receiving tuition, stipend support, and benefits from a training grant, fellowship, or scholarship, these will remain unchanged during the accommodation period contingent on the policies of the entity providing funding. Fully-funded students will not lose any financial support during the approved accommodation period, but the accommodation will not provide financial support or additional benefits if none were already in place. Further, students receiving less than full-funding support or who receive wages for other types of employment or federal work-study are not guaranteed such support during the accommodation period. Students should consult the Office of Student Financial Services for questions regarding financial support during accommodation periods.

During this time and to the extent the student can remain enrolled, the student is expected to work with their adviser, program administrator, and department to reschedule course assignments, examinations, and other academic requirements. To the extent that the demands of caring for a new child allow, students are expected to keep up with classes in which they are registered and participate in seminars. Faculty are expected to work with the student to make arrangements for submitting work for completion of requirements, including assigning 'incomplete' grades consistent with school policies. Students will be granted a one-term extension of university and departmental requirements and academic milestones. Students in a primarily coursework-only program (e.g., master's students) or programs with specific course requirements that may only be offered during specific periods of time may have to revise their degree completion timeline based on when courses are offered as part of the normal academic schedule.

For full details, procedures to request new child accommodations, and resources/contacts, please visit the website (<https://www.jhu.edu/assets/uploads/2017/06/newchildaccommgradandpostdoc.pdf>).

Policy on Medical Leave of Absence

A trainee may request a leave of absence for medical reasons. Leave of absence for medical reasons will be granted for a maximum of 12 consecutive weeks with the approval of the program director and the chair of the Graduate Medical Education Committee (GMEC). Any request for medical leave in excess of 12 weeks will be reviewed by the program director and the GMEC chair and a decision made based upon the circumstances.

Only the treating physician can place a resident on medical leave of greater than two consecutive weeks. Such leave also requires the approval of the program director. A letter stating the nature of the illness and the reason for the period of disability by the attending physician may be required.

Any medical leave that is shorter than two consecutive weeks will be negotiated between the resident and the preceptor. The program director will be made aware of such periods of short-term disability.

It is the responsibility of the program director to keep accurate records of training status so as to have adequate information for board eligibility. The program director will determine whether or not the trainee will be required to spend additional time in training to compensate for the leave period and be eligible for certification for a full training year.

Special Provisions for Pregnancy: For uncomplicated pregnancies and deliveries, it is anticipated that a resident will take an eight week leave as stated in the New Child Accommodations policy. Complicated pregnancies and deliveries will be handled through medical leave.

Effects of Leave of Absence on Training: Reinstatement in the training program is dependent upon the availability of training positions. Where feasible, program directors are encouraged to reinstate trainees in good standing in the next available training position.

Any leave of absence that does not allow a resident to remain a full-time student and to complete all course work and rotations by program and School deadlines may necessitate the extension of training.

It is the responsibility of the program director to keep accurate records of training status so as to have adequate information for board eligibility. The registrar may need to be informed so that certificates may be accurately prepared. The program director will determine whether or not the trainee will be required to spend additional time in training to compensate for the leave period and be eligible for certification for a full training year.

Remuneration: Remuneration for all leaves will be decided by each program.

Policy on Non-Medical Leave of Absence

A leave of absence for non-medical reasons must be negotiated with the program director and would require an interruption in appointment, without pay. Except in unusual circumstances, a leave of absence may not extend beyond the trainee's period of appointment. During the leave of absence, benefits may be purchased through the School of Public Health Business Office and are the responsibility of the trainee.

Effects of Leave of Absence on Training: Reinstatement in the training program is dependent upon the availability of training positions. Where feasible, program directors are encouraged to reinstate trainees in good standing in the next available training position.

Any leave of absence that does not allow a resident to remain a full-time student and to complete all course work and rotations by program and School deadlines may necessitate the extension of training.

It is the responsibility of the program director to keep accurate records of training status so as to have adequate information for board eligibility. The program director will determine whether or not the trainee will be required to spend additional time in training to compensate for the leave period and be eligible for certification for a full training year.

Remuneration: Remuneration for all leaves will be decided by each program.

Policy on Non-Renewal of Appointment

In instances where a resident's agreement is not going to be renewed, the residency program will provide the resident with a written notice of intent not to renew the resident's agreement no later than four months prior

to the end of the resident's current agreement. If the primary reason(s) for the non-renewal occurs within the four months prior to the end of the agreement, the residency program will provide the resident with as much written notice of the intent not to renew as the circumstances reasonably will allow, prior to the end of the agreement.

The Resident/Clinical Fellow may appeal an adverse decision to the Dean of the School of Public Health by notifying him/her in writing within 7 days of the decision. The Dean may designate another senior official at the school, who has not previously been involved in the case, to hear the appeal.

The review will be limited to review of whether the procedures set forth in this policy were followed and his/her decision will be final.

Policy on Confidentiality and Conflict of Interest

Responsibility of Residents: During the day-to-day activities of practicum rotations in the residency, residents are entrusted with access to information of several types that is of a sensitive nature. This includes, but is not limited to:

- medical records
- information on legal proceedings
- information on regulatory actions
- proprietary product or trade information

With this trust comes the responsibility to use the information, whether read in paper files, verbally communicated, or in computer databases, in a professional manner and only for the purposes for which the information was intended at the rotation at which it was generated. Always discuss the level of confidentiality of any information or work assignment with the rotation preceptor or residency faculty before sharing it beyond the group where it was originally generated. It is the resident's responsibility to safeguard work assignments and information by keeping the materials, for example, in locked file cabinets or keeping computer files on diskette or otherwise limiting access. Please be aware that breaches of confidentiality may motivate some sites to pursue disciplinary or legal actions.

