Graduate Medical Education (GME) Resident Handbook (Manual)
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Dear Graduate Medical Education (GME) Residents,

Welcome to Hamad Medical Corporation family of Graduate Medical Education Residency Programs.

We are pleased to provide you with this manual that includes most of the needed information to support you during your training years at HMC. HMC sponsors many excellent residency and fellowship programs that adopt the highest educational standards.

Our goal is to guide and help you fully realize your potential and graduate as a highly competent and independent physician in your specialty, and prepare you to the next level whether joining a fellowship program or serving as a medical staff member providing independent patients’ care. As a GME Resident, you will train at hospitals that are accredited by the Joint Commission International (JCI).

HMC as premier medical centre is dedicated to education, research and high quality and safe patient-centered health care. HMC provides unique environment conducive of learning that brings together highly trained clinicians and educators. We also provide our residents with the opportunity to work collaboratively, in properly monitored and supervised clinical settings, supported by a highly qualified faculty and learning resources.

In partnership with leading local and international academic and medical institutions, HMC is thriving to become a leading Academic Health System in the region.

We currently offer 19 advanced specialty residency and many more fellowship programs that are working on achieving accreditation by the Accreditation Council for Graduate Medical Education International (ACGME-I).

We are providing you with this Residents’ Handbook as a useful guide that will help you go through your residency smoothly. I encourage you to read it and refer to it when needed to learn more about our institution, programs, policies and procedures and to make the best out of it.

With our best wishes for a highly successful residency,

Abdullatif Alkhal

Designated Institutional Official
Director, Dept of Graduate Medical Education
Deputy Chief of Staff for Academic Affairs
Doha, Qatar
GRADUATE MEDICAL EDUCATION OFFICE STAFF

Dr. Abdul Latif Al Khal
Designated Institutional Official (DIO)
aalkhal@hmc.org.qa

Dr. Ismail Helmi
Deputy Director of Medical Education
ihelmi@hmc.org.qa

Dr. Mohamed S El-Tawil
Associate DIO for GME
meltawil1@hmc.org.qa

Dr. Omar Zaghmout
Assistant Director of Medical Education
mzaghmout@hmc.org.qa
Graduate Medical Education Committee (GMEC) Members

Chairman
Dr. Abdul Latif Al Khal
Designated Institutional Official
4439-1739
aalkhal@hmc.org.qa

Members:
Dr. Ismail Helmi
Deputy Director of Medical Education
4439-1740
ihelmi@hmc.org.qa

Dr. Mohamed S. El-Tawil
Associate DIO for GME
4439-1756
meltawil1@hmc.org.qa

Prof. Edward Hillhouse
Chief of Clinical, Academic and Research Affairs
4439-3936
EHillhouse@hmc.org.qa

Ms. Fatima Haider
Executive Director of Human Resources
4439-3881
FHaidar@hmc.org.qa

Dr. Thurayya Arayssi
Associate Dean for GME, WCMC-Q
4492-8340
tha2002@qatar-med.cornell.edu

Ms. Banan Al Arab
GME Administrative Director
4439-1767
balarab@hmc.org.qa

Residency Program Directors: (GMEC Members)
Dr. Abbas F. Ahmed
Anaesthesia
55423835
aahmed@hmc.org.qa

Dr. Abdulla Al Naimi
Urology
55514958
AAlnaimi5@hmc.org.qa

Dr. Abdul Salam Al Qahtani
Otolaryngology
66604343
aalqtahtani@hmc.org.qa

Dr. Ahmed Al Mohammed
Medicine
55527181
AAlmohammed@hmc.org.qa

Dr. Ahmed J. Omar
Radiology
55850490
AOMar@hmc.org.qa

Dr. Azhar Abdul-Aziz
Emergency Medicine
5542998
aaaziz2@hmc.org.qa

Dr. Elnas Al Kuwari
Lab & Pathology
66005715
Ealkuwari@hmc.org.qa

Dr. Ghanem Al Sulaiti
Neurosurgery
55504747
galsulaiti@hmc.org.qa

Dr. Ibrahim Janahi
Paediatrics
55866659
ijanahi@hmc.org.qa

Dr. Kholoud Al Hail
Dermatology
55559129
kalhail@hmc.org.qa

Dr. Mansoor Ahmed
Paediatrics Surgery
55804362
MAli31@hmc.org.qa

Dr. Mohammed Al Banna
Psychiatry
55560379
malbanna@hmc.org.qa

Dr. Mohd Ateeq Al Dosari
Orthopaedics
55567278
maldosari1@hmc.org.qa

Dr. Nagah Selim
Community Medicine
55678835
NsSelim@hmc.org.qa

Dr. Osman A. Z. Mohammed
Ophthalmology
66554382
oabdelzaher@hmc.org.qa

Dr. Salahuddin Gehani
General Surgery
55248399
sgehani@hmc.org.qa

Dr. Salwa Yaqoub
Obstetrics and Gynaecology
55545570
Sabuyagoub@hmc.org.qa

Dr. Talal Al Hetmi
Plastic Surgery
55532933
talhetmi@hmc.org.qa

Dr. Zelaikha Mohsen
Family Medicine
5553211
zalbashwar@hmc.org.qa

Resident Council: (GMEC Members)
Dr. Majid Al Abdalla
Chairman of Resident Council
66600226
malabdalla9@hmc.org.qa

Dr. Hassan Al Tamimi
Vice Chairman of Resident Council
66823032
haltamimi1@hmc.org.qa

Dr. Khalid Zahridin
Vice Chairman of Resident Council
55818215
kesmail@hmc.org.qa
<table>
<thead>
<tr>
<th>Name</th>
<th>Program</th>
<th>Telephone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Abdulla Al Ansari</td>
<td>Female urology, Neurology&amp; Urodynamics</td>
<td>55807283</td>
<td><a href="mailto:AALANSARI1@hmc.org.qa">AALANSARI1@hmc.org.qa</a></td>
</tr>
<tr>
<td>Dr. Abdulla Al Naimi</td>
<td>Endourology Fellowship Program</td>
<td>55514958</td>
<td><a href="mailto:Aalnaimi5@hmc.org.qa">Aalnaimi5@hmc.org.qa</a></td>
</tr>
<tr>
<td>Dr. Abdul Aziz Al Hashemi</td>
<td>Pulmonary Fellowship Program</td>
<td>55898539</td>
<td><a href="mailto:AALHASHEMI@hmc.org.qa">AALHASHEMI@hmc.org.qa</a></td>
</tr>
<tr>
<td>Dr. Abdunasser El Zouki</td>
<td>General Medicine Fellowship Program</td>
<td>66022836</td>
<td><a href="mailto:Aelzouki@hmc.org.qa">Aelzouki@hmc.org.qa</a></td>
</tr>
<tr>
<td>Dr. Amjad Tuffaha</td>
<td>Pediatric Pulmonology Fellowship Program</td>
<td>44391526</td>
<td><a href="mailto:Atuffaha@hmc.org.qa">Atuffaha@hmc.org.qa</a></td>
</tr>
<tr>
<td>Dr. Cornelia Carr</td>
<td>Cardiothoracic Surgery Fellowship Program</td>
<td>55007470</td>
<td><a href="mailto:ccarr@hmc.org.qa">ccarr@hmc.org.qa</a></td>
</tr>
<tr>
<td>Dr. Ashraf Soliman</td>
<td>Pediatric Endocrine Fellowship Program</td>
<td>44391526</td>
<td><a href="mailto:Asoliman@hmc.org.qa">Asoliman@hmc.org.qa</a></td>
</tr>
<tr>
<td>Dr. Boulenouar Mesraoua</td>
<td>Neurology Fellowship Program</td>
<td>55845526</td>
<td><a href="mailto:bmesraoua@hmc.org.qa">bmesraoua@hmc.org.qa</a></td>
</tr>
<tr>
<td>Dr. Fadwa Sager Al Ali</td>
<td>Nephrology Fellowship Program</td>
<td>55535066</td>
<td><a href="mailto:FALALI1@hmc.org.qa">FALALI1@hmc.org.qa</a></td>
</tr>
<tr>
<td>Dr. Ghada Al Sulaiti</td>
<td>Pediatric Infectious Diseases Fellowship Program</td>
<td>55677789</td>
<td><a href="mailto:galsulaiti1@hmc.org.qa">galsulaiti1@hmc.org.qa</a></td>
</tr>
<tr>
<td>Dr. Hani Al Malallah</td>
<td>Rheumatology Fellowship Program</td>
<td>55564650</td>
<td><a href="mailto:habdulaziz@hmc.org.qa">habdulaziz@hmc.org.qa</a></td>
</tr>
<tr>
<td>Dr. Hussam Salama</td>
<td>Pediatric Neonatology Fellowship Program</td>
<td>44393513</td>
<td><a href="mailto:hsalama1@hmc.org.qa">hsalama1@hmc.org.qa</a></td>
</tr>
<tr>
<td>Dr. Jafar Faraj</td>
<td>Neuroanesthesia Fellowship Program</td>
<td>55830321</td>
<td><a href="mailto:jfaraj@hmc.org.qa">jfaraj@hmc.org.qa</a></td>
</tr>
<tr>
<td>Dr. Kamal Hassan</td>
<td>Pediatric GI Fellowship Program</td>
<td>44392241</td>
<td><a href="mailto:KHASAN@hmc.org.qa">KHASAN@hmc.org.qa</a></td>
</tr>
<tr>
<td>Dr. Khalid Saadi</td>
<td>Pediatric Emergency Medicine Fellowship Program</td>
<td>44396001</td>
<td><a href="mailto:Kalawi@hmc.org.qa">Kalawi@hmc.org.qa</a></td>
</tr>
<tr>
<td>Dr. Mahmoud Ibrahim Aheidah</td>
<td>Development &amp; Rehabilitation (CRU) Fellowship Program</td>
<td>44392834</td>
<td><a href="mailto:Mabeidah@hmc.org.qa">Mabeidah@hmc.org.qa</a></td>
</tr>
<tr>
<td>Dr. Mohd Dilawar</td>
<td>Pediatric Cardiology Fellowship Program</td>
<td>55916554</td>
<td><a href="mailto:mdilawar@hmc.org.qa">mdilawar@hmc.org.qa</a></td>
</tr>
<tr>
<td>Dr. Muna Al Maslamani</td>
<td>Infectious Disease Fellowship Program</td>
<td>55563660</td>
<td><a href="mailto:MALMASLANI@hmc.org.qa">MALMASLANI@hmc.org.qa</a></td>
</tr>
<tr>
<td>Dr. Nidal Asaad</td>
<td>Cardiology Fellowship Program</td>
<td>55551608</td>
<td><a href="mailto:nasaad@hmc.org.qa">nasaad@hmc.org.qa</a></td>
</tr>
<tr>
<td>Dr. Rafie Yakoub</td>
<td>Gastroenterology Fellowship Program</td>
<td>44392845</td>
<td><a href="mailto:RYAKOOB@hmc.org.qa">RYAKOOB@hmc.org.qa</a></td>
</tr>
<tr>
<td>Dr. Ruben Peralta</td>
<td>Trauma Critical Care Fellowship Program</td>
<td>33679809</td>
<td><a href="mailto:rosario1@hmc.org.qa">rosario1@hmc.org.qa</a></td>
</tr>
<tr>
<td>Dr. Salha Mohd Bujassoum</td>
<td>Hematology/ Medical Oncology Fellowship Program</td>
<td>55850469</td>
<td><a href="mailto:sbujassoum@hmc.org.qa">sbujassoum@hmc.org.qa</a></td>
</tr>
<tr>
<td>Dr. Sami Al Said</td>
<td>Andrology and Infertility</td>
<td>55870830</td>
<td><a href="mailto:salsaid1@hmc.org.qa">salsaid1@hmc.org.qa</a></td>
</tr>
<tr>
<td>Dr. Sara Mohd Darwish</td>
<td>Endocrine Fellowship Program</td>
<td>55550501</td>
<td><a href="mailto:Sdarwish1@hmc.org.qa">Sdarwish1@hmc.org.qa</a></td>
</tr>
<tr>
<td>Dr. Tasleem Raza</td>
<td>Medicine Intensive Care Fellowship Program</td>
<td>55975059</td>
<td><a href="mailto:tmohd1@hmc.org.qa">tmohd1@hmc.org.qa</a></td>
</tr>
<tr>
<td>Dr. Tawfeg Bin Omran</td>
<td>Genetics-Metabolic Fellowship Program</td>
<td>55823088</td>
<td><a href="mailto:tomran@hmc.org.qa">tomran@hmc.org.qa</a></td>
</tr>
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PROGRAM COORDINATORS

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialization</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miss Beefathima Shafeek</td>
<td>Anaesthesia</td>
<td>4439-1586</td>
<td><a href="mailto:bshafeek@hmc.org.qa">bshafeek@hmc.org.qa</a></td>
</tr>
<tr>
<td>Miss Saira Tasneem</td>
<td>Emergency Medicine</td>
<td>4439-4008</td>
<td><a href="mailto:stasneem@hmc.org.qa">stasneem@hmc.org.qa</a></td>
</tr>
<tr>
<td>Miss Seeya Yoosuf</td>
<td>Internal Medicine</td>
<td>4439-2487</td>
<td><a href="mailto:syoosuf@hmc.org.qa">syoosuf@hmc.org.qa</a></td>
</tr>
<tr>
<td>Mr. Najeeb Chekkalichintavida</td>
<td>Ophthalmology</td>
<td>4439-7144</td>
<td><a href="mailto:rchekkalichintavida@hmc.org.qa">rchekkalichintavida@hmc.org.qa</a></td>
</tr>
<tr>
<td>Miss Reeja Valiyakath</td>
<td>Orthopaedic Surgery</td>
<td>4439-2821</td>
<td><a href="mailto:rvaliyakath@hmc.org.qa">rvaliyakath@hmc.org.qa</a></td>
</tr>
<tr>
<td>Miss Rola Tawfik Al tallaa</td>
<td>Paediatric Surgery</td>
<td>4439-2344</td>
<td><a href="mailto:rertallaa@hmc.org.qa">rertallaa@hmc.org.qa</a></td>
</tr>
<tr>
<td>Miss Mona Swaileh</td>
<td>Plastic Surgery</td>
<td>4439-3122</td>
<td><a href="mailto:mswaileh@hmc.org.qa">mswaileh@hmc.org.qa</a></td>
</tr>
<tr>
<td>Miss Shane Carpio</td>
<td>Psychiatry</td>
<td>4438-4521</td>
<td><a href="mailto:scarpio@hmc.org.qa">scarpio@hmc.org.qa</a></td>
</tr>
<tr>
<td>Miss Lorna Leyson</td>
<td>Radiology</td>
<td>4439-1709</td>
<td><a href="mailto:lleyson@hmc.org.qa">lleyson@hmc.org.qa</a></td>
</tr>
<tr>
<td>Miss Golda Vincent</td>
<td>Urology</td>
<td>4439-1864</td>
<td><a href="mailto:gvincent@hmc.org.qa">gvincent@hmc.org.qa</a></td>
</tr>
<tr>
<td>Miss Shella Liggayu</td>
<td>Trauma</td>
<td>4439-6152</td>
<td><a href="mailto:sliggayu@hmc.org.qa">sliggayu@hmc.org.qa</a></td>
</tr>
<tr>
<td>Mr. Muhammad Fahlevi</td>
<td>Geriatrics</td>
<td>4439-5138</td>
<td><a href="mailto:mfahelevi@hmc.org.qa">mfahelevi@hmc.org.qa</a></td>
</tr>
<tr>
<td>Miss Rowena Advincula</td>
<td>Paediatrics</td>
<td>4439-1240</td>
<td><a href="mailto:radvincula@hmc.org.qa">radvincula@hmc.org.qa</a></td>
</tr>
<tr>
<td>Miss May Khattab</td>
<td>Family Medicine</td>
<td>4483-9607</td>
<td><a href="mailto:mkhattab@hmc.org.qa">mkhattab@hmc.org.qa</a></td>
</tr>
<tr>
<td>Miss Noor El Salem</td>
<td>Community Medicine</td>
<td>4407-0342</td>
<td><a href="mailto:nelsalm@hmc.org.qa">nelsalm@hmc.org.qa</a></td>
</tr>
<tr>
<td>Miss Akhila Rao</td>
<td>Otolaryngology</td>
<td>4439-7295</td>
<td><a href="mailto:arao1@hmc.org.qa">arao1@hmc.org.qa</a></td>
</tr>
<tr>
<td>Miss Sifanath Noufal</td>
<td>PM&amp; R</td>
<td>4439-7008</td>
<td><a href="mailto:snoufal@hmc.org.qa">snoufal@hmc.org.qa</a></td>
</tr>
<tr>
<td>Mr. Faisal Didato</td>
<td>General Surgery and Neurosurgery</td>
<td>4439-1752</td>
<td><a href="mailto:fdidato@hmc.org.qa">fdidato@hmc.org.qa</a></td>
</tr>
</tbody>
</table>

The Office of Resident Affairs

The Office of Resident Affairs is dedicated to look after the welfare and general affairs of HMC Residents. The HMC Residency Program recognizes that residents will encounter many challenges during the course of their residency. Should residents require peer support networking / counselling, the Office of Resident Affairs serves as a platform for residents to communicate their needs and provide feedback.

Contact information for Office of Resident Affairs:

**Ms. Zehra Mazhar**
Institutional Coordinator for Faculty and Resident Development
Contact No: 4439- 1742
zmazhar@hmc.org.qa

**Ms. Amal Shaban Al Thlatheny**
Institutional Coordinator for Internship and Arab Board
Contact No: 4439- 1757
aelthlatheny@hmc.org.qa

**Ms. Ayesha Siddiqah Hussain**
Institutional Coordinator for GME Program and Resident Recruitment
Contact No: 4439- 1743
ahussain5@hmc.org.qa

**Dr. M. S. El-Tawil, MD, FRCS**
Associate DIO for GME
Contact No: 4439- 1756
Mobile No: 55560145
meltawil1@hmc.org.qa
mtawil99@hotmail.com
THE ACGME-INTERNATIONAL:  
WHAT RESIDENTS NEED TO KNOW?

