

Additional GME Policies

The following policies are updated on an as needed basis and apply to all residents and fellows in CAMC programs.

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Terms and Conditions of Appointment

Appointment:

This appointment is authorized by Charleston Area Medical Center (CAMC) and is subject to provisions of the rules, regulations and policies of the governing board.

Conditions of Employment:

Consistent with the provisions of the rules, regulations, and policies of CAMC and the requirements set by accrediting boards and regulatory agencies, the appointment, continued appointment and/or compensation and benefits of the position is contingent upon fulfillment of the responsibilities of the position during the term of the appointment, the availability of funding and the conditions listed below. Failure to comply with these conditions may jeopardize Resident/Fellow's completion of the residency program or delay Resident/Fellow in the completion of the residency program.

License to Practice: If West Virginia law requires Resident/Fellow to hold a current permit or license for practice in their specialty, the appointment is subject to the Resident/Fellow maintaining an unrestricted permit or license from the State of West Virginia and from any other state's licensing authority where the Resident/Fellow may be assigned. Upon renewal of a required permit or license, Resident/Fellow must provide a copy of current license renewal to the GME office immediately. Resident/Fellow shall notify the GME office of any action threatened or taken against their license. Once a resident/fellow has obtained a full license, they cannot go back to using a training permit per WV licensure rules and regulations.

If Resident/Fellow has or elects to obtain a license during residency where the license is not required by law, Resident/Fellow shall provide documentation of licensure to the GME office along with any renewal information and any action threatened or taken against their license.

All licensure requirements as defined by state law and CAMC must be met prior to entry into the residency/fellowship and to continue residency/fellowship.

Pharmacy Residents should consult the CAMC Pharmacy Resident Manual available online on the Pharmacy Program page located at www.camcmedicine.edu or contact the CAMC Pharmacy Residency Program Directors directly for specific licensure requirement details.

US Citizen or Visa Status: All Residents/fellows must be United States citizens or be able to obtain an appropriate visa/work authorization prior to entry into the program and maintain visa status for continuation of the program. CAMC requires foreign medical graduates to meet all requirements of the Educational Commission for Foreign Medical Graduates including enrollment in health insurance coverage prior to or upon entry into the program. International graduates are required by the ECFMG to obtain health insurance coverage with specified guidelines. If CAMC does not offer a plan that is within acceptable guidelines, it is the resident/fellow's responsibility to seek and obtain acceptable coverage. Residents/fellows must provide proof of such insurance prior to beginning their program or may elect to enroll in the CAMC benefit plan at orientation. CAMC may be required to document and monitor proof of coverage.

Appointment term: Appointment of a Resident/Fellow is contingent upon the ability of the Resident/Fellow to be physically present at CAMC and to fully participate in the residency training program during the term identified in their Resident/Fellow contract. If a Resident/Fellow is unable at any time to be present and to fully participate, the program in its sole discretion may allow a grace period of up to thirty (30) days, may

alter the initial appointment and duration of term, and may cancel the appointment. Any extension of a grace period beyond 30 days will require the approval of the Designated Institutional Official but in no circumstance is CAMC obligated to hold a position for a new or continuing Resident/Fellow.

Contracts to Residents/fellows will be issued approximately 60 days prior to the beginning of the academic year. Residents/fellows may not continue residency beyond a current contract period. The Resident/Fellow contract year will typically be for a one-year term; however, a term may be less than one year in special circumstances. CAMC is not obligated to hold a position for a Resident/Fellow who has not signed a contract.

In addition to the resident/fellow contract, residents/fellows will be given a Professional Practice Contract and will be asked to sign that they have read and understood the terms of the contract. A copy of the Professional Practice Contract is in Appendix C.

House Staff Responsibilities: Appointment or reappointment is conditional upon the Resident/Fellow obtaining and maintaining permission to work at CAMC and other affiliated hospitals or institutions to which the Resident is assigned by the program and CAMC. The Resident/Fellow shall be subject to all policies, rules, and regulations of those hospitals or other locations of assignment.

Education and Service Responsibilities: Appointment is conditional upon Resident/Fellow maintaining physical and mental ability to perform or to be assigned to patient care and education responsibilities with or without reasonable accommodation.

Employment Policies: Resident/fellow must comply with the rules, policies and procedures of the CAMC Health System. These policies include benefit options, conditions of living quarters, meals, professional liability, health and disability insurance and others and may be accessed on the web site at camcmedicine.edu.