In addition to concerns about confidential information, residents may also find themselves in situations that involve a conflict of interest. For example, residents may be aware of regulatory or legal proceedings that involve a rotation site, or have knowledge that could affect a regulatory or legal proceeding. Residents who find themselves in such a position should discuss the conflict of interest with their program director, who can provide guidance for addressing the situation.

Responsibility of Rotation Preceptors, Faculty, and Staff: Preceptors, faculty, and staff at residency rotations have an important role in the education of residents. During the course of the residency, residents often learn about or work directly with information at one site that may be of interest to personnel at a second site. Rotation preceptors, faculty, and staff should respect the obligation of the resident to hold certain such information as confidential and should not ask residents to provide information about a second site that was considered to be confidential at that site. In this situation, residents should inform the rotation preceptor, faculty, or staff that the information being requested is confidential and that it cannot be shared.

Policy on Working Conditions

The School will assure that the resident is provided with an environment conducive to an intensive learning experience. The School will provide appropriate faculty and staff to guide all aspects of coursework. The School will have ancillary support staff to allow residents to fulfill

all their learning objectives. The School will provide adequate library and computer facilities. The residencies will provide residents with appropriate support services to include resource rooms, phones, and copiers.

The residency will assure that residents have appropriate time with preceptors and ancillary staff. The residency will assure that the residents are provided with workspace and appropriate computers, phones, and copiers. The residency will ensure that appropriate resources are available to promote rotation learning objectives.

Policy on Resident Duty Hours

The Johns Hopkins School of Public Health Preventive Medicine Residency Programs affirm the ACGME Principles regarding duty hours. Both programs are committed to promoting patient safety and resident well-being and to providing a supportive educational environment.

Rotations in both programs generally keep weekday business hours. It is expected that there will be preparation activities (reading and writing) beyond this. Some rotations may require night or weekend coverage. Each residency program that has rotations requiring night or weekend call will set its own policy with regard to the maximum hours per week allowable and the maximum hours consecutively worked allowable. These policies will set the maximum allowable hours based on the number of hours that are required to maintain a high quality of patient care and that will enhance the residency training experience while assuring compliance with ACGME requirements on duty hours.

In setting these policies, each program will adhere to the following ACGME guidelines:

DUTY HOURS

1. Duty hours are defined as all clinical and academic activities related to the residency program, i.e. patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site. Time spent by residents in internal and external moonlighting (as defined by ACGME) must be counted toward the 80-hour maximum limit.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

DUTY HOUR EXCEPTIONS

A Review Committee may grant exceptions for up to 10% or a maximum of 88 hours to individual programs based on a sound educational rationale.

1. In preparing a request for an exception the program director must follow the duty hour exception policy from the ACGME Manual on Policies and Procedures.
2. Prior to submitting the request to the Review Committee, the program director must obtain approval of the institution's GMEC and DIO.

ON-CALL ACTIVITIES

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal workday when residents are required to be immediately available in the assigned institution.

1. In-house call must occur no more frequently than every third night, averaged over a four-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care as defined in Specialty and Subspecialty Program Requirements.
3. No new patients, as defined in Specialty and Subspecialty Program Requirements, may be accepted after 24 hours of continuous duty.
4. At-home call (pager call) is defined as call taken from outside the assigned institution.
 - a. The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
 - b. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
 - c. The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue. Faculty and residents must be educated to recognize the signs of fatigue and sleep deprivation.

Policy on Extracurricular Activities

The Johns Hopkins Bloomberg School of Public Health ("School") considers graduate medical education to be a full-time educational experience. Consequently, residents should not be diverted from their primary educational responsibilities, and in no instances are residents required to engage in extracurricular patient care activities ("moonlighting"). The Accreditation Council for Graduate Medical Education ("ACGME") has established rules governing the performance of moonlighting activities by residents enrolled in ACGME approved programs, as has the School.

It is understood that occasions may arise in which residents choose to moonlight. These activities must in no way prevent residents from carrying out the full scope of their training responsibilities. Time spent by residents in internal and external moonlighting (as defined by ACGME) must be counted toward the 80-hour maximum limit. Program director will monitor and approve moonlighting hours. If a resident's moonlighting interferes with his or her Hopkins educational activities the permission for such moonlighting may be withdrawn.

Residents who wish to moonlight must obtain prospective written permission to do so from the program director. The program director will send notification to the DIO about all such approvals. This request must include the proposed moonlighting activity, location, approximate number of hours per week, averaged number of hours per week in training program in last month, location's intent to bill payors and will be made part of the resident's file, and the resident will be monitored for the effect of these activities upon the resident's performance. Adverse effects of moonlighting may lead to withdrawal of permission.

No resident may moonlight in the specialty that is the subject of their training program. No resident may moonlight without having first obtained an unrestricted medical license and, where applicable, controlled dangerous substance registrations in the applicable jurisdiction(s). No resident may moonlight without having first been appropriately credentialed by the applicable facility. Residents who intend to engage in and bill for moonlighting activities (directly or through the proposed employer/contractor) must comply with policies on professional fee billings that apply in the school of medicine, if applicable.

It should be noted that some School of Public Health residents may also be covered by the School of Medicine's extracurricular employment policy. Such residents should be familiar with its policy in this regard.