The Accreditation Council for Graduate Medical Education-International (ACGME-I) oversees residency training programs and training institutions outside United States. The ACGME-I sets requirements that institutions must meet in order to sponsor Graduate Medical Education (GME). All residents should be familiar with these requirements because they are the "rules" of residency and contain many elements that will protect and support residents. This Document will provide an overview of the requirements. The list of requirements is extensive and can be found on the ACGME-I’s home page at http://www.acgme-i.org.

According to the institutional requirements, the purpose of GME is to "provide an organized educational program with guidance and supervision of the resident, facilitating the resident's professional and personal development while ensuring safe and appropriate care for patients." Sponsoring educational institutions therefore, must be appropriately organized to conduct GME in a scholarly environment and be committed to excellence in both education and medical care.

The institutional requirements, along with the foundational and each advanced specialty's program requirements, guide institutions and residency programs in the process of providing an ethical and professional environment in which the educational curricular requirements, as well as requirements for scholarly activity can be met.

The institutional requirements contain stipulations as to what constitutes adequate financial support, benefits, and working conditions for residents as well as specific policies regarding residents' responsibilities, professional activities, and grievance procedures.

They define minimal competency standards for institutions participating in GME and provide protection for residents. The ACGME-I assesses compliance with the requirements through its institutional review process.

It delegates this process to the Institutional Review Committee, an independent committee that includes a resident member. The Institutional Review Committee examines periodic institutional reviews to determine compliance. Institutional reviews are conducted through correspondence with the institution and through a site visit. As part of the review, each institution must complete a checklist of requirements. An institution's failure to comply with the requirements could endanger the accreditation of all of its residency programs.

The institution is also expected to monitor its own compliance with the requirements. Each institution is required to have a Graduate Medical Education Committee (GMEC) that advises the institution on all aspects of residency education. The institutional requirements recommend that the GMEC or another designated Committee conduct regular internal reviews of all residency programs to assess their compliance with the ACGME-I requirements.

The institutional requirements are continually reviewed with input from Program Directors, Faculty and Residents. If residents understand the institutional requirements, their contents, and the mechanism to alter them appropriately, they can ensure their long-term involvement in the process of graduate medical education and in maintaining its excellence.

HMC is the First Institution in the Middle East to apply for ACGME-I accreditation.
HMC Commitment to Graduate Medical Education

HMC as a sponsoring institutions mission is to provide excellence in medical education, medical research, and patient care through:

- Educating medical students, interns, residents, fellows, nurses and nursing students, allied health science professionals and students, clinical pharmacists and pharmacy students. HMC collaborates with its academic partners institutions (WCMC-Q, CNAQ, Calgary University, and Qatar University) in order to meet the existing and future health care needs of our nation in terms of health professionals;
- Fostering medical research that leads to scientific advances and the improvement of the health of the public;
- Adopting inter-professional education to enhance the team spirit and team functionality;
- Sustaining a working and learning environment that fosters teamwork and commitment to share values and goals.

HMC ensure that each program provides effective educational experiences for students, residents and fellows that lead to measurable achievement of educational outcomes in the ACGME (6) six core competencies:

- Medical Knowledge
- Patient care and Skills
- Interpersonal and communication skills
- Practice based learning
- System based practice
- Professionalism

In addition, HMC pay special attention to Faculty Development and Resident Development programs.

Resident Development Programs
(Mandatory Workshops and Courses)

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Statement of Commitment to Graduate Medical Education

We, the leaders of Hamad Medical Corporation (HMC) are committed to provide the necessary educational, financial and human resources to support Graduate Medical Education (GME) programs sponsored by our Institution.

We are committed to provide GME programs that facilitate our residents’ professional, ethical and personal development through structured curricula, evaluations and supervision in an environment that shall support safe and appropriate patient care.

We are further committed to offer GME programs which are in compliance with the Accreditation Council of Graduate Medical Education – International’s (ACGME – I) Institutional, Foundational and Advanced specialty program requirements.

Dr. Hanan Al Kuwari
Managing Director

Dr. Abdullatif Alkhal
Deputy Chief of Medical Education, DIO

Dr. Edward Hillhouse
Chief of Medical, Academic & Research Affairs

Dr. Sten Lindhal
Deputy Chief of Medical Staff for Research

Steve Phoenix
Chief of General Hospitals Group

Ali Al Janahi
Chief of Business Services

Gary Needle
Chief of Planning and Performance

David Astley
Chief of Tertiary Hospital Group

Hamad Al Khalifa
Chief of Facilities and Workforce Development

Mahmoud Al Raisi
Chief of Continuing Care Group
II. Affiliated Hospitals

1. Hamad General Hospital (HGH)
2. Al Khor Hospital (AKH)
3. Al Wakra Hospital (AWH)
4. National Centre for Cancer Care and Research (QNCCCR)
5. Rumaila Hospital (RH)
6. The Heart Hospital (HH)
7. Women Hospital (WH)
8. Psychiatry Department (PD)

All above mentioned primary clinical sites and participating sites are part of the sponsoring institution and under the governing body of HMC.

HMC Hospitals where HMC residents are trained will operate in 3 care groups in the future:

1. General Hospitals Group that includes:
   - Al Khor Hospital (AKH)
   - Al Wakra Hospital (AWH)
   - Dukhan Cuban Hospital (DCH)
   - Primary Health Care Liaison (PHC-Liaison)

2. Tertiary Care Group that includes:
   - Hamad General Hospital (HGH)
   - Women hospital (WH)
   - Heart Hospital (HH)
   - National Centre for Cancer Care and Research (QNCCCR)

3. Continuing Care Group that includes:
   - Rumaila Hospital (RH)
   - Rehabilitation Hospital (REH)

- Other Participating sites:
  - Primary Health Care Corporation (PHCC)
  - Supreme Council of Health (SCH)
  - Al Safallah Center for Children with Special Needs
MEDICAL INFORMATION ACCESS

Access to Specific – Specialty reference material.

The Hamad Health Sciences Library (HHSL) is situated at Hamad General Hospital and also offers distributed e-library services that are available on the Intranet and Internet and can be accessed by residents and Faculty using an “Athens” password.

The library resources include full text electronic resources

1. e-Journals
   - Individual subscription - 285
   - Springer journal package - 419
   - Oxford journal package - 73

2. eBooks
   - Informal eBook collection - 701
   - Theme eBook collection - 57
   - Oxford eBook collection - 81
   - Database eBook collection - 269
   
   Total - 1,108

3. E-databases with search capabilities
   - MD consult
   - Up to date
   - Access Medicine
   - Access Surgery
   - Access Emergency Medicine
   - Access Physiotherapy
   - Emergency Medicine Practice
   - EBM COCHRANE Library
   - USMLE MCQ Resource
   - EBSCO Dentistry Resource
   - Lexicom Pharmaceuticals
   - CINAHL

4. Resident on-line Educational Resources
   - SCORE curriculum portal
   - Orthopaedic knowledge online by AAOS
   - Urology online curriculum by AUA

5. Hard copy book collection – more than 20,000 books

6. The library collection includes CD ROMS, DVD’s of procedures, image collections and slide collections.
Terms and Conditions of Employment for Residents

APPOINTMENT
Hamad Medical Corporation (HMC) offers and the Resident Physician accepts an appointment at the HMC in their respective programs for a period of one (1) year (Renewable), unless terminated sooner in accordance with the provisions of the Resident Agreement or the Resident Manual, as amended from time to time (the “Term”). No appointment beyond the Term is promised, assured, or to be implied by an agreement. Reappointment, non-renewal of appointment, or non-promotion shall be determined in accordance with the specific policies set forth in the Resident Manual.

FINANCIAL SUPPORT
The HMC shall pay Resident Physician monthly salary support according to the PGY level and the salary scale approved by the HMC in equal monthly installments during the Term, unless the Agreement is terminated, in which case, the Resident Physician shall not be entitled to any financial support or benefits under the agreement as of the effective date of the termination.

RESIDENT MANUAL
The Resident Manual provides detailed information about the benefits and obligations of Resident Physicians who participate in the Program. The policies, terms, and conditions of the Resident Manual are incorporated by reference into a Residency Agreement, and Resident Physician will acknowledge receipt of the Resident Manual and agrees to abide by its policies, terms, and conditions, as they may be amended from time to time. The following provisions identify some, but not all, of the requirements set forth in the Resident Manual.

RESIDENT BENEFITS
Among other things, the Resident Manual describes the benefits HMC affords Resident Physician during the Term. In particular, the Resident Manual addresses vacation and paid leave, family and medical leave, leave of absence, professional liability self insurance, cooperative health insurance which includes dental insurance and prescription benefits, termination benefits, call rooms and meals or equivalents, medical and psychological counseling and other support services, accommodation for disabilities, and other potential benefits. Grievance Procedures and the Physician Impairment Policy and process are also set forth in the Resident Manual which will be provided to you with your Residency Agreement if accepted into the program.

HMC OBLIGATIONS
Educational Experience/ACGMEI Standards: The HMC agrees to provide a suitable academic environment for the educational experience of the Resident Physician and graduate medical education or graduate clinical training which substantially meets the standards of the Accreditation Council for Graduate Medical Education-International ("ACGME-I") and its Residency Review Committee. The HMC will conduct regular evaluations of the learning and competence of the Resident Physician, including a combination of supervised, more complex and independent patient evaluation and management functions and formal educational activities, and will maintain a confidential record of such evaluations.


Resident Manual: The HMC Medical Education will make reasonable efforts to notify the Resident Physician of any material changes in the Resident Manual. The Medical Center’s current notice practice is to e-mail changes to the Resident Manual to the HMC e-mail address of Resident Physician maintained by the Office of Graduate Medical Education. It is the Resident Physician’s responsibility
to monitor his or her corporate e-mail account for information on any changes. The Resident Manual is posted to the GME website at: [http://intranet](http://intranet)

**Protection Against Malpractice:** It is not HMC’s policy, currently, to maintain any professional malpractice insurance to cover any of its medical staff or other caregivers. However, HMC assumes the duty of defending against all claims made and all civil lawsuits instituted against its physicians, including residents, for alleged malpractice or other reasons arising out in course and within the scope of their medical practice duties at HMC, and will pay all expenses, costs fees, damages and compensations directly associated therewith.

**RESIDENT OBLIGATIONS**

By entering into an agreement, the Resident Physician agrees to undertake many academic and clinical obligations in exchange for the educational and academic opportunity to participate in the Program at PGY Level identified in the Residency Agreement.

The Resident Physician agrees to fulfill the following obligations:

- **Clinical and Educational Requirements:** To use his/her best efforts, judgment and diligence in fulfilling the duties, tasks, responsibilities and any other clinical and educational requirements, of whatever nature, in a professional and appropriate manner, as assigned to the Resident Physician during the duration of the Program. Resident Physician acknowledges that a failure to fulfill such requirements may result in disciplinary action, including but not limited to termination, as outlined in the Manual.

- **Residency Application:** To provide complete, accurate and truthful information regarding his/her training, education and qualification for the appointment as a Resident Physician and his/her PGY level. The Resident Physician understands that any false statement, misrepresentation, misstatement or omission regarding his/her training, education or qualifications may result in immediate termination of his/her appointment as a resident physician and/or retroactive invalidation of credit for time completed during the term of the resident agreement.

- **ACGME-I Requirements.** To accept the general responsibilities set forth in the ACGME-I, Institutional (Foundational), Common and Specialty-Specific Program Requirements, and to use his/her best efforts to fulfill all of those obligations set forth therein.

- **Policies and Procedure:** To comply with all policies and procedures set forth in the Manual, as well as the policies and procedures of all hospitals or facilities at which he or she rotates.

- **Licensure:** Physicians employed by HMC, including residents and fellows in training programs, are deemed licensed by the Medical Licensing Dept of the Supreme Council of Health during their work at HMC. However, residents who wish to issue individual medical license for themselves may do so by applying to the Medical Licensing Dept at the SCH.

- **Duty Hours:** To comply with duty hour requirements of the Accreditation Council for Graduate Medical Education (ACGME-I) and in accordance with the institutional policy outlined in the Manual. Resident Physician shall comply with reporting duty hours as required by the program director and/or the GME Office.

- **Employment Eligibility:** To satisfactorily demonstrate his or her identity and authorization to work in Qatar in accordance with applicable law no later than the commencement date of his/her appointment.

- **Compliance with Law:** To comply with all applicable Qatari laws and regulations.
• **Criminal Background Check (CID).** Resident Physician may be required to complete a criminal background check and authorize release of the results to the appropriate academic and/or clinical personnel. The offer of admission within any GME program is contingent upon the results of the CID.

• **Dress Code:** To comply with the dress code set forth in the Manual.

• **Physical Examination:** To obtain a physical examination, post offer, which must be completed not more than three (3) months prior to, nor more than fifteen (15) days after the commencement of the term. HMC will attempt to reasonably accommodate any disabilities of the Resident Physician that affect his/her ability to perform the essential functions of his/her residency.

• **Medical Records:** To complete all discharge summaries and all other medical records related to the activities assigned to the Resident Physician in accordance with the policy outlined in the Manual. Failure to complete discharge summaries, operative reports and all other medical records related to the activities as required, may result in HMC taking disciplinary action including but not limited to sanction, suspension or termination. Resident Physician further agrees that he/she will not remove patient medical records from the place of his/her rotation and will comply with any and all policies and procedures HMC, teaching center or health care facility with regards to maintaining patient confidentiality and ownership of medical records. Failure to abide by this requirement is considered a material breach of the resident agreement and may result in HMC taking disciplinary action.

• **Cooperation/Assistance in Litigation:** Resident Physician will assist and cooperate fully with the HMC in the defense of any and all claims and litigation brought against the Corporation, its representatives and attorneys, its teaching faculty and employees or teaching centers or health care facilities in which Resident Physician rotates and their employees, including but not limited to, the physician faculty, residents, interns, students, and agents in any way relating to or arising out of Resident Physician’s activities in the Program. Resident Physician agrees to make himself/herself available in the State of Qatar for litigation preparation, meetings, depositions and trial testimony. This obligation shall survive the termination or expiration of the resident agreement and appointment in the Program.

• **Inventions:** All inventions, discoveries and improvements invented, developed or discovered by the Resident Physician while performing his/her duties and responsibilities under the residency program of HMC shall be and remain the sole and exclusive property of HMC. The Resident Physician shall promptly disclose in writing to his/her Program Director and Department Chair all such inventions, discoveries and improvements and shall execute from time to time, during or after the termination of the appointment, any documents, including without limitation, applications for letters of patents and assignment thereof, as may be deemed necessary or desirable by HMC, to effectuate the provisions of the Resident Agreement. All inventions, discoveries and improvements invented, developed or discovered by the Resident Physician outside the scope of his/her responsibilities under the residency program are not the property of HMC and issuer not controlled by the Resident Agreement. This provision shall survive the termination of the Resident Agreement.

**Other Essential Requirements:** In addition, the Resident Physicians must comply with the following standards:

- Develop a personal program of self-study and professional growth with the guidance of teaching staff.
- Participate in and provide safe, effective and compassionate patient care under supervision commensurate with their level of advancement and responsibility.
- Participate fully in the educational activities of the Program and, as required, assume responsibility for teaching and supervising of other residents and students.
- Participate in activities and programs of HMC, or those of its teaching centers or health care facilities, involving Medical Staff and adhere to their respective established practices, procedures and policies.
• Participate in activities of HMC, or those of its teaching centers and health care facilities, committees and councils, especially those that relate to patient care review.

• Constantly strive to improve the quality of care provided to patients. Quality care requires that at all times, the Resident Physician must be aware of the risks, discomforts and expenses as well as the benefits to which a particular test or procedure subjects a patient. The Resident Physician should perform or order only those tests, procedures or medications that would benefit the patient based upon the patient’s medical history and current condition. Alternative treatments should be reviewed and considered to select the best plan of action for each patient’s circumstances.

• Comply with all applicable policies, bylaws, rules and regulations of the Medical and Dental Staff of HMC to which the Resident Physician may be assigned for clinical rotation.

• Return all HMC property and settle all outstanding financial obligations with HMC prior to the expiration or termination of the resident agreement or completion of the Program.

• Promote and uphold the mission of the HMC as found in the Manual.

• Submit confidential written evaluations of faculty and educational experiences and make recommendations, where appropriate, for improvement of processes to continuously increase the quality of service and delivery.

• Continue to develop expertise within the field through attendance at conferences, seminars, academic course work and other appropriate methods.

• Adhere to the principles of medical ethics and sound practice in all aspects related to the residency training.
INITIAL RESIDENT AGREEMENT

This agreement is entered into the ____ day of ____, ____ between Graduate Medical Education on behalf of Hamad Medical Corporation, and ________________________ (“Resident”).

HMC wishes to appoint the Resident as a postgraduate year (___) resident in the (______) Program and Resident wishes to accept such appointment.

Therefore, the parties hereto agree as follows;

1. Terms of Agreement: Unless earlier terminated, in accordance with this agreement, the term of the Resident’s appointment in this PGY level is one year commencing on ____/____/ 20____, and terminating on ____/____/ 20____.


3. ACGME-I Accreditation Related Activities: The Resident acknowledges and agrees to maintain compliance with activities related to program accreditation in the time prescribed. These activities include, but are not limited to, completing the ACGME-I Resident Survey, daily logging of duty hours, completing case logs on MedHub, and Faculty evaluation as requested by the Program. Residents are also required to complete several mandatory training courses during the training programs including but not limited to Institutional Orientation Session for New Residents, Professionalism, Communication Skills Course, Research Methodology, Pharmacy Workshop, Medical Errors, Infection Control, and Quality Improvement.

Residents who do not successfully complete the mandatory training courses within the duration of residency training program will not graduate from the program.

4. Salaries: Resident shall be paid the salary and benefits approved for the appointed postgraduate year as specified in the contract and in accordance with the HMC Policies and Procedures.

5. Housing: As per HMC bylaws Single Residents shall receive allowance or accommodation for single as determined by HMC. Married Residents are only entitled for receiving a housing allowance and not accommodation. This rule applies to all new Residents and to existing residents. Married female residents shall receive a housing allowance only in situations stipulated in HMC HR bylaws.

6. Annual leave: Residents are allowed to avail annual leave after 2 months from the date of signing the employment contract conditional the approval of the Program Director. Residents are also entitled for other leaves as explained in details in GME leave policy GME/2011/10/LE.
7. **Health Clearance:** The Resident understands that failure to clear the health screening by Staff Medical Center will result in suspension or termination of his / her appointment as a resident. Residents must complete the immunization as required by institution e.g. Flu Vaccine.