Background Checks:

The employment center will conduct background investigations on all incoming residents and fellows in accordance with the Fair Credit Reporting Act (FCRA) and West Virginia state laws. The investigation is conducted to evaluate and assess the employability of those individuals with a criminal conviction, a pending criminal charge, or some other adverse event as it relates to specifically identified positions.

All background investigations are the property of the company and are maintained in a confidential manner. Copies will not be provided to residents or fellows. The fact that an individual has a criminal conviction is not sufficient to disqualify them from employment. The final decision to employ an applicant with a criminal conviction will be at the discretion of the DIO and the Corporate Director for Human Resources.

Depending on the position the individual has accepted, the following checks may be performed at the time that an offer of employment is being extended and authorization has been obtained by applicant:

- Social security number match
- Licensure verification
- Certification verification
- Employment verification
- Education verification
- Criminal background check
- OIG/GSA checks

- Credit report
- Drivers' License and motor vehicle violation verification

It is important to note that institutions outside of CAMC may require more extensive background checks for residents/fellows completing off site rotations in their facilities.

Benefits: All Residents/fellows are eligible for the same health care, disability, retirement, and other benefits as offered to other employees. These benefits are reviewed annually and any changes are typically made to be effective January 1st of each calendar year. An annual benefit enrollment is conducted in the fall of each year for Residents/fellows to make changes for the following calendar year. International graduates are required by the ECFMG to obtain health insurance and disability coverage for themselves and their dependents. Residents/fellows must provide proof of such insurance prior to beginning their program or may elect to enroll in the CAMC benefit plan at orientation. CAMC may be required to document and monitor proof of coverage. New House Staff will have the opportunity to elect coverages of their choice during the Human Resources Benefit Orientation upon entering the program. Benefit materials detailing each benefit will be distributed at that time. Residents/fellows are eligible to make changes/additional choices during the annual fall benefit enrollment period. Should you have questions concerning the benefits, please call your Human Resource Associate.

Specific Assignments: Specific assignments of this appointment will be determined by CAMC or designated representatives of CAMC and reappointment is conditional upon fulfillment of responsibilities as assigned.

Resident and Fellow Technical Standards

Introduction:

All candidates must possess the physical and mental skills and abilities necessary to successfully complete the Residency Program Curriculum. To be successful, one must progress with increasing independence throughout the program and, by the time of program completion, must be capable of competent and independent practice in that field. To achieve the optimal educational experience, residents/fellows are required to participate in all phases of the training program. The faculty of CAMC residency training programs recognizes its responsibility to recommend applicants for residency training who have the knowledge, attitude, and skills to function in a broad variety of clinical situations and to render a wide spectrum of patient care. The faculty is responsible for adhering to these standards during the selection of resident/fellow applicants and promotion of residents/fellows in the residency program. This policy is not meant to be all inclusive or to constitute all measures or standards.

Residency requires a specific set of minimum physical, mental, emotional, and social abilities necessary to be successful. Candidates must possess all of the abilities listed in the five categories outlined in this policy. The use of an intermediary that would, in effect, require a candidate/resident/fellow to rely on someone else's power of observation or communication would not be permitted. Although these standards serve to delineate the necessary physical and mental abilities of all candidates, they are not intended to deter any candidate/resident/fellow for whom reasonable accommodation will allow the fulfillment of the complete training program. This policy does not preclude the residency from temporarily restructuring resident/fellow duties as it deems appropriate for candidates with acute illness, injury, or other circumstances of a temporary nature.

Individual programs may require more stringent or more extensive abilities as appropriate to the requirements for training in that specialty and in certain specialties one or more of these technical standards

may be more or less essential.

Technical Standards:

I. Observation:

- a. Observe materials presented in the learning environment including, but not limited to, audiovisual presentations, written documents, tissues and gross organs in the normal and pathologic state and diagnostic images.
- b. Accurately and completely observe patients directly or at a distance and assess and summarize findings.
- c. Obtain a medical history and perform a complete physical examination in order to integrate findings based on these observations and to develop an appropriate diagnostic and treatment plan.

II. Communication:

- a. Communicate effectively, efficiently, accurately, respectfully, and sensitively with patients, their families, and members of the health care team.
- b. Keep communications with patients and families professional, always maintaining appropriate physician-patient boundaries with all forms of communication including verbal, written, electronic, and social media interactions.
- b. Clearly and effectively communicate verbally in English with patients and other health care professionals in a variety of patient settings.
- c. Read and comprehend printed, handwritten, and computerized record systems and clearly and accurately utilize English to initiate correspondence, documents or to record accurate medical information.
- d. Recognize and assess non-verbal communications, including facial expression, body language and affect.
- e. Respond appropriately to emotions communicated verbally and none verbally.
- f. Accurately and quickly synthesize large volumes of medical information from different source documents, forms and medical records of varying formats/styles including electronic, electronic, typed or handwritten, that constitutes medical history or documentation.