Residents and clinical fellows performing approved moonlighting activities at any of the Johns Hopkins Medical Institutions will be covered under Johns Hopkins Professional Liability Insurance. However, residents and clinical fellows performing approved moonlighting activities at any hospital/facility other than a Johns Hopkins Medical Institution will not be covered under Johns Hopkins Professional Liability Insurance. A resident or clinical fellow who intends to engage in moonlighting activities at hospitals/facilities other than the Johns Hopkins Medical Institutions must ensure that he/she will be covered by professional liability insurance at the location at which the moonlighting activities take place. **Note: Even though moonlighting hours at a participating institution count toward compliance with the ACGME work hours guidelines, the resident/clinical fellow is not covered by Johns Hopkins Professional Liability Insurance for moonlighting activities at a participating institution unless that institution is one of the Johns Hopkins Medical Institutions, as define above.**

Policy on Annual Report of Program Director and Residency Advisory/Program Evaluation Committee

The program director and the chair of the Residency Advisory/Program Evaluation Committee (RAC/PEC) will provide to the Graduate Medical Education Committee (GMEC) an annual written report of the residency. The report will include a summary of resident progress, any changes in the program, and a summary of the most recent institutional review of the program. If there are any deficiencies noted in any aspect of the residency quality, or recommendations for the GMEC based on the annual report, a written plan for correction should be submitted to the GMEC.

Policy on Continued Support for Residents

In the event that the Johns Hopkins Bloomberg School of Public Health ceases to exist, or that a residency program is discontinued or reduced in size, the Graduate Medical Education Committee (GMEC), the Designated Institutional Official (DIO) and the residents enrolled in the program at the time of the event will be notified immediately. Residents will be supported until the completion of their residency, or will be assisted in enrolling in an ACGME-accredited program in which they can continue their education.

Policy on Disaster Planning for the Residency Training Programs

In the event of a widespread emergency affecting operations of some or all of the Johns Hopkins Institutions, the Institutions have adopted emergency plans to guide the institutional response to the specific situation, and the extent to which a particular situation constitutes an emergency will be determined with reference to those Institutional policies and plans. This policy is intended to augment existing plans that are applicable to the institutions affected, focusing specifically on Resident trainees in graduate medical education programs sponsored by The Johns Hopkins Bloomberg School of Public Health. The Institution is guided by the following principles:

1. The University is committed to ensuring a safe, organized, and effective environment for training of its residents;
2. The University recognizes the importance of physicians at all levels of training in the provision of emergency care in the case of a disaster of any kind;
3. Decisions regarding initial and continuing deployment of residents in the provision of service during an emergency will be made taking into consideration of the importance of providing emergency service; the continuing educational needs of the trainees; and the health and safety of the trainees and their families.
4. By the end of the first week following the occurrence of the emergency situation, if the emergency is ongoing:
 - a. An assessment will be made of:
 - i. the continued need for provision of service by trainees; and
 - ii. the likelihood that training can continue on site.
 - b. The assessment will be made by:
 - i. DIO and the Senior Associate Dean for Academic Affairs
 - ii. Program Directors
 - iii. In consultation with the University's Vice Provost and Chief Risk Officer
5. By the end of the second week following the occurrence of the emergency situation, if the emergency is ongoing:
 - a. The DIO will request an assessment by individual program directors and department chairs regarding their ability to continue to provide training;
 - b. The DIO will request suggestions for alternative training sites from program directors who feel they will be unable to continue to offer training at Johns Hopkins;
 - c. The DIO will contact the ACGME to provide a status report, and
 - d. Those involved in decision making in this period are: DIO, the Senior Associate Dean for Academic Affairs, and Program Directors
 - e. Trainees who wish to take advantage of the Leave of Absence Policy or to be released from their Contract will be accommodated.
6. During the third and fourth weeks following the occurrence of the emergency situation, if the emergency is ongoing:
 - a. Program directors at alternative training sites will be contacted to determine feasibility of transfers as appropriate;
 - b. Transfers will be coordinated with ACGME;
 - c. Johns Hopkins program directors will have the lead responsibility for contacting other program directors and notifying the DIO the Senior Associate Dean for Academic Affairs of the transfers;
 - d. The DIO will be responsible for coordinating the transfers with ACGME.
7. When the emergency situation is ended:
 - a. Plans will be made with the participating institutions to which residents have been transferred for them to resume training at Johns Hopkins;
 - b. Appropriate credit for training will be coordinated with ACGME and the applicable Residency Review Committees; and
 - c. Decisions as to other matters related to the impact of the emergency on training will be made.

Policy on Physician Impairment

1. Purpose

Impairment of performance by resident physicians can put patients at risk. Impairment shall be managed as a medical/behavioral illness. Implicit in this concept is the existence of criteria permitting

diagnosis, opportunity for treatment, and with successful progress toward recovery, the possibility of returning to training in an appropriate capacity. Impairment may result from depression or other behavioral problems, from physical impairment, from medical illness, and from substance abuse and consequent chemical dependency.

The goals of this policy are to:

- a. prevent or minimize the occurrence of impairment, including substance abuse, among residents in graduate medical education programs sponsored by The Johns Hopkins Bloomberg School of Public Health,
- b. protect patients from risks associated with care given by impaired resident physicians, and
- c. compassionately confront problems of impairment to effect diagnosis, relief from service responsibilities if necessary, treatment as indicated, and appropriate rehabilitation.

2. Identification of Impairment

Listed below are signs and symptoms of impairment. Isolated instances of any of these may not impair ability to perform adequately, but if they are noted on a continued basis or if multiple signs are observed, reporting may be indicated. The signs and symptoms may include:

- a. Physical signs such as fatigue, deterioration in personal hygiene and appearance, multiple physical complaints, accidents, and eating disorders.
- b. Family stability disturbances.
- c. Social changes such as withdrawal from outside activities, isolation from peers, inappropriate behavior, undependability and unpredictability, aggressive behavior and argumentativeness.
- d. Professional behavior problems such as unexplained absences, tardiness, decreasing quality or interest in work, inappropriate orders, behavioral changes, altered interaction with other staff and inadequate professional performance.
- e. Behavioral signs such as mood changes, depression, slowness, lapses of attention, chronic exhaustion, risk taking behavior, excessive cheerfulness, and flat affect.
- f. Drug use indicators such as excessive agitation or edginess, dilated or pinpoint pupils, self-medication with psychotropic drugs, stereotypical behavior, alcohol on breath at work, uncontrolled drinking at social events, blackouts, and binge drinking.