8. **Renewal of Agreement:** The Resident understands and acknowledges that this agreement expires on the date set forth in GME/2010/32/TE and that HMC makes no commitment to renew this agreement. Reappointment and advancement of the Resident is at the discretion of the Program Director in accordance with the recommendation made by the Program Clinical Competency Committee.

If a decision is made by HMC not to renew this agreement at the end of its one year term, notice of such nonrenewal shall be made in writing four months in advance of on, in accordance with GME/2010/32/TE of the GME Policies and Procedures. However, if the primary reason for the non renewal occurs within the four months prior to the end of the agreement, the notice of non-renewal may be sent less than four months in advance of the non-renewal.

Any resident receiving noticed of intent not to renew his / her contract may request formal adjudication as outlined in Grievance Procedures GME/2009/15/GD.

Each Resident who is offered a renewal of this agreement must accept such offer in writing within thirty (30) days of the date shown in the first paragraph of the renewal contract. Likewise, if a decision is made by the Resident not to renew this agreement at the end of its year term, the resident shall submit notice of such non-renewal in writing to the Graduate Medical Education Department four months in advance of ____/____/20__.

9. **Termination of Agreement:** HMC - GME may terminate the Resident Agreement, as set forth in the GME Policies and Procedure. If the resident leaves the program, the resident will have breached this agreement, thereby terminating this agreement. In the event of such breach, resident understands and agrees that the Program Director and the HMC - GME will include the fact of the Resident’s breach in any reference letters.

10. **Acceptance:** This agreement shall not be effective and shall not bind either party unless it is submitted to HMC - GME within sixty (60) days of the date shown in the first paragraph and accepted by the HMC - GME by signature below.

Hamad Medical Corporation
Graduate Medical Education
(HMC – GME):

By: ____________________________________________ Program: ________________________________

                          Program Director
Date: ____________________, 20______ Resident:

By: ____________________________________________ By: ______________________________________

                          Designated Institutional Official
Date: ____________________, 20______ Date: ____________________, 20______

This agreement should be signed in (3) copies:
1. for the Resident
2. for the program files
3. for the GMEO files
4. Exc. Dir. HR
III. INSTITUTIONAL RESPONSIBILITIES FOR RESIDENTS
(SUMMARY)

Resident Obligation and Responsibility
By entering into an agreement, the Resident Physician agrees to undertake many academic and clinical obligations in exchange for the educational and academic opportunity to participate in the Program at PGY Level identified in the Residency Agreement and the following is stated at the terms and conditions of employment of residents. (Page 12 to 15)

The Resident Physician agrees to fulfill the following obligations:
• Clinical and Educational Requirements:
• Residency Application
• ACGME-I Requirements
• Policies and Procedure
• Licensure
• Duty Hours
• Employment Eligibility
• Compliance with Law
• Criminal Background Check by Qatari Criminal Investigation Department (CID)
• Dress Code
• Physical Examination
• Medical Records
• Cooperation/Assistance in Litigation
• Inventions

Among other things, the Resident Manual describes the benefits HMC offers Residents during the Term. In particular, the Resident Manual addresses vacation and paid leave, family and medical leave, leave of absence, professional liability insurance, termination benefits, call rooms and meals or equivalents, medical and psychological counseling and other support services, accommodation for disabilities, and other potential benefits. Grievance Procedures and the Physician Impairment Policy and process are also set forth in the Resident Manual which will be provided to you with your Residency Agreement if accepted into the program.

Resident Supervision
This policy will establish the general requirements for resident’s supervision and graded responsibility to be followed by all graduate medical education programs.

Resident Evaluation
The primary goal of this policy is to set the guidelines for the assessment of Residents and evaluation of the Faculty and the GME Residency Programs.

• **Formative Assessment** (during each activity or rotation)
  Provide objective assessments of the 6 core competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and system-based practice including feedback and remedial plans.

• **Semi-Annual Formative Assessment**
  Semiannual individual Resident assessment should be conducted by the Program Director twice a year January and June of each academic year.
• **End of Academic Year Summative Evaluation**
  This summative assessment will be conducted by the Clinical Competence Committee chaired by the Program Director.

• **End of Training Summative Evaluation**
  The Program Director must provide a summative assessment for each Resident upon completion of the program. This evaluation must become part of Resident permanent record maintained by the institution.

• **Faculty Evaluation**
  The faculty evaluation by the resident should include a review of the faculty’s clinical teaching abilities, commitment to the educational program, clinical knowledge, professionalism, and scholarly activities.

• **Program Evaluation**
  Residents and Faculty must have the opportunity to evaluate the program confidentially at least annually.

**Faculty Responsibilities**

• The Faculty is responsible for the care provided for each patient.

• The Faculty directs the care for each patient and provides the appropriate level of supervision for the residents based on the nature of the patient condition and the knowledge, skills, and attitudes of the resident.

• The Faculty advises the team leader if he/she believes a change of level of the resident competence and required supervision level to be considered.

• Teaching Activities includes regular participation in didactic teaching, clinical teaching during rounds, morning reports, other departmental teaching activities and the supervision of trainees during all their educational clinical activities.

• The faculty must devote sufficient time to the GME programs.

• Must demonstrate a strong interest in the education of the trainees and must support the goals and objectives of the GME.

• Must administer and maintain an educational environment conducive to educating residents in each of the ACGME-I competency areas.

• At each sponsoring and participating institutions there must be a sufficient number of faculty with the required credentials to instruct and supervise all interns, residents and fellows.

**Professional Conduct**

• **Professional Conduct**
  In almost all cases HMC response to inappropriate behavior is initially directed towards remediation rather than punishment. Unprofessional behavior compromises the ability to provide the best quality care to patients so that behavior must change. It is expected that in almost all cases it will be possible, after intervention, for the resident and those around him or her to work together to achieve the common goal of continuing to provide the best quality patient care.

  Depending on severity and response to intervention, disruptive behavior by residents, or refusal of residents to cooperate with the procedures described, may result in corrective action. Intimidating and disruptive behavior by physicians and others can erode their professionalism and contributes to an unhealthy and hostile work environment. Such an environment can jeopardize patient safety, contribute to poor patient outcomes, increase the cost of care, and cause clinical personnel, administrators and managers to seek new positions in more professional environments.
The stated mission of the HMC fosters the highest levels of professional conduct from its health care professionals in order to fulfill that mission. In doing so, HMC strongly desires and expects an environment free from disruptive, threatening, and violent behavior, and does not tolerate inappropriate, unprofessional, or intimidating behavior within the workplace.

**Code of Conduct**

HMC has a tradition of ethical standards in the provision of health care services as well as in the management of its business affairs. The Code of Conduct supplements the mission, vision and values of HMC; our Code of Conduct provides guidance to all in carrying out daily activities within appropriate ethical and legal standards. The Code of Conduct also provides standards of conduct to protect and promote integrity and to enhance HMC’s ability to achieve its mission and compliance goals.

**Personal Appearance**

HMC recognizes the importance of the professional appearance of its staff in maintaining an atmosphere conducive to the delivery of quality health care services. To promote such an atmosphere, residents are expected to dress in a manner appropriate to the jobs that they perform.

**Patient Safety**

The single most important objective of the HMC Patient Safety Program is to prevent harm to patients by reducing the occurrence of adverse events. The initiative and plan set forth specific goals, including system level and hospital level activities. All settings under the auspices of the HMC are targeted for patient safety assessment and enhancement. The HMC Patient Safety Program monitors Patient Safety Goals from Joint Commission. All Joint Commission accredited health care organizations are surveyed for implementation of the following goals. Failure by an organization to implement any of the set requirements for a Patient Safety Goals will result in a special requirement for improvement for that goal.

- Accurately identify the patient using patient name and date of birth.
- Communicate critical tests and test results in a timely manner.
- Improve the safety of using medications by labeling correctly and following the protocol for anticoagulation therapy.
- Reduce the Risk of Health Care Acquired Infections (HAI) by practicing appropriate hand hygiene, using evidence-based patient with regard to multidrug-resistant organisms, central-line associated bloodstream infections and surgical site infections.
- Accurately/Completely Reconcile Medications Across the Continuum of Care.
- Long Term Care only. Prevent Health Care Associated Pressure Ulcers (Decubitus Ulcers).
- Identify patients at risk for suicide.
- Prevent wrong site, wrong procedure and wrong person surgeries/procedures.

The HMC Quality Institute has several committees, projects and resources for all HMC residents to ascertain and become involved.

**Confidential Information**

All employees of HMC may have, during the course of their employment, access to confidential information concerning budgets, strategic business plans, patients or other employees. This information may be in the form of verbal, written, and/or computerized data. The safeguarding of this confidential information is a critical responsibility of each employee. Unauthorized acquisition, use, and/or disclosure (whether written or verbal) of any information relating to HMC Health System business, patient medical information, current and past employees, job applicants and computerized data is a most serious matter and will be grounds for disciplinary action up to and including discharge.

**Release of Information on Patients**

The patient’s condition, diagnosis, and prognosis are to be discussed only with the patient, the patient’s family, and others who are involved with the patient’s care in accordance with the
wishes of the doctor in charge, unless the patient objects. Requests for copies of patient information must be directed to Health Information Management.

- To Reporters: All inquiries from newspaper and television reporters regarding accidents, rumors, professional standing of doctors and nurses or anything that involves the Clinic shall be referred to the Director of Media Relations.
- To Lawyers: All inquiries from lawyers, adjustors, and others regarding accidents and care and treatment of patients should be referred to the Office of Medical Director and the physician in charge.
- NO INFORMATION MAY BE RELEASED WITHOUT WRITTEN AUTHORIZATION FROM THE PATIENT.
- To Police: All inquiries should be referred to the Medical Director.
- To the Public: Information that can be given over the telephone regarding the condition of patients is recorded at the hospital information desk. Inquiries involving the condition of patients, which cannot be answered on the basis of such daily reports, are referred to the supervising physician or surgeon. If he or she cannot be located, the inquiry should be referred to the chairman / head of section.

**Allergy & Medication Reconciliation**

Patients are most at risk during transitions in care across settings, services, providers, or levels of care. To provide safe, quality care to our patients we must develop, reconcile, and communicate accurate lists of the patient’s allergies and medications as they move through the continuum of care.

**Hand Washing**

Residents at the HMC should follow policies and procedures regarding hand washing and hand antisepsis in a health care setting. Additional hand sanitizer dispensers are in the patient units, operating room and the outpatient clinics at the main hospital.

To ensure HMC is complying with Joint Commission International Patient Safety Goals, hand hygiene is monitored among Clinic employees. Indications for hand washing and hand antisepsis are:

- Before direct contact with patients
- Before inserting indwelling catheters, peripheral vascular catheters, or other invasive devices that do not require surgical scrub
- After contact with any body fluids
- After removing gloves
- Before eating
- After using restroom

**Safety & Security**

The personal safety and health of each employee, patient and visitor is a primary importance to HMC. It is our policy to maintain a safety program conforming to all applicable local, state safety and health standards, fire codes, and environmental regulations. Since these regulations only define minimum requirements, it is the position of HMC that every effort will be made to exceed them whenever practical.

**Leave Policy**

The purpose of this policy is to set leave standards for all Residents (interns, residents and fellows) at HMC Graduate Medical Education (GME) programs to comply with the Accreditation Council of Graduate Medical Education – International (ACGME-I) requirements and HMC Human Resource (H.R) Bylaws. Including:

1) Annual Vacation:
2) Study leave:
3) Sick Leave:
4) Additional Sick Leave:
5) Maternity Leave:
6) Leave of Absence:
7) Training courses/Conference Leave
8) Compassionate Leave:
9) Hajj leaves:
10) Effect of Leave on Training:
   a) Allowable absence from training:

   1 Block = 4 weeks

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<thead>
<tr>
<th>Duration of rotation (Blocks)</th>
<th>The total number of days of absence beyond which rotation will be repeated</th>
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Resident Duty Hours

This policy will set standards Duty Hours in the Learning and Working environment for Residents in all HMC residency programs.

**Duty hours:** all clinical and academic activities related to the residency programs; i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, time spent in-house during call activities, and scheduled activities, such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

**Policy:**

a) HMC Residency Programs are committed to and responsible for promoting patient safety and Resident well-being and to providing a supportive educational environment.
b) The learning objectives of the program must not be compromised by excessive reliance on Residents to fulfill service obligations.
c) Didactic and clinical education must have priority in the allotment of Residents’ time and energy.
d) Duty hour assignments must recognize that faculty (specialists and consultants) and Residents collectively have responsibility for the safety and welfare of patients.
e) Faculty and Residents will be educated to recognize the signs of fatigue and sleep deprivation and must adopt and apply policies to prevent and counteract its potential negative effects on patient care and learning, through orientation programs organized by Medical Education.

b) Moonlighting
   Residents at HMC institutions GME programs are not permitted to moonlight at HMC or any other institutions.

Promotion

In this policy, we describe a process in which competency-based promotion criteria should be developed for all residents at HMC, GME programs.

Substandard Performance

Behavior outside the bound of which is considered acceptable or worth’s of its membership by governing body of medical professionals at HMC and the state of Qatar.
Probation, Suspension and Termination

1. Probation, Suspension and Termination Policy for HMC Residency Programs: In the interest of all concerned parties the following procedure is to be followed whenever a Resident’s performance or conduct requires that an action to be taken under this policy.

   a) In advance of any formal academic or disciplinary action, including termination, Program Director should have written documentation of the date and nature of all verbal warnings and other communications given to the Resident whose performance or conduct fails to meet expected standards.

   b) Program Directors are expected to provide appropriate counseling to Residents whose performance is less than satisfactory.

   c) 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.

   d) The Program Director shall inform Chairperson & the Director of Medical Education (DIO) whenever a Resident is to be placed on probation, suspended or terminated.

   e) A written statement describing the problems, warnings issued, and the proposed resolution (probation, suspension or termination) will be provided.

   f) Before taking final action the Program Director shall first confer with the DIO.

   g) The Program Director must provide a specific statement to the Resident as to the action to be taken, i.e., probation, suspension or termination; effect on salary, fringe benefits and training certification.

   h) In cases of termination, salary and fringe benefits will terminate as of the effective date, and training certification will be granted for only the period of months of acceptable services.

   i) A suspension may be imposed with or without pay, and will result in suspension of training credits during interruption of training.

   j) The Resident should be informed of his/her right of appeal under the procedures of (HMC Grievance Policy).

   k) Written decisions should be hand-delivered to the Resident at a meeting informing him or her of the decision or sent by overnight mail delivery service.

Grievance Process

To provide a mechanism for resolving disputes and complaints internally that may arise between HMC Residents (Interns, Residents or Fellows) and their Program Director or other Faculty members.

1) Grievance: A grievance is an unresolved dispute or complaint a Resident has with the execution of policies and procedures of the residency program or any unresolved dispute or complaint with his or her Program Director or other Faculty members.

2) Covered Grievance: The following grievances shall be subject to this procedure and thus are considered grievable and may initiate the grievance due process.

   - Performance warning status, suspension, non reappointment or dismissal.

   - Unresolved disputes or complaints with the Program Director or other Faculty member.

   - Retaliation as a result of this procedure.

   - Disputes or complaints related to unfair or improper application of a policy, procedure, rule or regulation.

3) Complaints based solely on the following actions are not subject to this procedure and thus are considered "not grievable".

   - Formative Assessments, counseling memoranda.

   - Probation decision by Clinical Competency Committee and Program Director.
- Establishment and revision of salaries, position classifications or general benefits.
- Work activity accepted by the Resident as a condition of employment or work activity that may be reasonably expected to a part of the job.
- The content of policies, procedures and other rules applicable to the Resident.
- Means, methods and personnel by which work activities are to be conducted.
- Layoff or suspension because of lack of work, reduction, closure of program or job abolition.
- End of training termination of contract.

**Complaint and Conflict Resolution**

This policy is intended to provide HMC residents with the opportunity to raise and resolve issues in their education program without fear of intimidation or retaliation.

**Resident Complaint & Conflict Resolution: Informal Resolution**
- Occasionally residents experience problems and / or issues that are unable to be resolved within the channels available in their own residency program.
- Such problems are best handled within the program, and residents are encouraged to attempt all means of resolution through their chief resident, program director, department chairman, mentor or other designated individuals in the residency program before utilizing the alternative channel.

**Resident Physician Impairment**

Residents’ impairment is defined as illnesses and conditions that may adversely affect the Resident’s ability to learn, provide safe and appropriate patient care, and/or compromise the safety for him/her or others. Impairments may be caused by, but are not limited to substance abuse, or physical, mental, emotional, and/or behavioural factors. This may include the use of alcohol, or illegal prescriptions, and / or over-the-counter drugs which may impair judgment.

**Resident Counselling**

This policy applies to all Residents and fellows participating in GME programs sponsored by HMC Policy.

Hamad Medical Corporation recognizes that Graduate Medical Education programs place substantial responsibility on Residents that may affect their physical and mental health.

HMC seeks to alleviate some of the stressful effects of participation in residency programs by providing Residents with access to appropriate confidential counselling and psychological support.

**Vendor Interaction**

This policy covers all residents and fellows participating in GME-accredited programs sponsored by HMC. This policy addresses resident/fellow behaviour and relationships with vendors in educational contexts, which may include clinical training sites. The purpose of the policy is to ensure that Graduate Medical Education activities at HMC Hospitals and affiliated training centres are not compromised through vendor influence, either collectively or through interactions with individual residents and fellows.

The goal of this policy is to further the professional accountability of the trainees to their patients and colleagues.
GME Policies

- All other GME policies are accessible at MedHub
- Resident should read, understand and discuss the following policies
HMC RESIDENTS & FELLOWS SUPERVISION AND GRADED RESPONSIBILITIES POLICY

1.0. POLICY STATEMENT/PURPOSE: This policy will establish the general requirements for resident’s supervision and graded responsibility to be followed by all graduate medical education programs.

2.0. DEFINITIONS: The following definitions are used throughout the document:

2.1. **Program Director:** A physician designated and authorized to organize and oversee the activities of GME training program and responsible for the implementation of the program requirements of the specialty.

2.2. **Faculty:** A physician, at a grade of a consultant or a specialist.