III. Motor function:

- a. Elicit information from patients and perform physical examinations and diagnostic maneuvers.
- b. Perform diagnostic and treatment protocols and procedures as required within the specialty area.
- c. Respond to emergency situations in a timely manner and provide general and emergency care necessitating the coordination of gross and fine motor movements, equilibrium and sensation.
- d. Adhere to universal precaution measures and meet safety standards applicable to inpatient and outpatient settings and other clinical activities.
- e. Manipulate equipment and instruments to perform basic laboratory tests and procedures as required to attain residency goals.

IV. Intellectual/conceptual, integrative, & quantitative abilities:

- a. Perform calculations necessary to solve quantitative problems as required by patient care and testing needs.
- b. Collect, organize, prioritize, analyze, synthesize, and assimilate large amounts of technically detailed and complex information in a timely fashion and with progressive independence.

This information will be presented in a variety of educational and clinical settings including lectures, small group discussions and individual clinical settings.

- c. Analyze, integrate, and apply this information for problem solving and decision-making in an appropriate and timely manner for the clinical situation.
- d. Comprehend and learn factual knowledge from readings and didactic presentations.
- e. Apply knowledge and reasoning to solve problems as outlined by the curriculum.
- f. Recognize, comprehend, and draw conclusions about three dimensional spatial relationships and logical, sequential relationships among events.
- g. Formulate and test hypotheses that enable effective and timely problem solving in diagnosis and treatment of patients in a variety of clinical modalities.
- h. Develop habits for lifelong learning.

V. Behavioral and social attributes:

- a. Possess and demonstrate the maturity and emotional stability required for full use of intellectual skill, exercise good judgment, and have the ability to complete all responsibilities attendant to the diagnosis and care of patients.
- b. Develop a mature, sensitive, and effective relationship with patients and colleagues.
- c. Function in the face of uncertainty and ambiguity in rapidly changing circumstances.
- d. Behave in an ethical and moral manner consistent with professional values and standards.
- e. Exhibit sufficient interpersonal skills, knowledge, and attitudes to interact positively and sensitively with people from all parts of society, racial and ethnic backgrounds, and belief systems.
- f. Cooperate with others and work collaboratively as a team member.
- g. Demonstrate insight into personal strengths and weaknesses and recognize and accept the need for performance improvement.
- h. Seek the advice of others when appropriate.
 - i. Be punctual, present at all assignments when expected or notify superiors.
 - j. Be able to complete work assignments and patient care duties including documentation, dictations and medical records requirements in a timely manner.
- k. Acknowledge conflicts of interest, mistakes and adverse outcomes and cooperate in their resolution.
- l. Remain awake and alert for assigned duty periods and teaching activities within duty hours and abide by rules and policies.

VI. Ethical and legal standards:

- a. Candidates/residents/fellows must meet the legal standards to be licensed to practice medicine or to train in the State of West Virginia. As such, candidates/residents/fellows must acknowledge and provide written explanation of any felony offense or disciplinary action taken against them during the application or match process with any CAMC GME Program.
- b. Candidates/residents/fellows must not be listed on any excluded provider list including that of the Excluded Providers List System (EPLS) or the Office of the Inspector General (OIG) which renders them ineligible for certain federal financial and nonfinancial assistances and benefits.
- c. Candidates must meet the requirement for participation in the residency match programs. As such, candidates must disclose any offense to the match process during the applicant, interview phase of candidacy.
- d. Should the intern, resident or fellow be convicted of any felony offense, or any offense that puts medical licensure or training status at risk, while in a GME Program, they agree to immediately notify the Program Director and the GME Office as to the nature of the conviction.
- e. Failure to disclose prior or new offenses can lead to disciplinary action that may include dismissal.
- f. Candidates/residents/fellows must be prepared to meet and maintain all requirements of the

Immigration Reform and Control Act and will immediately report a loss of work authorization.

Questions about this policy should be directed to the Office of Graduate Medical Education where your inquiry can be directed to the appropriate individual.