3. Scope

This policy applies to all residents participating in graduate medical education programs sponsored by The Johns Hopkins Bloomberg School of Public Health.

4. Responsibility

It is the responsibility of the program directors and faculty to communicate this policy to their residents and to enforce its provisions. Faculty and residents who suspect that a resident is suffering impairment shall follow this policy and its procedures.

5. Procedure

- a. **Education:** To minimize the incidence of impairment, a program has been developed to educate residents about physician impairment, including problems of substance abuse, its incidence and nature and risks to the physician and patients. Education includes knowledge concerning signs and symptoms of impairment. All residents shall be informed at orientation about physician impairment, this policy, and the resources available. The University's Policy on Alcohol and Drug Abuse and Drug-Free Environment (<https://studentaffairs.jhu.edu/policies-guidelines/university-student-policies/>) may be found online.

All residents shall receive information regarding the counseling and referral resources available at the hospital at which the training program is based. At the Johns Hopkins Medical Institutions, this consists principally of the Faculty and Staff Assistance Program (FASAP) and the Professional Assistance Committee (PAC). At the Johns Hopkins Bayview Medical Center, services are provided through the Community Psychiatry Program.

b. Counseling and Management:

- i. The following services are available to residents and their families:
 1. Assessment and identification of personal, family, or work-related problems
 2. Brief counseling and crisis intervention
 3. Follow-up appointments when indicated
 4. Referral to resources within Johns Hopkins and/or the community
- ii. The following services are available to administrators, managers, and supervisors:
 1. Managerial consultation and coaching
 2. Risk assessments
 3. Educational workshops and programs
 4. Organizational group interventions

c. Reporting: All faculty and residents have a duty to report to an appropriate supervisor, in confidence, concerns about possible impairment both in themselves and in others.

If a resident is observed and/or suspected to be impaired while engaged in the performance of his or her duties, the following actions shall occur:

- i. The observer shall report his/her concern to a responsible supervisor, ultimately the residency program director. The individual making the report does not need to have proof of the impairment, but must state the facts leading to suspicions.
- ii. The person to whom the report is made shall report the concern to the program director. The program director or his/her designee will investigate the matter, in a confidential process.
- iii. If it is determined that a resident may have an impairment problem, the program director is responsible to refer the resident to a counseling and treatment, such as that offered through the FASAP.
- iv. Failure of the resident to accept referral to counseling or to abide by the treatment program may be considered grounds for disciplinary action and may result in suspension or termination from the program.

In any event, use of illegal drugs, the un-prescribed use of pharmaceuticals and impairment while on duty are all violations of standards of conduct for which the resident may be disciplined, up to and including, termination from the program.

d. Self-Reporting: The University is eager to assist residents with impairment problems and encourages any resident with impairment problems to contact his or her program directors or his hospitals' counseling resources for assistance. Residents shall not be subject to punitive actions for voluntarily acknowledging an impairment problem. (Note, however, that this will not excuse violations of other policies for which the resident is subject to disciplinary action.)

- e. **Continuation of Training:** In order for a resident to resume training after a referral, there shall be satisfactory evidence of the successful completion of or participation in an appropriate treatment program. Further, the resident shall agree to a provisional period during which time he or she may be monitored and/or tested periodically.
- f. **Confidentiality:** The identification, counseling and treatment of an impaired resident are deemed confidential, except as necessary to carry out the policies of the GMC or University and as required by law.

Policy on Probation, Suspension, and Dismissal of Clinical Residents/Fellows Introduction

The purpose of this policy is to describe the procedures that should be employed when a resident/clinical fellow fails to meet performance or academic standards for the training program in which he/she is engaged or is found to have acted in a manner that violates a policy or policies of the Johns Hopkins Bloomberg School of Public Health. It is the policy of the School of Public Health to employ procedural fairness in all matters which may lead to probation, suspension, or termination of Residents/Clinical Fellows. In the interests of all concerned parties the following procedure is to be followed whenever a Resident's/Clinical Fellow's performance or conduct requires that action be taken under this policy.

Definitions

Resident/Clinical Fellow: This policy applies to all trainees appointed as resident or clinical fellow, whether in an ACGME-accredited program, or not.

Additional time: Additional time in the GME training program at a given PGY level or beyond the expiration of the Resident's/Clinical Fellow's appointment may be required to meet the educational objectives and certification requirements of the department or the specialty. The Resident/Clinical Fellow shall be notified in writing of any requirements for additional time. If the Resident/Clinical Fellow contests the decision to require additional time to satisfactorily complete the program or to achieve the goals required for advancement, a Trainee Evaluation Committee shall be convened to review the decision. Salary and benefits for additional time extending beyond the original period of appointment shall be determined based on institutional policies or at the discretion of the DIO.

Administrative Leave: Administrative leave is not intended to replace any leave that a Resident/Clinical Fellow may otherwise be entitled to, including vacation, sick leave, maternity/paternity, or family leave. Non-medical leave of absence, investigatory leave, and suspension are examples of types of leave that fall under the administrative leave category.

Leave of Absence: If a Resident/Clinical Fellow wishes to take a leave of absence for non-medical reasons, this must be negotiated with the Training Program Director and requires an interruption in appointment, without pay. Except in unusual circumstances, a leave of absence may not extend beyond the Resident's/Clinical Fellow's period of appointment. During the leave of absence, benefits may be purchased through the School of Public Health Student Affairs Office and are the responsibility of the Resident/Clinical Fellow. Reinstatement in the training program following non-medical leave of absence is dependent upon the availability of training positions. Where appropriate and feasible, Training Program Directors are encouraged to reinstate Residents/Clinical Fellows in good standing in the next available training position. However, position,

salary, and benefits cannot be guaranteed for voluntary interruption in appointment.