2.3. **Team Leader:** The consultant physician who is in charge of a team.

2.4. **Resident:** A physician in training enrolled in an accredited GME specialty program.

2.5. **Fellow:** A physician in training in an accredited GME advanced specialty or a subspecialty fellowship program.

2.6. **Residents or Fellows** will be referred to as “residents” in this document.

2.7. To ensure oversight of residents’ supervision and graded authority and responsibility, the ACGME requires that all GME programs shall use the following classification of supervision:

2.7.1 **Direct Supervision** – the Faculty is physically present with the resident and patient.

2.7.2. **Indirect Supervision:**

2.7.2.1. **With direct supervision immediately available** – the Faculty is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.

2.7.2.2. **With direct supervision available** – the Faculty 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.

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

2.8. **Progressive responsibility** Supervision of residents should be graded to provide gradually increasing responsibility and maturation into the role of a judgmentally sound, technically skilled, and independently functioning credentialed health provider although they are not independent practitioners, residents must be given graded levels of responsibility while assuring quality and safety of patient care.

2.8.1. The program directors will define the resident’s privileges of progressive responsibility, conditional independence, and supervisory role in patient care.

2.8.2. The program director **MUST** evaluate each resident’s abilities based on criteria guided by specific standards developed by the program.

2.8.3. Programs must set guidelines for circumstances and events in which residents must communicate with appropriate Faculty, such as the transfer of a patient to an intensive care unit, or end-of-life decisions.

2.8.4. 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.

2.8.5. The Faculty assignments for supervision of residents should be of sufficient duration to enable the Faculty to assess the knowledge and skill of each
resident and delegate to him/her the appropriate level of patient care responsibilities.

2.8.6. On-call schedules for Faculty shall provide supervision of residents on duty 24 hours per day and seven (7) days per week.

3.0 PROCEDURE/PROCESS:

3.1. Implementing and monitoring the supervision guidelines will ensure that the patients will be cared for by doctors who are qualified to deliver that care, whether they are medical staff or GME residents and that the care will be documented accurately and appropriately in the patient medical record.

3.2. Each GME program shall define the general responsibilities in each year of the residency.

3.3. Each GME program is responsible to develop a supervision policy that is consistent with the patient care needs of that specialty including diagnostic and therapeutic procedures.

3.4. The assessment of a resident competence shall serve as the basis of determining the level of supervision required for different clinical activities.

3.5 The departmental/section on-call schedule must ensure that the residents know which Faculty is on-call and how to reach them.

3.6 The Program Directors will monitor Faculty supervision of residents by resident feedback, procedure logs, and Faculty and program evaluations reports.

3.7. Documentation of Resident Supervision in Medical Record:

3.7.1 The Faculty will direct the care of the patient and provide the appropriate level of supervision based on the nature of the patient condition, the complexity of the case and the experience and judgment of the resident being supervised.

3.7.2 Documentation of this supervision is entered into the medical record and should reflect the degree of involvement of the Faculty according to the following levels.

3.8 Documentation of Supervision in the Medical Record includes any of the following options:

3.8.1. Faculty will write a complete patient assessment note following the resident note.

3.8.2. The Faculty will add a note to complement the resident note.

3.8.3. The Faculty co-signs the resident note, which implies that the Faculty reviewed and agrees with the content of the resident note.

3.9. Supervision of Residents in the inpatient setting:

3.9.1. New Admission:

3.9.1.1 The resident will notify the Faculty upon patient admission. The urgency of notification is based upon acuity and severity of the patient condition.

3.9.1.2 The Faculty must see and evaluate the patient within 24 hours of admission including weekends or holidays. The Faculty will add (at minimum) a note to the resident admission notes. The Faculty note must be signed, stamped, dated, and timed.

3.10. Continuing Care:

3.10.1 The Faculty involved in the ongoing care of a patient will co-sign the resident progress note on a daily basis and will also add a note to complement the resident note twice weekly.

3.10.2 For long-term care patients (LOS less than 90 days), the Faculty will add a note to complement the resident notes at least every 10 days.

3.10.3 In non-acute chronic institutionalized patients (LOS more than 90 days). The Faculty will add a note to complement the Resident notes at least monthly.

3.11. Intensive Care Unit (ICU):
3.11.1 Because of the nature of patients in ICUs, the minimum level of documentation of the Faculty will add a note on admission.
3.11.2 And whenever there is a major change in the patient’s clinical conditions.
3.11.3 In addition the Faculty will co-sign the resident notes on a daily basis.

3.12. **Hospital Transfer/Discharge Note:** The Faculty must be involved in the decision to discharge or transfer of patient. The minimum level of documentation is Faculty counter signature of the discharge summary, clinic discharge note or transfer note.

3.13. **Supervision of Residents in the Outpatient Setting**
   3.13.1. **New Patient Visit:** The Faculty must be present in the clinic and every new patient seen by the resident must be discussed with the Faculty. The minimum level of supervision documentation is to co-sign the resident notes.
   3.13.2. **Return Patient Visit:** The Faculty must be present in the clinic and supervision is documented as a co-signature of the resident notes.
   3.13.3. **Clinic Discharge:** The Faculty will assure clinic discharge is appropriate and the minimum level of documentation is to co-sign the resident discharge notes.

3.14. **Consultation in Inpatient, Outpatient or Emergency Department:**
   3.14.1. The Faculty is responsible for any official consultations.
   3.14.2. If the patient is seen in consultation by a resident, the case must be reviewed with the Faculty. The supervision of residents performing consultation will be determined by the graded level of responsibility for the resident.
   3.14.3. The Faculty must meet with each patient and perform his own evaluation in a timely manner based on the patient’s condition.
   3.14.4. The Faculty must document this official consultation by writing either a personal note or an adding an addendum by the close of the next working day.

3.15. **Emergency Department:**
   3.15.1. The assigned emergency department Faculty must be present in the emergency department.
   3.15.2. The Faculty must be involved in disposition of all patients; the minimum level of supervision is to co-sign the resident disposition notes.

3.16. **Radiology & Pathology Departments:**
   All reports issued by the radiology/pathology departments should be verified personally and signed by the Faculty prior to release.

3.17. **Operating Room/Delivery Room:**
   3.17.1. Diagnostic or therapeutic procedures require a high level of expertise in their performance and interpretation, although gaining experience in performing procedures is an integral part of the education and training of the residents, such procedures may be performed by residents with the required knowledge, skills, and judgment and under an appropriate level of supervision by the Faculty.
   3.17.2. The resident must be certified as competent to perform the procedure by the team leader after review of the log book and assessment of performance.
   3.17.3. The certification of competence and the level of supervision of the resident by the team leader will be documented in the certification of competence booklet.
   3.17.4. Non-Routine, Non Bedside, Non-OR Procedures (e.g. cardiac catheterization, interventional radiology) Certification of competence and level of supervision of residents is the same as for the operating theatre procedures.
   3.17.5. Documentation of operative procedure notes should be dictated and signed by the primary surgeon.
3.17.6. If the residents was assigned as the primary surgeon, the operative notes should be reviewed and co-signed by the surgeon who is the Faculty of the resident.

3.18. Emergency Situation:

3.18.1. An “emergency” is defined as a situation where immediate care is necessary to preserve life of or to prevent serious impairment of health of a patient. In such a situation any resident available shall be permitted to do everything possible to save life.

3.18.2. The Faculty will be contacted to appraise the situation as soon as possible. The resident will document the nature of that decision in the patient record and the Faculty will add a complementary note to the resident notes within 24 hours.

3.19. Do Not Resuscitate (DNR)

The Faculty must assure that DNR orders are appropriate and assure the supportive documentation for DNR orders are in the patient record. All DNR orders must be signed by the Faculty.

3.20. Physician Orders:

3.20.1. Residents are allowed to write physician orders according to the guidelines of each clinical department or section.

3.20.2. Any restrictions on prescribing medications or other physician’s orders including any tests or investigations should be clearly documented and approved by the chairperson and communicated to the residents by the program director.

3.20.3. Fellows are subspecialty residents post completion of training and certified in the general specialty yet their training is governed by the same rules that apply to the supervision of Residents. Fellows can be granted privileges to provide unsupervised patient care in the general specialty they are certified in.

3.20.4. All physician orders and entries into the medical records by interns or medical students must be countersigned by a Faculty or a supervising resident.

3.20.5. All physician orders, prescription and entries to the medical records should be signed, stamped, dated, and timed.

4.0. REFERENCES:

ASSESSMENT AND EVALUATION POLICY FOR GRADUATE MEDICAL EDUCATION (GME) RESIDENCY PROGRAMS

1.0. POLICY STATEMENT/PURPOSE: The primary goal of this policy is to set the guidelines for the assessment of Residents and evaluation of the Faculty and the Graduate Medical Education (GME) Residency programs.

2.0. DEFINITIONS:

2.1. **Assessment / Evaluation**: the process of collecting, synthesizing and interpreting information to aid in improving performance and in decision making.

2.2. **Formative Assessment**: is the Assessment of Resident with the primary purpose of providing feedback for performance improvement, as well as to reinforce skills and behaviors, without passing a judgment.

2.3. **Summative Assessment**: is the Assessment of Residents for the purpose of a making decision. It is used for deciding whether the Resident at the completion of the program should be recommended for board certification or successful completion of training, qualifies to be promoted or not to the next year of training, or should be dropped from the program.

2.4. **Assessment tools**: are the various methods that are used for assessing Residents.

2.5. **Outcomes**: outcomes are results providing evidence that goals and objectives have been accomplished.

2.6. **Competent**: having the necessary knowledge, skills and attitudes to do something successfully.

2.7. **ACGME Competencies**: assessment should be based on the six general competencies endorsed by the ACGME and the American Board of Medical Specialties which are:

2.7.1. Patient Care (PC)
2.7.2. Medical Knowledge (MK)
2.7.3. Practice based learning and improvement (PBLI)
2.7.4. Interpersonal and communication skills (ICS)
2.7.5. Professionalism (P)
2.7.6. System based practice (SBP)

2.8. **GMEO**: Graduate Medical Education Office

2.9. **Probation**: a trial period in which a resident is permitted to redeem academic performance or behavioral conduct that does not meet the standard of the program.

2.10. **Suspension**: a period of time in which a resident is not allowed to take part in all or some of the activities of the program. Time spent on suspension may not be counted toward the completion of program requirements.

2.11. **Dismissal**: the condition in which a resident is directed to leave the residency program, with no award of credit for the current year, termination of the resident’s Agreement of Appointment, and termination of all association with Hamad Medical Corporation and its participating teaching hospitals.

3.0. PROCEDURE/PROCESS:

3.1. **FORMATIVE ASSESSMENT POLICY**:

Each GME program must:

3.1.1. Provide objective assessments of the 6 core competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and system-based practice.

3.1.2. Use multiple evaluators (e.g. faculty, peers, patients, self, and other professional staff)

3.1.3. Document progressive Resident performance improvement appropriate to his /her educational level.
3.1.4. Each program shall adopt procedures which provide the Residents with a timely formative assessment with regular verbal and written feedback.

3.1.5. The evaluations of Resident performance must be accessible for review by the Resident.

3.1.6. Feedback process should be constructive with a plan for performance improvement.

3.1.7. Assessment by multiple Faculties at the same rotation is encouraged so that it will reduce the bias and increase reliability.

3.1.8. If a Resident disagrees with statements in a written assessment, the Resident has the right to submit a written response to the supervising faculty and the program director.

3.1.9. An assessment record will maintained for each Resident and the record shall be accessible to the Resident.

3.2. The Process of Resident Formative Assessment

3.2.1. The faculty must evaluate the Resident performance in a timely manner towards the end of each rotation or similar educational assignments and document the evaluation at completion of the assignment.

3.2.2. The program coordinator must ensure that the Faculty completes the assessment form during the rotation.

3.2.3. The supervising faculty should complete the residents’ evaluation within one week of receiving the notice from the coordinator.

3.2.4. The program director will monitor the completion of the evaluation forms by the faculty.

3.2.5. The Resident shall be made active of his / her assessment through feedback.

3.3. Semiannual Formative Assessment:

3.3.1. Semiannual individual Resident assessment should be conducted by the Program Director twice a year January and June of each academic year.

3.3.2. The Program Director or his /her associate PD should utilize the available information of the assessment period to provide feedback to the residents. This should at a minimum include, but not limited to, the following:

3.3.2.1. Attendance (minimum 70%) of those educational activities and conferences requiring participation e.g.; Grand rounds, lectures, and M&M meetings.

3.3.2.2. Individual formative assessment forms for each Resident.

3.3.2.3. Certification of competencies.

3.3.2.4. Procedures log.

3.3.2.5. Attendance and results of the Clinical and Board exams.

3.3.2.6. Results of In-training exams.

3.3.2.7. 360° evaluations.

3.3.3. The semiannual assessment report should be kept in the Resident records and the resident portfolio.

3.4 Semiannual Assessment Process:

3.4.1. A meeting with each Resident should be scheduled every six months by the Program Director and / or his / her associate PD.

3.4.2. The Program Director should allow the Resident to review his / her assessment forms.

3.4.3. The Program Director must discuss the assessment results with the Resident and plan strategies to improve his / her performance.

3.4.4. If the assessment is unsatisfactory, the Resident may be put under probation, or may have to make up for the deficiencies based on the Competence Committee decision (refer to Resident substandard performance policy).
3.5. SUMMATIVE ASSESSMENT POLICY

3.5.1. **End of academic year summative assessment:**

3.5.1.1. This summative assessment will be conducted by the Clinical Competence Committee chaired by the Program Director.

3.5.1.2. It includes all the previous year formative assessments and attained competencies based on the resident milestones.

3.5.1.3. The committee will take a decision to promote the resident to the next level, put the resident on probation or terminate the resident (**refer to resident probation, termination policy**).

3.5.1.4. The Program Director will complete the annual summative evaluation form on the MedHub.

3.5.1.5. The DIO should receive a notice of any probation or termination decisions.

3.5.1.6. The Program Director will present the end of year evaluations summary to the GME and include it in the program’s annual report.

3.5.2. **End of training summative evaluation:** the Program Director must provide a summative assessment for each Resident upon completion of the program. This evaluation must become part of Resident permanent record maintained by the institution.

The end of training assessment **MUST:**

3.5.2.1. Document the Resident performance during the final period of education.

3.5.2.2. Verify that the Resident has demonstrated sufficient competence to enter practice without direct supervision or enter a subspecialty fellowship program.

3.5.3. End-of-training Resident assessment **MUST** be approved by the Program Director, the program Clinical Competence Committee and the chairperson of the clinical department.

3.5.4. If the on assessment the resident performance is deemed unsatisfactory, the Resident may be put under probation or may have to repeat the year or part of the year.

3.5.5. The DIO should be notified for any decisions involving non promotion or termination of residents and due process will be applied.

3.6. **Certificate of Completion of Residency Training**

3.6.1. After satisfactory completion of the residency training program, the Resident will receive a certificate of completion of residency training attested by the Program Director, Chairperson, and Director of Medical Education and the Managing Director.

3.6.2. This certificate signifies that the Resident has met all the goals and objectives for the training program and that he/she has demonstrated the required competencies for the independent practice of the specialty.

3.7. **FACULTY EVALUATION**

3.7.1 **Faculty Evaluation Policy**

3.7.1.1 At least annually the residency program must collate the evaluations of the faculty performance as it relates to the educational program.

3.7.1.2 The faculty evaluation should include a review of the faculty’s clinical teaching abilities, commitment to the educational program, clinical knowledge, professionalism, and scholarly activities.

3.7.1.3. This evaluation must include at least annual written confidential evaluations by the all the Residents.
3.7.1.4 Residents should be asked to evaluate only those Faculty that have supervised them and only in those areas on which they have direct knowledge and information on which to judge the quality of teaching.

3.7.2. Process of Faculty Evaluation by Resident in the Program

3.7.2.1. Residents will evaluate their Faculty at the end of each rotation.

3.7.2.2. Residents will use the electronic Faculty evaluation form produced by the Department of Medical Education.

3.7.2.3. In order to get credit the Resident should submit the completed assessment form prior to the end of rotation.

3.7.3. The completed evaluation forms submitted by the Resident will remain anonymous and confidential.

3.7.4. The GMEO will analyze the completed forms and prepare a yearly summative evaluation for each Faculty that will show only aggregated numerical ratings and pertinent narrative comments from which all identifying information has been removed.

3.7.5. This summative evaluation will be sent to the Faculty and copies sent to the Program Director, Chairperson of Department and the Medical Director.

3.7.6. The Chairpersons and the Medical Director will consider the Faculty summative evaluation reports as part of the yearly medical staff performance evaluations.

3.8. PROGRAM EVALUATION AND IMPROVEMENT

3.8.1 The program must document formal, systematic evaluation of the curriculum at least annually.

3.8.2. The program must monitor each of the following areas:
   3.8.2.1. Resident performance
   3.8.2.2. Faculty development
   3.8.2.3. Graduates performance, including performance of program graduates on the certification examination
   3.8.2.4 Program quality

3.8.3. Residents and Faculty must have the opportunity to evaluate the program confidentially at least annually.

3.8.4. The program must use the results of Residents’ evaluation of the program together with other program evaluation results to improve the program.

3.8.5. If deficiencies are found, the program should prepare a written plan of action and develop initiatives to improve the program performance in those deficient areas such as:--
   3.8.5.1 Performance of Residents in certification examinations
   3.8.5.2. Evaluation of program by Residents.
   3.8.5.3. Evaluation of program by the Faculty.

3.9. Process of Program Evaluation

3.9.1. The Program Director will collect and analyze data on Resident performance, these include
   3.9.1.1. In-training examination results
   3.9.1.2. Results of certifying examinations
   3.9.1.3. Results of any additional Resident assessment methods

3.9.2. The Program Director and the Department of Medical Education will collect data on faculty development, this will include:
   3.9.2.1. Faculty participation in both didactic educational activities (conferences, grand rounds, lectures) and experiential activities (e.g. evidence based medicine workshops)
   3.9.2.2. Attendance of CME educational activities (conferences, symposia, workshops)
3.9.2.3. Improvement activities such as clinical teaching workshops and communication skill workshop.
3.9.2.4. Faculty Scholarly activities.
3.9.3. The Program Director and the Department of Medical Education will collect and analyze data to assess the program quality.
   This will include:
   3.9.3.1. Resident evaluation of the program.
   3.9.3.2. Faculty evaluation of the program
   3.9.3.3. Resident evaluation of the Faculty
   3.9.3.4. Analysis of the Resident selection process and correlation of the results of selection examination to performance in residency program.
   3.9.3.5. Any internal or external review reports.
3.9.4. Each program will form a program evaluation committee to identify areas in the program that need improvement and develop an action plan for review and approval by the Faculty.
3.9.5 The plan will be documented in the meeting minutes and a copy sent to the Director of Medical Education/DIO and GMEC.
3.9.6. The Chairperson of the GMEC /DIO will monitor the plan and the results of its implementation.