Mandatory Orientation

An annual orientation for matched residents/fellows is held prior to the start of a new academic year. Residents/fellows matching into CAMC residency and fellowship programs will receive a schedule and are expected to be in attendance for the duration of orientation. Failure to attend orientation could result in a delay in the start of residency. Residents/fellows will be given the opportunity to complete all required life support certifications prior to their start date. Off-cycle residents/fellows will be required to complete orientation/onboarding requirements before starting residency or fellowship.

Required Certifications

All Residents/fellows are required to obtain and maintain Basic Life Support, Advanced Cardiac Life Support, Pediatric Advanced Life Support, Neonatal Resuscitation, and/or Advanced Trauma Life Support certifications as required and defined by each individual program, CAMC patient care standards or the Code Blue Committee. Residents/fellows are responsible for meeting and maintaining these Requirements and sharing updated certifications cards with GME staff. Any resident or fellow found to be more than 60 days out of compliance will be suspended from service until such requirements are met. Failure to address certification requirements in a timely manner could result in a training delay and/or could result in a reportable action related to a resident/fellow's training record.

Life Support Training Requirements by Program

Programs	BLS	ACLS	PALS	NRP	ATLS	Additional Comments
Emergency Medicine	X	X	X		X	
Cardiovascular Fellowship	X	X				
Family Medicine	X	X	X			
Family Medicine – GVMC	X	X	X	X		
GI Fellowship	X	X				
Hematology/Oncology	X	X				
Internal Medicine	X	X				
Internal Medicine/Psychiatry	X	X	X			
Interventional Cardiology	X	X				
Neurology	X	X				
OBGYN	X	X		X		NRP only required during 1st year of training
ONMM – GVMC	X	X	X	X		
Pediatrics	X	X	X	X		
Pharmacy PG1 Residency	X	X	X			
Pharmacy PG2 Geriatrics	X	X	X			
Pharmacy PG2 Critical Care	X	X	X			
Pharmacy PG2 Internal Medicine	X	X	X			
Psychiatry	X	X	X			
Psychology	X					
Pulmonary/Critical Care Fellowship	X	X			X	ATLS required during second year of fellowship prior to STICU rotation
Surgery	X	X	X		X	
Urology	X	X	X through PG3 year only		X PG1 only	PALS is required through PGY3
Vascular Fellowship	X	X			X	
Vascular Integrated	X	X			X	

Health Information and Testing Requirements

Upon initial appointment at CAMC and throughout a resident/fellow's appointment, resident/fellow must provide all health information as may be required by CAMC for residents/fellows to perform assigned duties. Such information may be required upon notification of initial appointment at CAMC; may be required prior to the date of employment/assignment; and for continued appointment at CAMC. Residents/fellows shall not assume on site duties without meeting all requirements defined by CAMC Employee Health and Safety policies. Non-compliance to such policies and/or failure to present required documentation will result in the cancellation of a resident/fellow's appointment to the residency or fellowship program.

Residents/fellows appointed to CAMC residencies/fellowships will be required to meet all employee health requirements prior to assuming or continuing resident/fellow duties. Requirements include but are not limited to:

- completion of the Health Assessment Form as part of the onboarding process is considered part of the resident/fellow contract. All residents/fellows must complete and return a completed signed contract including the Health Assessment Form, when requested. Failure to complete and return the form shall result in voiding the resident agreement/contract;
- submission of supplemental information or additional testing documentation as may be deemed necessary by the Employee Health Department;
- completion of an on-site employee health evaluation that may include an examination; review and/or administration of all CAMC required immunizations; and/or and additional health testing as prescribed by the Employee Health department;
- submission to drug testing for the purpose of determining drug use or alcohol abuse as required of all CAMC employees; and
- other requirements as may be deemed necessary by the Employee Health Department upon initial appointment to the program.

Charleston Area Medical Center is committed to providing a safe and substance-abuse free environment for employees, patients, and visitors. Residents or fellows who are experiencing problems with alcohol or other drugs are urged to voluntarily seek assistance through a mental health or substance abuse program to resolve such problems before they interfere with their work. A resident or fellow who is impaired or under the influence of, or in possession of, unauthorized drugs or other substances while on duty, while carrying out the business of the organization, or during work hours is in violation of CAMC's commitment to safety.

CAMC may test both current residents/fellows and resident/fellow applicants for inappropriate drug and/or alcohol use as a condition of continued employment or hire.