Investigatory Leave: A Resident/Clinical Fellow may be placed on investigatory leave in order to review or investigate allegations of deficiencies or concerns. Such leave shall be confirmed in writing, stating the reason(s) for and the expected duration of the leave, and specifying the activities the Resident/Clinical Fellow may engage in during the duration of the leave. The alleged deficiency should be of a nature that warrants removing the Resident/Clinical Fellow from the training program for the period of investigation. The investigation shall be concluded as quickly as possible so that the Resident/Clinical Fellow can either be returned to the program or action can be initiated for remediation, resignation, or termination. Salary and benefits will be continued during investigatory leave. However, waivers of required activities of the program shall not be granted; all program requirements must be fulfilled. Investigatory leave does not constitute an adverse action and does not need to be reported as such.

Suspension: A Resident/Clinical Fellow may be suspended from part or all his or her usual and regular assignments in the training program, including clinical and/or didactic duties, when the removal of the Resident/Clinical Fellow from the clinical service or research site is required because of the Resident's/Clinical Fellow's failure to comply with the policies of the program or of the Institution. The Suspension shall be confirmed in writing, stating the reason(s) for the Suspension and its expected duration. Suspension generally should not exceed 60 calendar days and may be coupled with or followed by other academic actions. The Resident's/Clinical Fellow's salary and benefits may continue during the period of Suspension, depending on the circumstances and at the discretion of the Associate Dean for Graduate Medical Education.

Letter of Counseling: A letter of counseling may be issued by the Training Program Director to a Resident/Clinical Fellow to address a deficiency or concern that needs to be remedied or improved. Letters of counseling should describe the nature of the problem and suggestions for remedial actions or changes required on the part of the Trainee. Failure to achieve improvement, or a repetition of the conduct, may lead to a Notice of Concern or other actions. A letter of counseling does not constitute a disciplinary action and may be removed from the Resident's/Clinical Fellow's file after one year with no further incidents or upon the completion of the program if there are no further incidents. In most cases, this will be the first written notification that there is a deficiency in performance or conduct.

Notice of Concern: A Notice of Concern may be issued by the Training Program Director to a Resident/Clinical Fellow to address a deficiency or behavior that needs to be immediately remedied or improved. The Notice of Concern shall be in writing and should describe the nature of the deficiency or behavior and any necessary remedial actions required on the part of the Resident/Clinical Fellow. The Training Program Director shall review the notice of concern with the Resident/Clinical Fellow. Failure to achieve immediate and/or sustained improvement, or a repetition of the conduct, may lead to additional notices or other actions, including probation, suspension, or dismissal. In most cases, the Notice of Concern is used when there has been inadequate improvement after the Letter of Counseling. However, it may be used as the initial notification when there is a problem of greater significance than should be addressed with a Letter of Counseling.

Probation: Probation shall be used for Residents/Clinical Fellows who are in jeopardy of not successfully completing the requirements of the training program or who are not performing or behaving satisfactorily.

Conditions of probation shall be communicated to the Resident/Clinical Fellow in writing and should include: a description of the reasons for the probation, an individualized remediation plan, and the expected time frame for the required remedial activity. Failure to correct the deficiency within the specified period of time may lead to an extension of the probationary period or other academic actions. The probationary period should not be less than 30 days and its duration should be appropriate for the issue(s) of concern.

In most cases Probation will be preceded by a Letter of Counseling and/or a Notice of Concern, unless the circumstances warrant more immediate action.

Procedure

When evaluations of a Resident/Clinical Fellow suggest that s/he is not meeting the expectations of the training program, or whenever the Training Program Director is notified that a Resident's/Clinical Fellow's behavior is suspected to have violated a policy of the Johns Hopkins Institutions, the Training Program Director or his/ her representative shall:

- meet with the Resident/Clinical Fellow to discuss the area(s) of concern
- provide counseling, and
- identify appropriate measures for improvement or remediation.

In advance of formal academic or disciplinary action, including Notice of Concern, Probation, Suspension, or Termination, the Training Program Director or preceptor should have written documentation of the date and nature of all previous warnings and other communications given to the Resident/Clinical Fellow whose performance or conduct fails to meet expected standards. A Training Program Director or preceptor should give verbal warnings to an individual Resident/Clinical Fellow in the presence of at least one other individual and the content of the warning and the concern that prompted it must be documented. Training Program Directors and preceptors are expected to provide appropriate counseling and/or attempts at remediation to Residents/Clinical Fellows whose performance is less than satisfactory.

If an offense is so serious that it poses immediate and serious danger to patients, faculty, or staff or to the institutions, immediate suspension prior to procedural review is appropriate.

Trainee Evaluation Committee: An ad hoc Trainee Evaluation Committee shall be appointed by the Training Program Director or Designated Institutional Official to review a Notice of Concern or decision for Probation, Suspension, or Termination. The Trainee Evaluation Committee shall include no fewer than three faculty members of the Graduate Medical Education Committee or recommended by the Graduate Medical Education Committee. The Program Director will offer to appoint a faculty member who will advise the trainee and provide support and guidance to the trainee throughout the process. This individual, if appointed, will not be a voting member of the Trainee Evaluation Committee. The trainee may identify this individual, subject to approval by the Program Director. The Training Program Director shall provide the Trainee Evaluation Committee with documentation of the concerns that led to the academic or disciplinary action, including documentation of previous meetings with the trainee and of prior efforts to counsel the trainee.