4.0. REFERENCES: ACGME Outcome Project
LEAVE POLICY FOR RESIDENTS IN HMC GRADUATE MEDICAL EDUCATION (GME) PROGRAMS AND EFFECT OF LEAVE ON TRAINING

1.0. POLICY STATEMENT/PURPOSE:
The purpose of this policy is to set leave standards for all Residents (interns, residents and fellows) at HMC Graduate Medical Education (GME) programs to comply with the Accreditation council of Graduate Medical Education –International (ACGME-I) requirements and HMC Human Resource (H.R) Bylaws.

2.0. PROCEDURE/PROCESS:

2.1. Annual Vacation:
   2.1.1. Residents shall receive a maximum of Four (4) weeks (28 calendar days = 20 weekdays + 8 weekend days) of paid vacation annually to be taken in periods of time mutually agreed upon by the Resident, and the Program Director.
   2.1.2. Other vacation days relevant to the Resident grade (according to HMC, H.R Bylaws) can be remunerated by the end of the academic year.
   2.1.3. Resident shall be entitled to avail his/her annual leave after two (2) months from the date of signing the contract of employment.
   2.1.4. All Resident leaves will be decided by the Program Director and the Chief Resident in consultation with all the Residents at the start of the academic year, in order to ensure coverage of all services during the academic year.

2.2. Study leave:
   2.2.1. Residents are entitled for Three (3) workdays of leave to prepare for each part of the Arab Board Exams in addition to the Exams days.
   2.2.2. If the Exam is overseas, Two (2) travel days are added to the exam leave.
   2.2.3. Only Residents sitting for the Arab Board Exams are entitled for this leave.

2.3. Sick Leave:
   2.3.1. Residents are entitled to Fifteen (15) calendar days of paid sick leave per academic year.
   2.3.2. Sick leave is cumulative from one year to the next.
   2.3.3. Residents are responsible to immediately notify their Program Director and Chief Resident of absence because of acute illness and they must provide the Program Coordinator with sick leave certificate due to any illness that exceeds 24 hours.
   2.3.4. Residents shall notify the Program Director and Chief Resident at least Two weeks prior to any planned procedure or elective admission to hospitals.

2.4. Additional Sick Leave:
   2.4.1. Additional sick leave prescribed for the Resident may be granted with written permission from the Residency Program Director.
   2.4.2. Any additional sick leave shall not be credited as training time and will result in makeup requirements as described in article 2.10.

2.5. Maternity Leave:
   2.5.1. Maternity leave is granted for up to Forty (40) days for non-Qatari females and Sixty (60) days for Qatari Female nationals.
   2.5.2. Maternity leave beyond the allowed days may be granted for medical reasons of the mother or the newborn.
   2.5.3. Extended maternity leave requires the written permission of the Program Director.
   2.5.4. Appropriate medical report of the medical condition of a mother and/or newborn must be submitted with the request for extended maternal leave.
   2.5.5. A maternity leave that result in a total time away from the training program of more than the allowed leave will subject to the provisions of paragraph 2.10.
   2.5.6. Application for maternity leave must be made at least 2 months prior to the anticipated commencement of maternity leave.
2.5.7. The Female Resident maternity leave shall be starting from the date of delivery with due regard to the provision of article (113) of these H.R by-laws.

2.5.8. The maternity leave may start Fifteen (15) days before the expected date of delivery if the health condition of the female Resident so requires according to a medical report issued by the treating physician.

2.5.9. The non-Qatari female Resident shall not be entitled to more than one maternity leave every Three years and the period of Three years shall be counted starting from the date of her last delivery during the service and the maternity leave may not be divided to parts.

2.5.10. Delivery shall be proved by a medical report to be issued directly after delivery and submitted to the Personnel Department through the Program Director.

2.6. Leave of Absence:

2.6.1. If the Resident has utilized all his/her balance annual leaves or if the Resident has not completed the specified period for entitlement to a paid leave and in cases of **absolute necessity**, he/she may be granted a leave without pay for a period of four weeks ((28 calendar days = 20 weekdays + 8 weekend days) days as a maximum during one academic year.

2.6.2. The Resident shall submit his/her application accompanied with the necessary documents to the Program Director within an ample period of time before the required leave. In case of approval, the application shall be approved by the Director of Medical Education (DIO). And then sent to the Director of Personnel Department to acquire the final approval

2.6.3. If the Resident is applying for a leave without pay for a period of more than 28 for acceptable reasons, he/she has to submit the application accompanied with the documents which prove the existence of the said reasons and circumstances to the Program Director to be forwarded to Director of Medical Education (DIO).

2.6.4. Unpaid leaves are subject to provisions in article 2.10

2.7. Training courses/Conference Leave

2.7.1. Residents can take up to Seven (7) days of training course/conference leaves per academic year as part of the protected time for structured training activities.

2.7.2. The training course/conference leave should be approved by the Program Director and the Director of Medical Education (DIO).

2.8. Compassionate Leave:

2.8.1. The Resident shall be entitled to a paid leave for three days in case of death of one any of the first degree relatives (the Mother, Father, Son and Daughter) or in the case of death of a Brother, Sister, Husband or Wife.

2.9. Hajj leaves:

2.9.1. The Muslim Resident shall be entitled to a paid leave to perform the sacred duty of pilgrimage to Mecca provided that the period of the said leave shall not exceed Twenty One (21) days including Eid Al Adha (Holidays). This leave shall be granted only once during the service in the corporation, provided that the work conditions allow that.

2.9.2 First Year and Transitional Year Residents are not allowed a Pilgrimage leave.

2.10. Effect of Leave on Training:

The minimum amount of training time during the Academic year is defined by the Accreditation Council of Graduate Medical Education International (ACGME-I) Program Requirements as (48) weeks,

2.10.1. In the case where any requirements relative to a particular HMC residency program are not met, the allowable combined total of Leaves taken during the academic year shall be compensated by making up the lost time of training by the Resident.

2.10.2. Residents shall be permitted to make up the excess amount or to have their program extended by an equivalent amount of time to meet the requirements of their residency
program. Such an extension of program time may require the approval of the Director of Medical Education (DIO) and ACGME-I Residency Review Committee appropriate to that program.

2.10.3. If it is determined that the Resident has not made sufficient progress in the program due to the amount of training time missed, the Resident may be required to make up training time or repeat a rotation as set in the following paragraph:

2.10.4. **Allowable absence from training:**

1 Block = 4 weeks

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<tr>
<th>Duration of rotation (Blocks)</th>
<th>The total number of days of absence beyond which rotation will be repeated</th>
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2.11. **Leave application and approval Process:**

2.11.1. Residents should apply to any kind of leave through the MedHub once the request is approved by the Chief Resident and the Program Director they have to fill a formal H.R leave application.

2.11.2. The coordinator will forward the application to the DIO (If required) or H.R for final approval based on the above categories.

2.11.3. After getting the final approval the coordinator will populate the leave period into the master schedule of the Resident on the MedHub.

3.0. **REFERENCES:**

Hamad Medical Corporation, Human Resources Bylaws
RESIDENTS DUTY HOURS POLICY

1.0 POLICY STATEMENT/PURPOSE:
This policy will set standards Duty Hours in the Learning and Working environment for Residents in all HMC residency programs.

2.0 DEFINITIONS:
2.1 Duty hours: all clinical and academic activities related to the residency programs; i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, time spent in-house during call activities, and scheduled activities, such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
2.2 DIO: Designated Institutional Official is referred to at HMC as Director of Medical Education (DME).

3.0 POLICY:
3.1 HMC Residency Programs are committed to and responsible for promoting patient safety and Resident well-being and to providing a supportive educational environment.
3.2 The learning objectives of the program must not be compromised by excessive reliance on Residents to fulfill service obligations.
3.3 Didactic and clinical education must have priority in the allotment of Residents’ time and energy.
3.4 Duty hour assignments must recognize that faculty (specialists and consultants) and Residents collectively have responsibility for the safety and welfare of patients.
3.5 Faculty and Residents will be educated to recognize the signs of fatigue and sleep deprivation and must adopt and apply policies to prevent and counteract its potential negative effects on patient care and learning, through orientation programs organized by Medical Education.

3.6 Duty Hours
3.6.1 Duty hours must be limited to 80 hours per week, averaged over a four week period, inclusive of all hospital on-call activities.
3.6.2 Residents must be provided with one full day in seven free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call.
3.6.3 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 hospital call.
3.6.4 Residents must be provided with one full weekend free from all educational and clinical responsibilities average over a four week period inclusive of calls.

3.7 On-call Activities
3.7.1 Hospital on-call must occur no more frequently than every third night, averaged over a four-week period.
3.7.2 Continuous on-site duty, including, hospital on-call must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
3.7.3. No new patients will be assigned to a Resident on-call after 24 hours of continuous duty.
3.7.4 The frequency of at-home call is not subject to the every-third-night, or 24+6 limitation. However at-home call must not be so frequent as to preclude rest and reasonable personal time for each Resident or fellows.
3.7.5 Residents taking at-home calls must be provided with one day in seven completely free from all educational and clinical responsibilities, averaged over a four-week period.
3.7.6 When Residents are called into the hospital from home, the hours Residents spend In-hospital are counted toward the 80-hour limit.
3.8 **Duty Hours Exceptions**

3.8.1 The GMEC may grant exceptions for up to 10% or a maximum of 88 hours to individual programs based on a sound educational rationale.

4.0 **PROCEDURE/PROCESS:**

4.1 **Monitoring Duty Hours**

The Program Directors are responsible for monitoring Residents working hours with oversight from the GMEC.

4.1.1 Each Program must employ an acceptable duty hour logging system. Monitoring must be done for all work hours that residents spend at all training sites.

4.1.2 In addition, each Program Director shall report duty hour compliance to the GMEC duty hour sub-committee.

4.1.3 The following procedures shall be followed:

4.1.3.1 Quarterly, all programs must complete the ‘Duty Hour Compliance Report’, and submit it to the (GMEC duty hour sub-committee).

4.1.3.2 Programs which demonstrate regular non-compliance may be required to report more frequently at the discretion of the GMEC sub-committee.

4.1.4 In order to provide appropriate responses to non-compliance with duty hours requirements, complaints from Residents shall be brought to the Program Director.

4.1.5 Upon receipt of a complaint, a thorough investigation shall be conducted and corrective measures implemented, as appropriate by the Program Director.

4.1.6 If the Program Director did not resolve the compliance as corrective measures the Program Director shall write to the DIO.

4.1.7 The DIO in consultation with the chairperson/head of section may resolve the compliance issue, and then the DIO will forward it for further investigation by the GMEC duty hour sub-committee.

4.2 **Moonlighting**

Residents at HMC institutions GME programs are not permitted to moonlight at HMC or any other institutions.

5.0 **REFERENCES:**

5.1 ACGME approved: Feb 13, 2007 effective: July 1, 2007

5.2 Duty hour Language 3 effective: July 1, 2007
1.0. POLICY STATEMENT/PURPOSE:
Hamad Medical Corporation GME programs are required to develop and implement curriculum in accordance with ACGME-I Foundational Program Requirements as outlined below.
GMEC shall establish uniform curriculum policies and procedures regarding educational goals and objectives, ACGME-I competencies and residents' scholarly activities.
It is recognized that each program may have further requirements as set forth by their specific Review Committee (RC) and that these requirements represent the minimum.

2.0. PROCEDURE/PROCESS:
The curriculum must contain the following educational components:
2.1. Overall educational goals for the program that must be distributed to Residents and Faculty annually in either written or electronic form;
2.2. Competency-based goals and objectives for each assignment at each educational level that must be distributed to Residents and Faculty annually, in either written or electronic form. These should be reviewed by the Resident at the start of each rotation;
2.3. The core curriculum must include a didactic program based upon the core knowledge content and areas defined as Resident outcomes in the specialty. Regularly scheduled didactic sessions, including but not limited to:
   2.3.1. Multidisciplinary conferences;
   2.3.2. Morbidity and mortality conferences;
   2.3.3. Journal or evidence-based reviews;
   2.3.4. Case-based planned didactic experiences;
   2.3.5. Seminars and workshops to meet specific competencies;
   2.3.6. Computer-aided instruction; and
   2.3.7. Grand rounds.
2.4. Delineation of educational experiences ensuring the program continues to provide each Resident with increased responsibility in patient care, management, leadership, supervision, teaching, and administration.
2.5. ACGME-I Competencies - The Program must integrate the following ACGME-I competencies into the curriculum:
   2.5.1 Patient Care
   Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents are expected to: [as further specified by the RC]
   2.5.2. Medical Knowledge
   Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care. Residents are expected to: [as further specified by the RC]
   2.5.3. Practice-based Learning and Improvement
   residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. Residents are expected to develop skills and habits to be able to meet the following goals:
   2.5.3.1. Identify strengths, deficiencies, and limits in one’s knowledge and expertise;
   2.5.3.2. Set learning and improvement goals;
   2.5.3.3. Identify and perform appropriate learning activities;
   2.5.3.4. Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;
   2.5.3.5. incorporate formative evaluation feedback into daily practice;
2.5.3.6. Locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems;
2.5.3.7. Use information technology to optimize learning; and,
2.5.3.8. Participate in the education of patients, families, students, residents and other health professionals. [As further specified by the RC]

2.5.4 **Interpersonal and Communication Skills**
Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents are expected to:
2.5.4.1. Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;
2.5.4.2. Communicate effectively with physicians, other health professionals, and health related agencies;
2.5.4.3. Work effectively as a member or leader of a health care team or other professional group;
2.5.4.4. Act in a consultative role to other physicians and health professionals; and,
2.5.4.5. Maintain comprehensive, timely, and legible medical records, if applicable. [as further specified by the RC]

2.5.5 **Professionalism**
Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:
2.5.5.1. Compassion, integrity, and respect for others;
2.5.5.2. Responsiveness to patient needs that supersedes self-interest;
2.5.5.3. Respect for patient privacy and autonomy;
2.5.5.5. Accountability to patients, society and the profession; and,

2.5.6 **System-Based Practice**
Residents will be aware of, and respond to the larger context of health care as a system.
SUBSTANDARD RESIDENT PERFORMANCE POLICY

1.0. POLICY STATEMENT/PURPOSE:
To establish a policy for substandard Resident Performance.

2.0. DEFINITIONS:
2.1. Professional Misconduct: Behavior outside the bound of which is considered acceptable or worth’s of its membership by governing body of medical professionals at HMC and the state of Qatar.

3.0. PROCEDURE/PROCESS:
3.1. The GMEC recognizes the following categories pertaining to substandard Residents performance:
3.1.1. Professional misconduct (Educational)
   3.1.1.1. Insufficient interest and/or participation in the required educational activities, rounds and conferences.
   3.1.1.2. Attendance-related infractions including excessive absenteeism or tardiness.
   3.1.1.3. Failure to meet medical documentation requirements.
   3.1.1.4. Failure to participate in credentialing processes.
   3.1.1.5. Difficulties in functioning as a cooperative team member.
   3.1.1.6. Recurrent complaints by patients and/or hospital/clinic staff as reflected by letters or evaluation forms.
   3.1.1.7. Any misconduct defined as “professional misconduct “as defined by the medical body. (Refer to the Code of conduct and Responsibilities in the teacher/learner relationship Policy)
3.2. Academic deficiencies:
   3.2.1. Failing performances in at least two (2) of the following
      3.2.1.1. Rotation evaluation.
      3.2.1.2. Mock exams.
      3.2.1.3. Biannual evaluation.
      3.2.1.4. In training exams or departmental exams.
      3.2.1.5. Board exams.
   3.2.2. Chronic marginality.
3.3. PROCEDURES:
3.3.1 Residents identified as not meeting the standards of the training program or of the profession will receive written notice communicated by the Program Director. A warning letter serves as an alert that academic and/or professional performance are in need of remediation. Such notice will include:
   3.3.1.2 Specific reference to area(s) of deficiency.
   3.3.1.3 Suggestions for improvement and time frame.
   3.3.1.4 Mechanism of further assessment.
   3.3.1.5 Consequences of unfulfilled/ unsatisfactory improvement which may adversely affect promotion, graduation credentialing and licensure.
   3.3.1.6 Acknowledgement of receipt by Resident attestation and signature.
3.4. Academic or professional probation notice: Residents who have received a warning letter and have not demonstrated substantial improvement as previously outlined and communicated or incur repeat offenses shall be placed on probation. Such notice will include and provide information on:
   3.4.1. Deficiencies that the individual has been counseled for and that no improvement has been made.
   3.4.2. Explicit remediation plan with time frame not to exceed three (3) months
   3.4.3. A Faculty/ clinical supervisor/educator to assist with mentoring and successful completion of the remediation plan.
3.4.4. A mechanism of evaluation, which may included but not limited to:
   3.4.4.1. 360° assessment.
   3.4.4.2. Global assessment.
   3.4.4.3. Mini-CEX.
   3.4.4.4. Direct Observation.
   3.4.4.5. Patient simulations.

3.5. Consequences of unsatisfactory improvement will include:-
   3.5.1. Acknowledgement of receipt by Resident attestation and signature
   3.5.2. This letter will become part of the permanent summative evaluation and may be
           part of any verification request including but not limited to licensure, hospital
           privileges or medical staff appointment.
   3.5.3. The chair of the GMEC will be notified, in writing, of all Residents placed on
           probation.

3.6. Residents who have not made satisfactory progress despite the above measures may be
     subject to non-promotion to the next level, non-renewal of appointment or termination
     under the due process /procedure.