The Training Program Director shall inform the Resident/Clinical Fellow of the composition of the Evaluation Committee. The trainee will be offered an opportunity to meet with the Trainee Evaluation Committee, and the Resident/Clinical Fellow should be informed that he or she may provide the Trainee Evaluation Committee with a written statement responding

to the Notice of Concern or, if Probation, Suspension, or Termination has been recommended, providing a statement explaining why s/he feels the Probation, Suspension, or Termination is not warranted.

Within 10 working days of the Training Program Director or Department Chair's delivery of a Notice of Concern or decision for Probation, Suspension, or Termination the Trainee Evaluation Committee shall be provided with all documentation, including the statement from the Resident/Clinical Fellow, if provided, and may request to meet with the Resident/Clinical Fellow. In cases of Probation, Suspension, or Termination the Trainee Evaluation Committee shall reach a decision to uphold the original action or to request an alternate action within 30 days. An oral notification shall be delivered to the Resident/Clinical Fellow within 3 days and in writing within 10 working days of the decision.

In cases of a Notice of Concern or Probation, the Trainee Evaluation Committee shall assist the Training Program Director in determining an appropriate course of remediation and shall review the Resident's/Clinical Fellow's progress periodically to determine whether the trainee has satisfactorily addressed or remediated the concerns that led to academic or disciplinary action.

The Training Program Director or preceptor shall inform the DIO before a Resident/Clinical Fellow is to receive a Notice of Concern or to be placed on Probation, Suspended, or Terminated. A written statement describing the problem, warnings issued, deliberations of the Trainee Evaluation Committee, and the proposed resolution (remediation, Probation, Suspension, Termination, or return to good standing) shall be provided to the DIO. Before taking final action the Training Program Director shall first confer with the DIO, before informing the Resident/Clinical Fellow of the decision.

The training director should consult with counsel on whether the action (probation, suspension, or termination) should be reported to State or Federal Authorities, as applicable.

The Training Program Director or preceptor must provide a specific statement to the Resident/Clinical Fellow as to the action to be taken, i.e., Probation, Suspension, or Termination; effect on salary, benefits, and training certification; and if applicable, whether or not the action taken is reportable to the Board of Physicians.

In cases of Termination, salary, and benefits shall terminate as of the effective date, and training certification shall be granted for the period of months of acceptable service. Health insurance coverage may be maintained under COBRA options so as to provide continuous health care insurance coverage, in which case the Resident/Clinical Fellow is responsible for all premiums.

A Suspension may be imposed with or without pay, and shall result in suspension of training credit during interruption of service. In instances of suspension with pay, benefits coverage shall be continued during the period of Suspension. The Resident/Clinical Fellow suspended without pay shall be responsible for the full premiums of the benefits during the suspension period.

Written decisions shall be hand-delivered to the Resident/Clinical Fellow at a meeting informing him or her of the decision or sent by overnight delivery service.

The Resident/Clinical Fellow may appeal an adverse decision to the Dean of the School of Public Health by notifying him/her in writing within 7 days of the decision. The Dean may refer the matter to a senior official

of the school with no prior involvement in the case for review. The review will be limited to review of whether the procedures set forth in this policy were followed and his/her decision will be final.

Policy on Resident Transfer

Residents who are selected for admission into the first year of one of the Preventive Medicine residency program (PM-1) in the Johns Hopkins Bloomberg School of Public Health will be considered to be a transfer resident if they have not completed a full ACGME accredited residency program of three or more years.

The Johns Hopkins Bloomberg School of Public Health Preventive Medicine Residency Program that accepts the transfer resident will obtain a summative evaluation from that resident's prior ACGME training program. If the resident has completed a full residency, the Hopkins Medical Staff Office will contact the prior program director for verification of training as part of the credentialing process.

Policy on Interaction with Vendors/Corporations and Residency Programs

The Johns Hopkins Bloomberg School of Public Health Graduate Medical Education Committee is committed to creating a training environment that fosters a culture in which faculty, staff, and residents exercise independent judgment in all their activities and provide evidence-based, cost-effective care.

Insofar as they support these goals, appropriate interactions with industry that move ideas into development, production, and practice for the welfare of patients, communities, and the betterment of public health are desirable.

To this end, the GMCE will follow the Johns Hopkins Bloomberg School of Public Health Policy on Interaction with Industry and Outside Interests found in the JHSPH Office of Academic Affairs Policies & Procedures Manual (<https://www.jhsph.edu/offices-and-services/office-of-academic-affairs/>).

Policy on Supervision at Rotation Sites

1. Purpose

The purpose of this policy is to establish standards for independent health care practitioners engaged in the supervision and teaching of GPM and OEM residents and to establish guidelines for resident responsibilities for GPM and OEM residents.

2. Scope

This policy applies to all independent health care practitioners engaged in the supervision and teaching of residents enrolled in the GPM or OEM post-graduate medical education program at the Johns Hopkins Bloomberg School of Public Health (JHSPH). This policy, unless otherwise stated, is applicable to resident supervision at all training sites.

3. Responsibility

It is the responsibility of the program director and the site preceptors who supervise and teach residents at JHSPH and other training sites as well as residents to comply with this policy.

4. Definitions

Site preceptor - refers to the individual designated as the supervisor of the resident at the training site. This individual may be a physician (to be designated for this policy the **attending physician**), other faculty of the School of Public Health or a senior staff member at the agency serving as the training site.

Direct supervision - refers to supervision provided by the site preceptor who is physically present and available to the resident being supervised.

Program Director - The one physician designated with authority and accountability for the operation of the residency/fellowship program.
Resident - refers to an unlicensed or licensed resident enrolled in a JHSPH post-graduate education program, including subspecialty programs, and which are accredited by the Accreditation Council for Graduate Medical Education (ACGME) or an equivalent accreditation process approved by the Johns Hopkins Bloomberg School of Public Health.

5. General Guidelines

- a. The program director, with the assistance of site preceptors, assures that residents are appropriately supervised. Residents are permitted to take on progressively greater responsibility throughout the course of a residency, consistent with individual growth in experience, judgment, knowledge, and technical skill. Site preceptors supervise residents so that the residents assume progressively increasing responsibility according to their level of education, ability, and experience.
- b. Resident supervision will be monitored and ultimately enforced by the governing board of the Johns Hopkins Bloomberg School of Public Health through the quality process, peer review, credentialing, and privileging, or the resident disciplinary process.

6. General Program Responsibilities

- a. The program director, with the assistance of site preceptors, will assess the resident's competence as the basis for determining the minimum level of supervision required for different activities. This assessment includes the evaluation of the resident's technical, patient management (if applicable), and communication skills and capacity to perform as required. The program director communicates the assessment of the resident's competence to the resident at least semi-annually and when significant progress or deficiencies are noted.
- b. The program director will provide each site preceptor with the list of Preventive Medicine competencies (see Attachment A) for use in planning and evaluating the resident's activities at the site.
- c. Site preceptors will be available for supervision to the resident on duty 24 hours per day, 7 days per week. Site preceptors can provide adequate supervision off site as long as their physical presence within a reasonable time can be assured in case of need. The program director assures that a schedule with the name and contact number of the responsible site preceptor(s) is available at all times to program residents.
- d. All patients seen by a resident on an outpatient basis must be seen by, discussed with, or reviewed by the responsible site preceptor.
- e. Attachment B outlines the procedures for monitoring and evaluation of residents.

7. General Site Preceptor Responsibilities

- a. A site preceptor is responsible for and actively involved in clinical, administrative, or research activities at the training site.
- b. A site preceptor at a clinical site is an attending physician who directs the care of each patient and provides the appropriate level of supervision for a resident based on the nature of the patient's condition, the likelihood of major changes in the management plan, the complexity of care, and level of education, ability, experience, and judgment of the resident being supervised.
- c. The attending physician, in consultation with the program director, accords a resident progressive responsibility for the care of the patient based on the resident's clinical experience, judgment, knowledge, technical skill, and capacity to function.

- d. The attending physician advises the program director if he/she believes a change in the level of the resident's responsibility and supervision should be considered. The overriding consideration must be the safe and effective care of the patient that is the personal responsibility of the attending physician.
 - e. The attending physician fosters an environment that encourages questions and requests for support or supervision from the resident, and encourages the resident to call or inform the attending physician of significant or serious patient conditions or significant changes in patient condition.
- #### 8. Resident Responsibilities and Requirements
- a. The resident must be aware of his/her level of training, his/her specific clinical experience, judgment, knowledge, and technical skill, and any associated limitations. The resident must not independently perform procedures or treatments, or management plans that he/she is unauthorized to perform or lacks the skill and training to perform.
 - b. The resident is responsible for self-monitoring of progress toward achievement of the GPM competencies listed in Attachment A.
 - c. The resident is responsible for communicating to the attending physician any significant issues regarding patient care. (see Attachment A and Attachment B)

Policy on Transitions of Care

Clinical care in the Johns Hopkins Occupational and Environmental Medicine Residency and General Preventive Medicine Residency is entirely outpatient with direct precepting in the clinical rotation sites. Thus, residents work directly with preceptors in each clinic and in population management. Many clinical encounters are for acute medical issues that do not require prolonged follow-up. Patients are referred back to their primary care providers for ongoing medical care.

At the end of each rotation, residents discuss any outstanding issues that may exist with their faculty preceptor (who is the medical provider ultimately responsible for patient occupational or environmental health care). For ongoing projects, such as at the International Association of Fire Fighters, residents also leave a written sign-out report for the incoming resident who then discusses the report and remaining action items with the preceptors. By directly involving preceptors, this transition process facilitates continuity of care and patient safety while allowing preceptors to assess resident competency in communicating hand-over details. Finally, rotation schedules are sent to preceptors at the start of each year and updated as needed.

Protocol for Faculty Involvement in Clinical Care

The Johns Hopkins School of Public Health Occupational Medicine Residency Program and General Preventive Medicine Residency is committed to promoting patient safety while providing residents with progressive responsibility. A Policy on Supervision currently exists for all preventive medicine rotations, regardless of clinical content. The ACGME Common Program Requirements (VI.A.2) indicate that residency programs must set guidelines for circumstances and events in which residents must communicate with appropriate supervising faculty members. Therefore, this protocol is specifically for clinical activities. Clinical care in the program is entirely outpatient with direct precepting in the clinical rotation sites. Residents work directly with preceptors in each clinic. Residents see patients with a range of complexity, however, all patients are discussed at least briefly with the preceptor. Patients with more complex medical problems will require more detailed discussion and faculty involvement.

Preceptors, including physicians, nurses and nurse practitioners, will have greater involvement for a range of patient needs including, but not limited to, the following:

- Situations in which contact with public health agencies and/or employers is required. For these patients, preceptors will need to direct residents to appropriate contacts and how to approach employers while protecting patient confidentiality to the extent possible under the law.
- Acutely ill patients who present to the occupational health clinic and need to be transferred to the Emergency Department (e.g., chest pain, shortness of breath, deep laceration). Nursing staff, even if not directly precepting, will be involved in the care and transfer of these patients as well.
- Acute work-related injuries, such as needle sticks, that require urgent care and follow-up.

Any deviation from this policy should be reported to the OEMR or GPMR Director promptly. The Director may convey the information to the Designated Institutional Official and the Graduate Medical Education Committee for discussion to facilitate process improvement.