3.7. In the event that the Resident’s actions or performance are determined by the Program
     Director or Department Chairperson to be of a nature such that it represents an
     imminent threat to patient care, the Program Director /Department Chairperson may
     suspend the Resident from patient care activities for a period not to exceed three weeks.
     The Resident will be notified immediately in writing of such action and the reason for
     such action. (Refer to HR Bylaws)

3.8. Any disciplinary action resulting in suspension or termination is subject to the due process
     procedures.

3.9. The permanent record of the substandard performance will include all summative
     evaluations for each educational year.

3.10. Any letter of probation or non-renewal/termination and the final summative evaluation at
      the completion of residency should be acknowledged and signed by the Program
      Director and the concerned Resident. See “Grievance and Due Process Policy”
1.0. POLICY STATEMENT/PURPOSE: In the interest of all concerned parties the following procedure is to be followed whenever a Resident’s performance or conduct requires that an action to be taken under this policy.

2.0. DEFINITIONS:
   2.1. Resident: All physicians in training (interns, residents & fellows).
   2.2. Medical Staff: Is a physician that has completed the Residency Program and is awarded the Certificate of Completion of Training.
   2.3. Grievance: A grievable complaint is a concern or issue that a Resident may feel is unjust and/or an unfair practice that may affect his/her ability to carry out their duties as required by both the ACGME-I and the program.

3.0. PROCEDURE/PROCESS:
   3.1. Hamad Medical Corporation recognizes the prerogative privilege and exclusive or special right of the Program Director to put on probation, suspend or terminate a Resident, yet it is the policy of HMC to employ procedural fairness in all matters which may lead to probation, suspension or termination of Residents.
   3.2. Resident(s) identified as not meeting the standards of training performance through mechanisms outlined in the Resident Assessment Policy may be at risk for the following actions:
       3.3.1. Written warning/ letter of counselling
       3.3.2. Probation
       3.3.3. Suspension
       3.3.4. Termination
   3.3. Non-renewal of appointment or non-promotion: in instances where a resident’s agreement will not be renewed, or when a resident will not be promoted to the next level of training, the sponsoring Institution must ensure that the program provides the Resident(s) with a written notice of intent no later than Four months prior to the end of the residents current agreement.
   3.4. A decision to provide a warning to the Resident or place a Resident on probation is not subject to the due process procedure. (Refer to Substandard Resident Performance Policy and Grievance Policy).
   3.5. A decision to terminate a Resident agreement is subject to the due process and procedure as outlined in this policy and Residents Termination Policy.

4.0 PROCEDURE:
   4.1. In advance of any formal academic or disciplinary action, including termination, Program Director should have written documentation of the date and nature of all verbal warnings and other communications given to the Resident whose performance or conduct fails to meet expected standards.
   4.2. Program Directors are expected to provide appropriate counseling to Residents whose performance is less than satisfactory.
   4.3. 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.
   4.4. The Program Director shall inform Chairperson & the DIO whenever a Resident is to be placed on probation, suspended or terminated.
   4.5. A written statement describing the problems, warnings issued, and the proposed resolution (probation, suspension or termination) will be provided.
   4.6. Before taking final action the Program Director shall first confer with the DIO.
4.7 The Program Director must provide a specific statement to the Resident as to the action to be taken, i.e., probation, suspension or termination; effect on salary, fringe benefits and training certification.

4.8 In cases of termination, salary and fringe benefits will terminate as of the effective date.

4.9 Training certification will be granted for only the period of months of acceptable services.

4.10 A suspension may be imposed with or without pay, and will result in suspension of training credits during interruption of training. (Refer to HMC HR Bylaws)

4.11 The Resident should be informed of his/her right of appeal under the procedures of (HMC Grievance Policy).

4.12 Written decisions should be hand-delivered to the Resident at a meeting, with the Resident informing him/her of the decision.
1.0. POLICY STATEMENT/PURPOSE:
In this policy, we describe a process in which competency-based promotion criteria should be developed for all residents by all HMC GME programs.

2.0. POLICY
2.1 HMC Programs are moving from time-based promotion to competency-based promotion.
2.2 The competency-based promotion guidelines shall provide Residents and Faculty with minimum criteria that Residents must demonstrate at each level.
2.3 A strong evaluation process is essential for Residents to attain the appropriate knowledge, skills, and attitudes.
2.4 Tools should be developed to assess the criteria, including mentors formative evaluation, a Resident portfolio, and multisource feedback instruments and any other specific tools relevant to each program like: DOP, MiniCex, simulated chart reviews etc.
2.5 Stepwise approach developing curricula to foster the ACGME-I competencies. That includes:
   2.5.1 Competency identification;
   2.5.2 Determination of competency components and performance levels;
   2.5.3 Competency evaluation;
   2.5.4 Overall assessment of the process;
2.6 Residents and Faculty should be provided with minimum criteria that Residents must demonstrate at each level, to address the ACGME-I mandate to provide competency-based training and improve Resident progress toward promotion.

2.7 Developing the Criteria
   2.15.1 Each program should ask their evaluation committee to develop promotion criteria, and to link each promotion criteria with a competency. Based on the competency and sub-competency information available on the ACGME-I Outcome Project.
2.8 Programs should consider what the method of instruction would be for each criterion, and how each criterion would be evaluated, and within what setting each criterion would be assessed.
2.9 Develop Tools to address these competencies, including but not limited to:
   2.9.1 A MedHub-based, competency-based Faculty and Resident evaluation;
   2.9.2 Resident Portfolio;
   2.9.3 DOP (Direct Observation of Procedures);
   2.9.4 MiniCex;
   2.9.5 Multisource feedback instruments. Like 360° evaluation.

3.0. PROCEDURE/PROCESS:
3.1 We only need to consider and develop the following tools.
   3.1.1 Same day preceptor evaluation that Faculty complete after each clinic session and/or twice per week on inpatient service.
   3.1.2 Select promotion criteria for each level should be listed, and Faculty to be asked to evaluate Residents using a five-point scale evaluation where:
       - 1 = unable to promote,
       - 2 = needs improvement,
       - 3 = competent,
       - 4 = exceeds competent,
- 5 = able to teach criterion to others.

3.1.3 Specific performance, or threshold, anchors or similar scale could be associated with each scale option.

3.1.4 We need to devise a paper-based Resident portfolio

3.1.5 Construct a 360° evaluation multisource feedback instruments to solicit ratings from:
   - 3.1.5.1 Resident peers,
   - 3.1.5.2 Patients, and
   - 3.1.5.3 Ancillary Staff (social workers, nurses, front desk staff, and medical record personnel).

3.2 Faculty development:
   - 3.2.1. HMC will create a Faculty development program that focuses on the competency-based promotion criteria.
   - 3.2.2. Each teaching Faculty member in our programs will be presented with a competency notebook that included the ACGME-I competencies and the promotion criteria.
   - 3.2.3 Residents and their Faculty mentors would be able to look at performance reviews and determine which promotion criteria had been met.
   - 3.2.4 The Faculty should identify all of the promotion criteria as well as how to provide feedback about how the Resident is progressing.
   - 3.2.5 Program Directors should provide Faculty with feedback on their performance in utilizing the newly developed tools.

3.3 Residents’ development:
   - 3.3.1 Competency-based promotion criteria should be presented to each Resident during their orientation sessions so that each Resident could understand what was expected of him/her during the remainder of the year and the years to come.
   - 3.3.2 Promotion criteria checklist to be given to each Resident to keep in his/her portfolio so that during mentor/mentee meetings, both the mentor and Resident could account for each criterion being met in a timely manner.
   - 3.3.3 The criteria specific to each Resident level is expected to be demonstrated by the end of May; the month prior to the time a promotion decision is made for each Resident.
   - 3.3.4 Each Resident's performance should be reviewed every quarter by the Evaluation, Progress and Promotion Committee of each program, composed of the Residency Program Director, the Deputy Program Director, the Chief Resident and two other Core Faculties.
   - 3.3.5 Results from preceptor evaluations, multisource feedback, and mentors notes are all to be considered.
   - 3.3.6 Each Resident’s checklist, beginning in July, should be reviewed quarterly by the mentor and the Evaluation, Progress and Promotion Committee and biannually by the Residency Program Director to confirm the Resident’s progress.
   - 3.3.7 If a Resident fails to reach the required level of competence for all of the level-specific criteria prior to May, the promotion committee can either decide not to promote the Resident or to promote the Resident with remediation.
   - 3.3.8 Developing a set number of promotion criteria that are competency-based should be among the first tasks residency programs should tackle, for several reasons.
     - 3.3.8.1 First, having defined criteria will make the three to seven years of residency performance assessment more educationally sound.
3.3.8.2 Since continuous performance assessment is carried out during the majority of a Resident’s education, the awareness of what is expected of the Resident can be raised for both the Resident and the Faculty by making the task and criteria clearer to them.

3.3.8.3 Residents then are better able to demonstrate that which is expected of them and Faculty are better prepared to evaluate them.

3.3.8.4 Second, having defined promotion criteria can better target remediation in those Residents failing to meet the criteria in a timely manner.

3.3.8.5 Intervention during a time early on in the Resident’s development is much more beneficial than it is just before making a decision to promote or not promote.

3.3.8.6 Third, having criteria can improve Faculty development, especially in terms of how to assess competence, how to give feedback, and how to account for Faculty responsibility in educating and evaluating competent physicians.

4.0. REFERENCES:

1.0. POLICY PURPOSE:
To establish a policy for Due Process regarding Termination, as it relates to HMC Residents.

2.0 DEFINITIONS:
2.1. **Felony:** A felony is a criminal offense for which a convicted person sentenced to serve one or more years in a state prison, pay fines or both. Felony crimes are distinguished from misdemeanor crimes by the possible sentence provided in the statute.

3.0. POLICY STATEMENT:
3.1. During the course of training, Residents are to be evaluated by members of the residency program at least semi-annually.
3.2. More frequent evaluations may be undertaken at the discretion of the Program Director (PD) and should follow the policy and procedure on Assessment and Evaluation Policy.
3.3. The decision to renew a Resident’s contract is at the discretion of the Program Director and Departmental Chair with final approval of the chairman of GMEC and DIO.
3.4. Termination without due process may be based upon a single significant event or a series of unsatisfactory evaluations and substandard performance (refer to Substandard Resident Performance Policy).
3.5. Single significant events include but are not limited to:
   3.5.1. Falsification of records
   3.5.2. Material omission of information on an application
   3.5.3. Conviction of a felony
   3.5.4. Loss of medical licensure

4.0. PROCEDURE/PROCESS:
4.1. The Resident will be notified in writing of the disciplinary actions being instituted and the reasons for such actions.
4.2. Any disciplinary action resulting in the suspension or termination, except as noted above, will entitle the Resident to request a review of that decision by a hearing panel in accordance with the following procedure:
   4.2.1. Prior to suspension or dismissal the Resident will be given written notice stating the basis for the suspension or termination and advising the Resident of the right to request a review of that decision by the Chair of the Graduate Medical Education Committee (GMEC).
   4.2.1.1. A Resident who wishes to request such a hearing must do so within five (5) business days after receipt of the decision.
   4.2.2. The Chair of the GMEC (DIO) will render a written determination after investigating the reasons for the Program Director and Departmental Chairperson’s decision.
   4.2.3. If the Resident is not satisfied with that determination s/he may request a review before an ad hoc committee appointed by the Chair of the GMEC.
   4.2.3.1. A request for such a review must be made within five (5) working days of receipt of the Chair of the GMEC determination.
   4.2.4. The ad hoc committee is comprised of three (3) medical staff members of the GMEC. None of the appointed ad hoc committee members may have faculty appointment in the department of the named Resident.
4.3. The ad hoc committee will conduct the hearing in the following manner:
   4.3.1. The named Resident will be apprised of the nature of the charges and the supporting evidence. The Resident may submit any documentation he/she believes to be relevant to a review of his/her record and may list individuals with whom he/she wishes the committee to speak. The committee is not bound to speak with all of the named individuals.
   4.3.2. The committee will review the Resident’s records and program director documented reasons for the decision.
4.3.3. The Resident and Program Director shall present evidence as requested and deemed necessary by the ad hoc committee.

4.3.4. Hearing proceedings shall be considered informal and non-adversarial. A Resident may not be represented by a lawyer.

4.4. The ad hoc committee will forward its recommendation to the Chair of the GMEC who will then convene a meeting of the entire GMEC to review the report of the ad hoc committee and make a final determination.

4.5. A Resident’s failure to appeal an adverse determination by their training program to the next higher step within the time frame specified shall be deemed a waiver of the Residents appeal rights and shall render the adverse determination as final and binding.
RESIDENT COMPLAINT AND CONFLICT RESOLUTION

1.0. POLICY STATEMENT/PURPOSE:
This policy is intended to provide HMC residents with the opportunity to raise and resolve issues in their education program without fear of intimidation or retaliation.

2.0. PROCEDURE/PROCESS:

2.1 Resident Complaint & Conflict Resolution: Informal Resolution

2.1.1 Occasionally residents experience problems and / or issues that are unable to be resolved within the channels available in their own residency program.

2.1.2 Such problems are best handled within the program, and residents are encouraged to attempt all means of resolution through their chief resident, program director, department chairman, mentor or other designated individuals in the residency program before utilizing the alternative channel.

2.1.3 Compliant or Conflict issues may involve a number of areas including but not limited to:
2.1.3.1 Perceived harassment,
2.1.3.2 Unfair treatment,
2.1.3.3 Concerns regarding work environment,
2.1.3.4 Program non-compliance with ACGME-I, RRC requirements and / or procedural discrepancies or inequities.

2.1.4 Alternatively, Residents can write an anonymous letter addressed to the DIO without disclosing his / her name and post it through HMC mail.

2.1.5 Once the resources and channels within a program have been exhausted, the resident is encouraged to contact the Graduate Medical Education Department to arrange a meeting. They will then have the opportunity to discuss their particular situation in detail with the DIO, Associate DIO, and/or the Administrator of Graduate Medical Education. This can be done through email at medicaleducation@hmc.org.qa or call 4439-1743 and 4439-1757

2.1.6 Every attempt will be made by the DIO, Associate DIO, and/or the Administrator of Graduate Medical Education to investigate and resolve the reported issues.

2.1.7 If the DIO cannot resolve the issue he / she will refer it to the GMEC. Findings and actions taken by the GMEC are considered final and binding on all parties involved.
1.0 POLICY STATEMENT/PURPOSE: To provide a mechanism for resolving disputes and complaints internally that may arise between HMC Residents (Interns, Residents or Fellows) and their Program Director or other Faculty members.

2.0 DEFINITIONS:

2.1. **Grievance**: A grievance is an unresolved dispute or complaint a Resident has with the execution of policies and procedures of the residency program or any unresolved dispute or complaint with his or her Program Director or other Faculty members.

2.2. **Covered Grievance**: The following grievances shall be subject to this procedure and thus are considered grievable and may initiate the grievance due process.

   2.2.1 Performance warning status, suspension, non reappointment or dismissal.
   2.2.2 Unresolved disputes or complaints with the Program Director or other Faculty member.
   2.2.3 Retaliation as a result of this procedure.
   2.2.4 Disputes or complaints related to unfair or improper application of a policy, procedure, rule or regulation.

2.3. **Complaints based solely on the following actions are not subject to this procedure and thus are considered "not grievable".**

   2.3.1 Formative Assessments, counseling memoranda.
   2.3.2 Probation decision by Clinical Competency Committee and Program Director.
   2.3.3 Establishment and revision of salaries, position classifications or general benefits.
   2.3.4 Work activity accepted by the Resident as a condition of employment or work activity that may be reasonably expected to a part of the job.
   2.3.5 The content of policies, procedures and other rules applicable to the Resident.
   2.3.6 Means, methods and personnel by which work activities are to be conducted.
   2.3.7 Layoff or suspension because of lack of work, reduction, closure of program or job abolition.
   2.3.8 End of training termination of contract.

2.4 **Grievance committee (Appeal Task force)**

   2.4.1 An appeal task force will be formed as a subcommittee of the GMEC to hear each appeal as it occurs in a confidential manner.
   2.4.2 The task force will consist of 5 voting members who have no direct conflict of interest by way of being part of the teaching faculty in the resident’s training program, personal involvement with the resident or a member of the involved faculty, or any other situation which may cause the member to be prejudiced and have a pre-existing opinion.
   2.4.3 The Chairman of the GMEC (DIO) shall guide the composition of the task force and shall not be eligible to participate.

3.0 Policy

3.1 The Resident and Program Director shall make a good faith effort to resolve complaints informally.

3.2 Normally the program director would issue a formal notification for any the actions listed above.

3.3 Under unusual circumstances, the resident may be disciplined or terminated by an authorized HMC official acting on behalf of the training program or the institution.

3.4 The resident may initiate the appeal process by notifying the Director of GME (DIO) in writing within 30 days of receiving the notification letter from the program director.

3.5 Any of the previously noted actions will precipitate a meeting with the Director of the GME for a discussion regarding the actions taken and the options for the residents, if any.
3.6 Confidentiality:

3.6.1 All participants in the grievance process shall not discuss the matter under review with any third party except as may be required for purposes of the grievance procedure.

3.6.2 The Managing Director of Hamad Medical Corporation may be notified of a grievance and such notification shall not constitute a breach of this confidentiality requirement.

4.0. PROCEDURE/PROCESS

4.1 Step 1:

4.1.1 If the complaint is not resolved informally and if the complaint is grievable, the Resident shall, within 30 Business days of the event or action giving rise to the grievance, notify the Program Director in writing of the nature of the grievance.

4.1.2 The notification shall include the nature of the complaint, all pertinent information, and evidence in support of the claim and relief request.

4.1.3 Within 7 Business days after receipt of this notice, the Program Director shall meet with the Resident and attempt to reach a resolution.

4.1.4 Within 5 Business days of this discussion, the Program Director shall inform the Resident in writing of the resolution of the grievance and shall address both the issues raised and the relief requested.

4.1.5 A copy of the Program Director's resolution shall be kept on file and provided to the appropriate Department Chair and to the Director of Medical Education /DIO.

4.2 Step 2:

4.2.1 If the Program Director's written resolution is not acceptable to the Resident, the Resident may notify the DIO in writing within 5 Business days of receipt of the Program Director's decision.

4.2.2 This notification shall include a copy of the Program Director's resolution and all other information supportive of the Resident’s grievance including evidence that support the grievance and the relief requested.

4.2.3 Within 5 Business days of receipt of the grievance, DIO shall meet with the Resident to discuss the grievance and attempt to reach a solution.

4.2.4 Within 5 business days of this meeting, the DIO shall provide the aggrieved Resident a written response to the issues and relief requested.

4.2.5 A copy of this response shall be kept on file in GMEO

4.3 Step 3:

4.3.1 If the Resident disagrees with the decision of DIO, the Resident may pursue a formal resolution. He/she may present a written statement to the Director of Medical Education/DIO within 5 Business days of the receipt of the final return decision.

4.3.2 The statement shall describe the nature of and basis for the grievance and include copies of the decisions of the Program Director and the DIO.

4.3.3 Failure to submit the grievance in the 5 day period shall constitute waive of the grievance process and the decision of the DIO will be final.

4.3.4 Then the DIO will ask the grievance committee (Appeal Task Force) to convene. The grievance committee shall review and consider all material and send its decision to the DIO no later than 10 business days from the meeting.

4.3.5 This decision of the grievance committee shall be final.

5.0 REFERENCES:

5.1. Hamad Medical Corporation Grievance Procedures, HR 3016
1.0. POLICY STATEMENT/PURPOSE: A basic value of HMC is the 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, creed, color, sex, religion, national origin, age, physical/mental disability. While all forms of harassment are prohibited, this policy also separately emphasizes sexual harassment. The policy defines harassment and explains the procedures for responding to harassing behavior by members of HMC hospitals community.

2.0. Policy: Harassment (General)

2.1 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 HMC policies and will not be tolerated.

2.2 Harassment is any verbal, visual, or physical conduct that denigrates or shows hostility or aversion toward an individual because of his/her race, creed, color, sex, religion, national origin, age, physical/mental disability, or that of his/her relatives, friends, or associates, and that:

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

2.2.2 Has the purpose or effect of unreasonably interfering with an individual's work performance; or otherwise adversely affects an individual's employment opportunities.

2.3 Harassing conduct includes, but is not limited to, the following

2.3.1 Epithets, slurs, negative stereotyping, or threatening, intimidating or hostile acts that relate to race, creed, color, sex, religion, national origin, age, physical/mental disability;

2.3.2 Written or graphic material that denigrates or shows hostility or aversion toward an individual group because of race, creed, color, sex, religion, national origin, physical/mental disability and that is placed on walls, bulletin boards, HMC or elsewhere, circulated in the workplace;

2.3.3 Retaliation for having reported or threatened to report harassment.

2.4 Harassment (Sexual)

2.4.1 The determination of what constitutes sexual harassment will vary with the particular 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.

2.4.2 When submission to such conduct or rejection of such conduct is used as a basis for employment decisions affecting an individual; or such conduct unreasonably interferes with an individual's work performance or creates an intimidating, hostile or offensive working environment.

2.4.3 Examples of conduct which may create an offensive work environment include, but are not limited to:

2.4.3.1 repeated and unwanted sexual advances or requests for sexual favors, displays of sexually suggestive objects, cartoons, or pictures; suggestive or derogatory comments, insults or jokes; gestures or physical contact which are sexual in nature.

2.4.4 Prohibited acts of sexual harassment can take a variety of forms ranging from subtle words or actions to physical assault.

2.4.5 Sexual harassment can be male to female, female to male, female to female, or male to male.

2.4.6 Examples of conduct which may create an offensive work environment include, but are not limited to:
2.4.6.1 Verbal conduct such as using epithets, derogatory comments, slurs, or making unwanted sexual advances, invitations, comments or noises.

2.4.6.2 Visual conduct such as displaying derogatory posters, photographs, cartoons, drawings, or gestures;

2.4.6.3 Unwelcome physical conduct such as touching, blocking normal movement, or interfering with work directed at an individual because of his/her gender;

2.4.6.4 Insinuations, threats and demands of an individual to submit to sexual requests in order 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.

2.4.6.5 An adverse impact on an individual's job need not amount to loss of his/her job or an advancement or promotion, assigned duties, shifts or any other condition of employment or career development;

2.4.6.6 Retaliation for having reported or threatened to report sexual harassment.

2.5. PROCEDURE:

2.5.1 All HMC Residents and Faculty should be aware that HMC will take appropriate actions to prevent and correct any behavior which constitutes harassment or sexual harassment as defined above, and that individuals who are found to be engaged in such behavior are subject to discipline up to and including termination.

2.5.2 Each Department Chair/Head of Section has a responsibility to maintain the workplace free of any form of harassment, whether by a manager, supervisor, Faculty, employee, or other person (including a patient family or vendor).

2.5.3 Discussing and Reporting Harassment Incidents or Problems:

2.5.3.1 We urge anyone who believes he or she had been subjected to discrimination, harassment offensive sexual behavior to immediately contact one of the resources listed in each department to discuss the situation.

2.5.3.2 All complaints of discrimination, harassment or offensive sexual behavior will be investigated promptly and in an impartial manner by a staff member.

2.5.3.3 Because the subject of sexual harassment may be particularly sensitive to some, you are encouraged to choose the resource you feel most comfortable within order to resolve the situation as quickly as possible.

2.5.3.4 These discussions will be kept confidential to extend the possible and every reasonable effort shall be made to protect the privacy of all parties.

2.5.3.5 However, please keep in mind that reporting of the situation and cooperation in the inquiry is important in order to prevent it in the future.

2.5.4 Residents, Program Director may call Department Head of Section or Chairperson on an anonymous basis to explore, discuss or gain clarification about sexual harassment.

2.6. Investigation

2.6.1 Chair/Head of Section and Program Director will promptly conduct a thorough and objective investigation of the alleged incident, and will make a determination as to whether the harassment occurred, whether it did not occur, or whether the evidence is inconclusive.

2.6.1.1 The investigation will include, but may not be limited to, a meeting or meetings with the individual accused of harassment ("individual accused"), the complaining employee ("complainant"), and potential
witnesses, including other employees or non-employees who have frequent contact with the individual accused.

2.6.1.2 If the harassment complainant involves any Resident or Interns or Fellow the Director of Medical Education / DIO should be notified immediately.

2.6.2. DIO or Designee / Medical Education will meet with the individual accused and;

2.6.2.1. Inform the individual that an investigation is being conducted;
2.6.2.2. Summarize the procedure that will be followed in conducting an investigation;
2.6.2.3. Inform the individual that HMC will treat the complaint and its investigation confidentially to the extent possible and that it expects the individual accused to do the same; and
2.6.2.4. Advise the individual of HMC’s strict policy against harassment and Inform him/her that any retaliation against or intimidation of any individual who has made a complaint or who has cooperated in connection underlying harassment charge will not be tolerated.

2.7. The complainant will be informed:

2.7.1. That he or she should contact any of the available resources identified below immediately if he or she believes that any further violation of this policy against harassment or retaliation occurs, and
2.7.2. That HMC will treat the complaint and its investigation confidentially to the extent possible and that it expects the individual accused and the complainant to do the same; and
2.7.3. That intentionally submitting a complaint of sexual or other harassment which contains material false facts may be grounds for disciplinary action, but that no disciplinary action will be taken against an employee who submits a complaint which, although accurate, does not qualify as harassment under the definition contained in this policy. Further, that a finding that a complaint is not supported by the evidence, or is inconclusive, is not in itself evidence that material false facts were made as part of the complaint.

2.8. Resolution

2.8.1. If it is determined that harassment or retaliation has occurred, prompt and effective measures will be taken to remedy the harassment.
2.8.2. DIO or Designee will inform the complainant of the results of the investigation and any action that will be taken to remedy the harassment.
2.8.3. Any employee, supervisor, Faculty or department manager 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.

2.9. Available Resources

Your immediate Faculty or the next level Faculty (Program Director, Chair of Department/ Head of Section/ Assistant Director of Medical Education or DIO).
RESIDENT IMPAIRMENT POLICY

1.0. POLICY STATEMENT/PURPOSE:
1.1 To assist Residents with impairments

2.0. DEFINITIONS
2.1 Residents impairment is defined as illnesses and conditions that may adversely affect the Resident’s ability to learn, provide safe and appropriate patient care, and/or compromise the safety for him/her or others. Impairments may be caused by, but are not limited to substance abuse, or physical, mental, emotional, and/or behavioral factors. This may include the use of alcohol, or illegal prescriptions, and / or over-the-counter drugs which may impair judgment.

3.0. POLICY
3.1. HMC GME programs are committed to providing assistance and guidance for the impaired Resident to regain his/her potential and ability to successfully fulfill educational and patient care activities. Appropriate action will be taken however, to protect patients and/or the interest of the Resident, his/her colleagues, faculty and staff.
3.2 Program Directors are responsible for ensuring that Residents participate in an educational program regarding physician impairment including substance abuse and sleep deprivation.
3.3. Residents are responsible for reporting and seeking help and support for any impairment as defined above that interferes with or presents a considerable probability of interfering with safe and appropriate patient care, educational training activities, or the safety of themselves or others.
3.4. Any Resident who may be concerned about his/her own possible impairment is encouraged to seek the assistance from his/her healthcare provider, local program support groups or other organizations which provide counseling, medical and/or psychological support services.
3.5. Counseling services: are available through the department of Psychiatry at HMC free of charge.

4.0 PROCEDURE/PROCESS:
4.1 Faculty, Residents or staff who identify a possible impairment in a Resident are encouraged to notify the Resident’s Program Director.
4.2 Residents or staffs who observe incidents that adversely affect safe and appropriate patient care must report the incident to the Program Director. In the event that the Program Director is not available, it must be reported to the Deputy program Director or another faculty member.
4.3 Upon receiving sufficient information of a possible impairment as defined by this policy, the Program Director or designee will meet with the Resident to discuss the concern.
4.4 The purpose of this meeting is to discuss the issue(s), offer assistance and determine an appropriate course of action
4.5 The Information may have presented from various sources including, but not limited to Resident evaluations, observations, patient reports, and/or concerns expressed by faculty, staff and others.
4.6 As may be indicated and appropriate, the Program Director(s) may suspend a Resident from any or all of his/her program training activities.
4.7 Program Director(s) may require a referral and assessment by a specialist in the field.
4.8 The Resident is expected to cooperate and follow through in a timely way with such a request and recommended course of treatment.
4.9 Should a Resident not comply for any reason, he/she may be subject to disciplinary action, up to and including dismissal from the program
4.10 Actual content of a referral, assessment, and/or treatment session will remain confidential. The Program Director may however, require a statement or statements at various intervals from the health provider, for determination of the Resident’s ability for training and patient care duty.
4.11 Should a Resident refuse to provide or authorize such statements; he/she may be subject to disciplinary action, up to and including dismissal from the program.
4.12 The Program Director will document all meetings with the Resident. Meeting documentation with specifics about the impairment will be retained in an ancillary healthcare file, and not as a part of the Resident’s program personnel file.

4.13 To ensure regulatory compliance and appropriate course of actions, the Program Director will consult with the Department of Medical Education as needed.
GME RESIDENTS COUNSELING SERVICES AT HMC

1.0. POLICY STATEMENT/PURPOSE:

1.1 This policy applies to all Residents and fellows participating in Graduate Medical Education (GME) programs sponsored by HMC.

1.2 HMC recognizes that GME programs place substantial responsibility on Residents that may affect their physical and mental health.

1.3 HMC seeks to alleviate some of the stressful effects of participation in residency programs by providing Residents with access to appropriate confidential counseling and psychological support.

2.0. Policy:

2.1 Residents Counseling Services (RCS) provides counseling, psychotherapy and educational programs on emotional well being and stress management for GME Residents at HMC.

2.2 Many Residents using the service are people who want to cope more effectively with difficult or stressful academic situations, while others seek counseling to deal with broader life issues.

2.3 Some may come because of more serious, troublesome, and/or chronic difficulties in their lives.

2.4 Residents may self-refer or be referred to the RCS by their Program Director.

2.5 The Resident Counseling Service maintains strict standards of privacy and confidentiality.

2.6 Counseling records will be kept separately from Residents' general medical records.

2.7 No information about a Resident's contact with the RCS or information obtained in counseling is released to anyone outside the counseling service staff, including GMEO, hospital administration, faculty, family, or other Residents, without the knowledge and written consent of the Resident, unless required by law or in the rare instance of an emergency situation involving someone's safety.

3.0. Procedure/Process:

3.1 The RCS service shall be available 24 hours a day throughout the year, covered by the Psychiatry Specialist/Consultant On-Call after working hour.

3.2 Each RCS counselor is a licensed mental health professional.

3.3 RCS counselors will be available to provide Residents and their dependents with professional counseling and problem assessment to assist them with developing a counseling plan.

3.4 Where appropriate, short and long term referrals may be made to the RCS.

3.5 While short-term counseling is most common, it is possible, when time permits, for residents to be seen for an extended period.

3.6 Medication will be prescribed and monitored as needed, on a case-to-case basis.

3.7 The costs for our services are covered by HMC; there is no additional charge for Residents using RCS.

3.8 Residents may also seek confidential mental health services from the RCS.

3.9 Residents are eligible to be seen by the Psychiatry Department for an initial evaluation and for follow-up sessions, if needed.

3.10 The RCS will refer the Resident to the most appropriate practitioner if further treatment is necessary beyond the initial evaluation and follow-up sessions.

3.11 Appointments are scheduled weekdays Sunday through Thursday. For emergency cases after working hours the psychiatry consultant on-call should be contacted.

3.12 To provide the best possible services to the greatest number of Residents, Residents are required to give the RCS 24-hours notice if they need to cancel an appointment.

4.0. REFERENCES:

ACGME-I institutional Requirements
1.0. POLICY STATEMENT/PURPOSE: This policy covers all residents participating in GME-accredited programs sponsored by HMC. This policy addresses resident behaviour and relationships with vendors in educational contexts, which may include all clinical training sites. The purpose of the policy is to ensure that Graduate Medical Education activities at HMC Hospitals and affiliated training centres are not compromised through vendor influence, either collectively or through interactions with individual residents and fellows.

The goal of this policy is to further the professional accountability of the trainees to their patients and colleagues.

2.0. PROCEDURE/PROCESS:

2.1. While partnerships between industry and physicians may further mutual interests to improve clinical management of diseases and improve patient care, some relationships with vendors create potential conflicts of interest for health care providers.

2.2. A conflict of interest occurs when reasonable observers could conclude that professional requirements of a physician’s roles are or will be compromised due to the influence by a vendor through gifts or services unrelated to the benefit of patients.

2.3. At times, the appearance of influence, even when not connected to a specific benefit to the physician, can create an atmosphere of doubt about the physician’s motivations.

2.4. The following descriptions of allowable and prohibited practices is not intended to be exhaustive, and any other interactions between residents and vendor representatives that have the appearance of compromising impartiality in clinical or academic practices are likewise discouraged.

2.5. Because residents train in many different venues within and outside HMC, it is possible that they will encounter conflicting policy statements on various aspects of vendor interactions and conflict of interest.

2.6. Where a conflict exists between this policy and that of another organization, it is the overarching policy of HMC Medicine that the stricter policy will apply to a given situation within that organization.

2.7. **Pharmaceutical Samples**
   the acceptance by a resident of free pharmaceutical samples for delivery to patients is not allowed except when approved explicitly by the medical director and pharmacy and therapeutics committee or equivalent at a clinical site and when reviewed with a supervising faculty physician. One example of an acceptable use would be in HMC clinical trial. Acceptance of pharmaceutical samples for self-use is strictly prohibited for all residents.

2.8. **Vendor gifts:** “Gifts” refers to items of value given without explicit expectation of something in return. Gifts may also include outside meals at restaurants, promotional items, services such as transportation, invitations to participate in social events, promotional items, and business courtesies, meals and beverages, and “ghost-writing” of scholarly works on behalf of the resident.

2.9. HMC residents may not accept gifts, regardless of value, for themselves or on behalf of HMC, individually or as a group, from any vendor or manufacturer of a health care product or from the representative of any such vendor or manufacturer. This includes food supplied at educational conferences as well as meals provided off-site.

2.10. **Vendor Sponsorship of Educational Activities**
   Vendor sponsorship of GME educational activities should take place under unrestricted grants and gifts only. An unrestricted grant or gift is one that is given to a clinical department or a program in which the donor(s) have specifically identified their intent to support certain activities (such as education for residents). In instances where the grant is for GME educational use, the donor may not specify content, topic, or speaker.
However, the grant may specify whether or not the purchase of food for a conference is allowed. Industry sponsorship for educational activities is permitted if and only if all of the following conditions are met:

2.10.1. The donation is limited to direct support of the educational activity (e.g. a/v, honoraria, printing costs, space rental, etc.)
2.10.2. The donation is made to divisions or departments for general educational purposes.
2.10.3. No individual is designated by the vendor as the recipient of funds for travel, meeting registration, or housing.
2.10.4. No industry representative may participate in or market at on- or off-site educational events.
2.10.5. No food or other refreshments, gifts, free samples, books, or promotional materials with the manufacturer, drug, or device name imprinted are available at educational events.
2.10.6. Vendors may be acknowledged in a sign at the event, website acknowledgement, or in the written program.

2.11. **Vendor Training:** Vendors may appropriately orient, train, and advise residents on the proper use or calibration of a product that has already been acquired by a particular institution.

2.11.1. In such cases, the vendor is present as a consultant and must solely advise on the specific device and should not be allowed to market other products.
2.11.2. Supervising faculty physicians must ensure that vendor involvement in any clinical activities is disclosed to patients/surrogates verbally and in writing and patients/surrogates must assent.
2.11.3. Vendors must be identified as such so that they are not mistaken for clinicians.
2.11.4. Vendors may sponsor resident training on equipment already in use at a HMC or affiliated institution.
2.11.5. In situations where the training is to take place at a site distant to HMC, the vendor may not contribute to a specific resident’s travel, housing, or per diem expenses incurred as part of this training, but may contribute to an unrestricted grant that could be used by the program to reimburse residents for travel costs and per diem according to HMC travel policy.
2.11.6. Vendor contribution to individuals is limited to waiver of any tuition or fees, and instruction manuals specifically related to the operation of the equipment.

2.12. **Participation in Industry-Sponsored Programs:** Residents may not participate as paid presenters or speakers in industry-sponsored programs such as lectures and panels without express written permission of the program director.

2.13. Residents participating in such activity must report for duty hour purposes the actual time spent in the activity, and must also disclose to the program director the amount of any compensation offered, including non-monetary items.