Under the ACGME Common Program Requirements (VI.A.2.e) each resident must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence. Progression is discussed semi-annually.

Use of M.D. Designation for ECFMG-Certified Medical Graduates

Following the Johns Hopkins School of Medicine procedure, the Johns Hopkins School of Public Health will permit ECFMG-certified medical graduates to use the M.D. designation on an ID badge upon request.

Discrimination and Harassment

The Johns Hopkins University policies on discrimination and harassment apply to the residency programs. The policy may be found on the Johns Hopkins University Office of Institutional Equity (<https://oie.jhu.edu/>) website.

Sexual Misconduct Policy

The Johns Hopkins University Sexual Misconduct Policy and Procedures apply to the residency program. The policy may be found on the Johns Hopkins University Office of Institutional Equity (<https://oie.jhu.edu/>) website.

Accommodations for Disabilities

The Johns Hopkins University Americans with Disabilities Act Compliance and Disability Accommodations processes apply to the residency programs. This information may be found on the Johns Hopkins University Office of Institutional Equity (<https://oie.jhu.edu/>) website.

Resident Grievance Procedure

Purpose

On occasion, disputes arise between residents and other members of the Johns Hopkins University ("University") or Bloomberg School of Public Health ("School") community. Individuals involved in such disputes should first endeavor to resolve the matter informally. After reasonable efforts have been made to do so, residents who believe they have been adversely and unfairly affected in their capacity as residents may use this process to seek formal resolution of a serious situation that cannot be resolved informally and is not otherwise covered under another University or School policies or procedures.

Definitions

The "grievant" is the resident bringing forth the grievance. The "respondent" is the individual against whom the grievance is made.

Grievable Matters

A "grievable" matter is a complaint that a current resident enrolled in a School residency program has been directly and adversely affected in their education, training, or professional activities due to an arbitrary or capricious act, or failure to act, or a violation of a University or School policy or procedure by anyone acting officially or on behalf of the University or School, other than the matters exempted below.

The following matters are not grievable and are excluded from consideration under this policy:

1. Complaints alleging discrimination or harassment on the basis of sex, gender, marital status, pregnancy, race, color, ethnicity, national origin, age, disability, religion, sexual orientation, gender identity or expression, veteran status, or other legally protected characteristic; sexual misconduct, domestic violence, dating violence, or stalking; or that are otherwise within the purview of the University's Office of Institutional Equity ("OIE"). Such complaints must be referred to OIE.
2. Complaints pertaining to general levels of salary, fringe benefits, or other broad areas of financial management and staffing.
3. Complaints, the resolution or remedy of which, would conflict with a policy of the University or School; a policy of The Johns Hopkins Health System (or its affiliate or subsidiary hospitals); federal, state, or local laws or regulations; or any contract to which the University is a party.
4. A complaint pertaining to subject matter within the purview of another University or School policy or procedures, or any standing committee of the University or School, unless the complaint arises from an alleged failure to act or to follow the policies or procedures of the University or School. For example, disputes involving grades, promotions, disciplinary action, and matters covered by the Johns Hopkins Personnel Policy Manual are not grievable.
5. Disputes that are personal in nature and do not involve the Grievant's educational, training, professional, or institutional responsibilities or activities.

Procedures

1. Prior to filing a formal grievance, the grievant should attempt to resolve the situation informally, which may include meeting with the individual against whom the grievance is made, a department chair, an appropriate dean, or others. The Director of the residency program or other responsible official is also available to the grievant for counseling on how best to resolve the situation informally and for handling a grievance made against the resident-in-training.
2. If the matter cannot be resolved to the mutual satisfaction of the parties, a formal grievance may be filed with the Designated Institutional Official ("DIO") within sixty (60) days thereafter or sixty (60) days from the event leading to the grievance, whichever is later. A delay in filing the grievance may constitute grounds for its dismissal. If the grievance is initiated against the DIO, the grievant may instead submit the grievance to the Dean of the School.
3. The grievance must be in writing and include the following:

- a. statement of the grievance;
 - b. description of the alleged facts on which the grievance is based;
 - c. summary of steps taken to attempt to informally resolve the grievance, if any;
 - d. name(s) of the person(s) against whom the grievance is filed;
 - e. other facts considered to be pertinent;
 - f. the remedy sought; and
 - g. any relevant documentation.
4. Upon receipt of a properly submitted grievance, the DIO shall appoint two (2) faculty members without conflicts to first determine whether the grievance presents a grievable issue. The decision regarding grievability will be final and may not be appealed.
 5. If the matter is determined not to be grievable, the grievance will be dismissed and the grievant will be notified of the decision in writing, stating the reasons for such decision. If the matter is determined to be grievable, the DIO will then appoint one (1) resident without a conflict to also serve on a Committee with the two faculty and the following procedures shall be followed.
 6. The DIO shall inform the grievant of the composition of the committee. The grievant may, within five (5) days, request that the DIO replace one or more members of the Committee upon a reasonable showing of bias or conflict of interest.
 7. The Committee shall provide written notification to the grievant and respondent and assemble the relevant documentation and facts. The Committee may request additional information from and/or interviews with the grievant, the respondent, witnesses, and relevant University personnel.
 8. The Committee will formulate its findings and recommendations based on a majority vote and will forward its recommendation in writing to the DIO.
 9. The DIO will inform the parties to the grievance in writing of the DIO's decision and the reasons for the decision. The DIO's decision will be final.

Administration

A good faith effort will be made to complete the process within 90 days, but this time frame may be extended as reasonably necessary. Legal counsel for any party may not participate in meetings or deliberations pursuant to these procedures. The Office of the General Counsel will not act as the prosecutor or defender of any party, but will act as an impartial legal adviser to the University.