2.14. **Industry-Sponsored Scholarships**
Vendor-provided funds for residents’ scholarships must be directed to a central fund within the program and under control of the chair and program director and should not designate an individual resident as recipient.

2.15. Corporate contributions to underwrite resident positions are likewise prohibited unless directed to a central fund and not designated for the use of any individual resident.

2.16. **Program Monitoring of Resident-Vendor Representative Interaction**
2.16.1. Program leadership should be aware of and discuss with residents any interaction with representatives from vendors to ensure that any contacts are within the scope and spirit of this policy. Interactions that appear to place the resident in a
position of obligation to or influence by, the vendor, should be explicitly
discouraged.

2.16.2. Programs should provide training to residents on vendor relations and conflicts
of interest, including reference to this policy and other relevant institutional
policies. Program Directors are encouraged to include assessment of vendor
interactions as part of the semi-annual review process, and require
documentation of vendor interactions in resident portfolios. Programs should
correct actions as needed to ensure that the policies described here are observed.

2.16.3. Program Directors must communicate this policy to their Residents as part of the
program orientation, and reinforce it through inclusion in program handbooks,
Resident Manual and other information sites for resident reference.

3.0. REFERENCES:

3.1. uwmedicine.washington.edu/Education/residencies and
fellowships/policies/GME+vendor_interactionpolicy.htm
RESIDENT COUNCIL TERMS OF REFERENCE

1.0 POLICY STATEMENT/PURPOSE:
The purpose of this policy is to develop the organizational framework for the HMC Residents body and to regulate its functions and responsibilities.

2.0 DEFINITIONS:
2.1. Resident Council: is an organization or forum to communicate and exchange information related to their educational and work environment, their GME programs, and other Resident issues.
2.2. Residents: Are all physicians in Graduate Medical Education program which include interns, residents and fellows.

3.0 PROCEDURE/PROCESS:
3.1 Membership
The Resident Council comprises of:
3.1.1. A peer elected representative from each residency program.
3.1.2. Elected chairperson and two vice chairpersons.
3.2. Resident Council Members: HMC will ensure that residents participate on the following corporate and departmental committees and councils whose actions affect their education and patient care:
3.2.1 Departmental Committee
3.2.1.1 Quality Improvement Committee
3.2.1.2 Research Committee
3.2.1.3 Patient Safety Committees
3.2.1.4 Medical Errors Committee
3.2.1.5 Medical Record Committee
3.2.1.6 Infection Control Committee
3.2.1.7 Morbidity and Mortality Committee
3.2.1.8 Program Evaluation Committee
3.2.2 Corporate Committee
3.2.2.1 Graduate Medical Education Committee

3.3. Residents Council members’ responsibilities:
3.3.1. Communicate with residents about issues related to their educational and work environments.
3.3.2. Represent the residents in the activities and decisions of the Graduate Medical Education Committee, its Sub - Committees, and the HMC Departmental and Corporate Committees.
3.3.3. Advises residents on issues and problems as needed.
3.3.4. If appointed, may attend and participate in any GMEC sub-committee meetings.

3.4. Selection of Resident Council Member
Each residency training program will select one representative. Some of those representatives will be selected to represent the resident council in different committees.
3.4.1. Every December 31st, the Director of Medical Education calls for the election of residents’ leadership.
3.4.2. During January each Program Director will choose a day for electing the representative for his/her program and names will be provided to the Medical Education.
3.4.3. The chair and the vice chairs are elected by and from among the representatives of the different GME programs.
3.4.4. The term of each representative is one year and could be renewed by elections for maximum 3 terms.

3.5 Leadership
3.5.1. At the first meeting of the year, the Residents of each program will elect a representative for the Resident Council; the Resident Council members will elect a chairperson and two vice-chairpersons from among the representatives of the programs.
3.5.2. The Chairperson is an ex-officio member of the Graduate Medical Education Committee.
3.5.3. The Chairperson and the members should be from among the senior Residents i.e. PGY3 and above.
3.5.4. The Chairperson of the Resident Council coordinates all responsibilities of the Resident Council and provides the Resident Council Report to the Graduate Medical Education Committee (GMEC).
3.5.5. The vice-chairs assist the chairperson as needed.
3.5.6. The Assistant Directors for Medical Education (Deputy DIOs) serve as advisors to the Resident Council.

3.6. **Resident Council Chairperson Responsibilities:**
3.6.2. Attend the Graduate Medical Education Committee meetings as a voting member.
3.6.3. May be invited to the HMC Medical Administration meetings.
3.6.4. Provides a brief update for the Medical Education Bulletin three times a year.
3.6.5. Serves on the HMC Residents and Faculty Award Selection Committee.

3.7. **Resident Council Vice-Chairs** responsibilities:
3.7.1. Assist the Chair as needed and assume his/her responsibilities as necessary.
3.7.2. Attend the Graduate Medical Education Committee meetings.
3.7.3. If appointed, attend the assigned sub-committee meetings.
3.7.4. If appointed, attend the scheduled HMC Medical Research Committee meetings.
3.7.5. Serves on the Resident Award Selection Committee.

3.8. **Resident Council Meetings**
3.8.1. The Resident Council meets at least quarterly (every 3 months) and whenever the GMEC Chairperson or Resident Council Chairperson calls for an emergency meeting.
3.8.2. Discussions and proceedings at Resident Council meetings are documented and minutes are presented as a formal report to the GME Committee and distributed to all the residents in hard copies and through email distribution list.

3.9. **Representation on the Graduate Medical Education Committee and its sub Committees** At least one elected resident will be appointed to each of the following committees of the GMEC:
3.9.1 Policy Sub-Committee
3.9.2 Internal Review Sub-Committee

3.10. **RESIDENTS’ ROLES IN GMEC COMMITTEES**
3.10.1. Policy:
3.10.1.1 Committee members develop review and revise Medical Education policies annually according to the ACGME-I Institutional and foundational Program Requirements and general competencies.
3.10.1.2 Assists Program Directors to develop program specific policies.

3.11. **Internal Review Committee Members:**
Participates in the internal review process according to the ACGME-I institutional requirements and makes recommendations to GMEC.
DRESS CODE POLICY FOR HMC RESIDENTS

1.0. POLICY STATEMENT/PURPOSE:
To outline the standards of personal appearance required of Residents providing patient care at Hamad Medical Corporation and its all participating sites.

2.0. PROCEDURE/PROCESS:
2.1. Personal appearance is an important component of professional demeanor.
2.2. Each Resident shall be expected to dress in a manner which conveys a professional image and inspires confidence in patients and colleagues.
2.3. HMC institutions provide clinical service to a multi-cultural patient population, where clothing choices may convey different meanings for different populations.
2.4. Apparel should be consistent with each Resident’s duties.

SPECIFIC STANDARDS:
2.4.1. A visible ID is required at all times while providing clinical service.
2.4.2. Scrubs of different color from scrubs in Operating Room may be worn when on a surgical service or during night-call hours.
2.4.3. Casual shirts should be buttoned up.
2.4.4. Jeans, sport shirts, tee shirts, miniskirts, shorts, sports shoes (except with Scrubs)
Provocative Jewelry, clothes, buttons or messages on clothing are inconsistent with a professional image.
2.4.5. Dangling earnings could be a hazard and should not be worn during duty hours.
2.4.6. Strong perfumes and scents, perfumed deodorants and antiperspirants could cause discomfort or induce allergy in some patients and better be avoided.
2.4.7. High heels and excessive make-ups better to be avoided during duty hours.
2.4.8. High standards of general cleanliness and body Hygiene are extremely important.

3.0. REFERENCES:
CODE OF CONDUCT AND RESPONSIBILITIES IN THE TEACHER/LEARNER RELATIONSHIP

2.0. PROCEDURE/PROCESS:

2.1. Responsibilities of Faculty (Teachers)
   2.1.1. Treat all Residents with respect and fairness.
   2.1.2. Treat all Residents equally regardless of age, gender, race, ethnicity, national origin, religion, disability.
   2.1.3. Provide current materials in an effective format for learning.
   2.1.4. Be on time for didactic, investigational, and clinical encounters.
   2.1.5. Provide timely feedback with constructive suggestions and opportunities for improvement/remediation when needed.

2.2. Responsibilities of Residents (learners)
   2.2.1. Treat all fellow Residents and teachers with respect and fairness.
   2.2.2. Treat all fellow Residents and teachers equally regardless of age, gender, race, ethnicity, national origin, religion, disability.
   2.2.3. Commit the time and energy to your training necessary to achieve the goals and objectives of each course.
   2.2.4. Be on time for didactic, investigational, and clinical encounters.
   2.2.5. Communicate concerns/suggestions about the curriculum, didactic methods, Faculty or the learning environment in a respectful, professional manner.

2.3. Behaviors Inappropriate to the Faculty/Residents (Teacher-Learner) Relationship:
   Certain actions are clearly inappropriate and will not be tolerated by the institution. These include, but are not limited to, the following:
   2.3.1. Unwanted physical contact (e.g. hitting, slapping, kicking, and pushing) or threats of the same;
   2.3.2. Sexual harassment (including romantic relationships between Faculty and Residents in which the Faculty has authority over the Resident’s academic progress) or harassment based on age, gender, race, ethnicity, national origin, religion, disability;
   2.3.3. Loss of personal civility including shouting, personal attacks or insults, displays of temper (such as throwing objects);
   2.3.4. Discrimination of any form, including in teaching and assessment, based upon age, gender, race, ethnicity, national origin, religion, disability;
   2.3.5. Requests for others to perform inappropriate personal errands unrelated to the didactic, investigational, or clinical situation at hand;
   2.3.6. Grading/Evaluation on factors unrelated to performance, effort, or level of achievement.
1.0 POLICY STATEMENT/PURPOSE:
It is accepted that from time to time a resident may require accommodations for disabilities of either a long-term or short-term nature. The purpose of this policy is to help the program directors and residents to address the issues related to accommodating the residents with disabilities in such a fair, sensitive, compassionate and confidential manner.

2.0 DEFINITIONS:
   **Disability:**
   2.1. Lack of adequate power, strength, ability or incapacity, either physical or psychological. Especially one that prevents the residents from living a full normal life or practicing fully in the activities he/she is assigned to during his/her residency training.
   **Accommodation:**
   2.2. The act of accommodating or the state of being accommodated as the providing of what is needed or desired for convenience or adaptation or adjustment for certain disabilities.

3.0 PROCEDURE/PROCESS:
3.1. The Resident should disclose his or her disability when applying to the program or at any stage during the program if the disability develops after joining the program.
3.2. Accommodation is most effectively provided when disability is discussed prospectively and requirements negotiated openly.
3.3. As the needs of the disabled resident are considered issues of equity, the training of the other residents in the program must also be considered.
3.4. All parties are encouraged to seek expert consultation and advice as they work through the process.
3.5. If a resident wishes accommodations to be made on the basis of disability, the Program Director and the DIO must be informed of the request for accommodation with suitable justification for this request.
3.6. All information will be kept confidential according to the resident's wishes.
3.7. Appeals of an unsatisfactory evaluation cannot be based on the grounds of disability unless there has been prior disclosure of the disability with a resultant decision regarding accommodation that was acceptable to the resident.
3.8. It is a Program Director and/or mentor's responsibility to provide career counseling for residents. This is especially important if limitations of the disability might affect the ability to practice medicine in the enrolled specialty or affect eligibility for general licensure. The aim of such counseling is to enable residents to reach their realistic maximum potential and will be done in a confidential and sensitive manner.
3.9. When developing specific accommodations, the educational objectives and evaluations must be based on accepted standards for independent functioning. Such objectives must be available for all residents at the time of entering each program.
3.10. By the end of the program, residents, regardless of their disability, must have achieved the goals and objectives with respect to essential knowledge and skills for certification in their program.
3.11. In the case of a discrepancy between accommodations being requested by a resident and those felt to be necessary by the Program Director; the DIO will act as a mediator. If it is deemed necessary an independent assessment by an individual with expertise in the disability will be sought. The appointment of the assessor will be the responsibility of the DIO.
3.12. Review of the accommodation should be undertaken from time to time to ensure that the needs of the resident and the requirements of the program are being met.
3.13. After special accommodation has been granted, interval reports may be required from the resident's physician/therapist at times mutually agreed upon by the resident and program director.
3.14. In the case of substantial deterioration of the disability, additional documentation may be required before a decision regarding revised accommodation is made.
3.15. All parties are encouraged to seek consultation and advice as they work through the process. In particular the resident can obtain advice from DIO. Should the resident wish to have the help of a third party in making the request, the DIO may assist the resident.

**4.0. REFERENCES:** UWO: PGE Committee, February 16, 2005
1.0. PURPOSE:
1.1 This policy is in compliance with ACGME-I requirement that GME programs have a Transition-of-Care (Patient Hand-off) process.
1.2 To establish protocol and standards within all GME Programs at HMC participating sites to ensure the quality and safety of patient care when transfer of patient care responsibility occurs during duty-hours, shift changes, and other scheduled or unexpected circumstances.

2.0. DEFINITIONS:
2.1 Transition-of-care (patient hand-off): includes any situation when a Resident cannot continue to be responsible for the patient such that another Resident needs to assume responsibility for a patient due to the current care provider completing their shift, going off rotation, switching rotations or after On-Call.

3.0. POLICY STATEMENTS:
3.1 Individual programs must assure that Faculty and Residents will adhere to general institutional policies concerning transitions of patient care.
3.2 The transition/hand-off process is an interactive communication process of passing specific, essential patient information from one caregiver to another.
3.3 Each program must develop additional components to the institutional transition of care policy and that integrate specifics from their specialty field.
3.4 Programs are required to develop scheduling and transition/hand-off procedures to ensure that:
   3.4.1 Residents do not exceed the 80-hour per week duty limit averaged over 4 weeks.
   3.4.2 Faculty are scheduled and available for appropriate supervision levels according to the requirements for the scheduled Residents.
3.5 Each program will include the transition of care process in its curriculum.
3.6 Residents must demonstrate competency in performance of this task.
3.7 Programs must develop and utilize a method of monitoring the transition of care process and update as necessary.

4.0. PROCESS:
Transition of care occurs regularly under the following conditions:
4.1. Change in level of patient care, including:
   4.1.1 Inpatient admission from
   4.1.2 An outpatient procedure
   4.1.3 Diagnostic area
   4.1.4 E.R
   4.1.5 Transfer to or from a critical care unit.
4.2. Temporary transfer of care to other healthcare professionals within procedure or diagnostic areas.
4.3. Discharge, including discharge to home or another facility such as skilled nursing care.
4.3. Change in provider or service change, including:
   4.3.1 Change of shift for nurses;
   4.3.2 Resident sign-out;
   4.3.3 Rotation changes for Residents;
4.4. The transition/hand-off process must involve face-to-face interaction with both verbal and written communication.
4.5. The transition process should include, at a minimum, the following information in a standardized format that is universal across all services:
   4.5.1 Identification of patient, including:
      4.5.1.1 Name;
      4.5.1.2 Medical record number;
      4.5.1.3 Date of birth
   4.5.2 Identification of admitting/primary physician
   4.5.3 Diagnosis and current status/condition of patient
   4.5.4 Recent events, including:
      4.5.4.1 Changes in condition or treatment;
4.5.4.2 Current medication status;
4.5.4.3 Recent lab tests;
4.5.4.4 Allergies;
4.5.4.5 Anticipated procedures;
4.5.4.6 Actions to be taken;

4.6. Changes in patient condition that may occur requiring interventions or contingency plans.
4.7 All parties involved in a particular program and/or transition process should have access to one another’s schedules and contact information.
4.8 All calls schedules should be available on the HMC website and with the hospital operator.
4.9 Patients should not be inconvenienced or endangered in any way by frequent transitions in their care.
4.10 All parties directly involved in the patient’s care before, during, and after the transition have responsibility for communication, consultation, and clarification of information.
4.11 Safeguards exist for coverage when unexpected changes in patient care may occur due to circumstances such as resident illness, fatigue, or emergency.

5.0. REFERENCES:
Missouri University GME programs policies
http://medicine.missouri.edu/gme/docs/policies/internal/Transitions%20of%20Care%20Policy.pdf
# Important Phone Number Directory:

1) Human Resources:
   - Employee Relation: 4439-1912
   - Housing / Hostel: 4439-1510 / 8562
   - Immigration:
     - Exit permit: 4439-1828 / 1838
     - Visas: 4439-1990

2) Communication:
   - Bleep Station: 4439-2158

3) Finance (Payroll)
   - 4439-2467 / 2973 / 2569

4) Staff Medical Center
   - 4439-5282

5) Health Information Management (Medical Records)
   - 4439-8553

6) Medical Education:
   - Workshops and Courses Coordinator: 4439-1742
   - Residency Coordinator: 4439-1743
   - Clinical Attachments Coordinator: 4439-1732
   - Arab Board & Internship Coordinator: 4439-1757

7) Hamad International Training Center (HITC)
   - 4439-7397 / 7396

8) Club Hotel
   - 4439-8100

9) HMC Postal Service
   - 4439-2395 / 4860

10) HMC Clinical Departments:
    - A & E: 4439-2421 / 2422
    - Medicine: 4439-3386
    - Surgery: 4439-2150
    - Ob/Gyn: 4439-3911
    - Pediatrics: 4439-1240 / 2239 / 2834
    - Radiology: 4439-1709
    - Psychiatry: 4438-4521

11) Health Card & Insurance Office, HMC
    - 4439-2172 / 2169 / 1358 / 1355 / 2228

12) Social Worker
    - 4439-8907 / 8993
Edited By:

Dr. Abdullatif Al Khal, Designated Institutional Official / Director of Graduate Medical Education
Dr. Mohamed S. El-Tawil, Associate DIO for GME
Dr. Ismail Helmi, Deputy Director for Medical Education
Dr. Omar Zaghmout, Assistant Director for Medical Education
Ms. Banan Al Arab, Academic Health System Administrator/ GME Administrative Director

Support Team:

Mr. Faisal Didato, Institutional Coordinator
Mr. Israk Bangzaja Abdula, Institutional Coordinator
Ms. Mary Jean Nery, Institutional Coordinator
Mr. Pullika Parambil Hussain, CME Coordinator

Hamad Medical Corporation
Graduate Medical Education Office
Doha, Qatar
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