The term "unauthorized drugs or other substances" refers to the use of alcohol and to both illegal drugs and legally prescribed drugs when such drugs are used in a manner inconsistent with how they were prescribed. CAMC treats medical marijuana the same as any other illegal drug. Misuse of prescribed drugs while engaged in company business will be considered a violation of the substance abuse policy. Residents/fellows who use prescription medications that could reasonably impact their performance of essential job duties should notify employee health of these prescriptions and should update their employee health records during their health review and/or if the prescription changes. The company may conduct drug and/or alcohol testing for, among other legitimate drug abuse prevention and/or treatment purposes, the following:

- Deterrence and/or detection of possible illicit drug use, possession, sale, conveyance, or distribution, or manufacture of illegal drugs, intoxicants, or controlled substances in any amount or in any manner, on or off the job, or the abuse of alcohol or prescription drugs;
- Investigation of possible individual employee impairment;
- Investigation of accidents in the workplace or incidents of workplace theft or other employee misconduct;
- Maintenance of safety for employees, customers, clients or the public at large; or
- Maintenance of productivity, quality of products or services, or security of property or information.

If the company receives a drug and/or alcohol test result indicating a violation of its policies, the resident/fellow could face termination. Residents/fellows who refuse to submit to the test, or cannot produce a specimen in the required timeframe, could also face termination.

If a drug or alcohol is found to be present in the resident/fellow's system, the resident/fellow may be terminated and forfeits their eligibility for unemployment compensation benefits and, if injured at the time of the intoxication, indemnity benefits under the Worker Compensation Laws.

Testing of current residents/fellows will be conducted during, or immediately before or after, a regular work period, and will be considered time worked for purposes of compensation. The company will pay the costs of all drug and/or alcohol tests it requires of residents/fellows. (Note: confirmatory retests, if authorized, are usually at the individual's cost.) Any individual whose drug test is confirmed positive will be offered the opportunity to provide, in confidence, information that may explain the positive result, such as recently used prescription or nonprescription drugs, or other relevant medical information. If the individual provides information demonstrating that the test result may be explained by a lawful medical reason the test provider will report the test as negative to the company. Residents/fellows who need an accommodation to participate in the testing process, should please contact a human resources representative or the test administrator as soon as possible.

Because it is a criminal offense to use, possess, distribute, or sell illegal drugs, or to have illegal possession of legal drugs, offenses of this nature will result in immediate termination. The company reserves the right to report such activity to appropriate licensing boards, agencies, and law enforcement.

Alcohol may be present and consumed in moderation at officially sanctioned events when authorized by senior management.

The results of all examinations of Resident or Fellow shall be provided to the CAMC Employee Health Office. All health information including on-site examination, immunizations and testing results shall become part of the Employee Health record at CAMC.

Annual Employee Health Review. As CAMC employees, Residents and Fellows are to report to employee health every year during their birth month. Screening may include, but is not limited to, a respiratory fit test, review and/or administration of all required immunizations and a blood pressure check. Residents and Fellows will receive periodic reminders and are expected to comply with requirements or face possible disciplinary action for noncompliance.

Periodic Testing. Subsequent to the Commencement Date, residents and fellows must submit to periodic (post- appointment) health examinations and supplementary tests, provided by CAMC Employee Health, which may include tests for drug use and/or alcohol abuse, as are deemed necessary by CAMC or the Institute

to ensure that Resident/Fellow is physically, mentally, and emotionally capable of performing essential duties and/or as are otherwise necessary to the operation of the Program.

Resident/Fellow agrees to continue to meet CAMC's, the Institute's and the State of West Virginia's standards for immunizations in the same manner as all other CAMC personnel. Residents/fellows seeking an exemption to a required immunization are required to consult the CAMC Employee Health office for instruction. Failure to comply with all CAMC employee health requirements including required immunizations, in the absence of a CAMC granted exemption, may result in termination of appointment.

The same requirements concerning Resident/Fellows's health status that applied at the time of Resident/Fellow's initial appointment shall apply thereafter and shall constitute a continuing condition of this Agreement and Resident/Fellow's appointment to the Staff unless CAMC or the Institute changes these requirements subsequent to the Commencement Date hereof.

National Provider Identifier (NPI)

The National Provider Identifier (NPI) is a 10-digit identifier resulting from a HIPAA mandate that a standard, unique identifier be adopted for health care providers. Once assigned, a provider's NPI will not change and will remain with them regardless of location or employer changes. All health care providers who bill for services will need to use the NPI in the processing of health care claims covered under HIPAA.

Residents/fellows may apply individually for a number at any time and are asked to do so immediately upon accepting a residency position. There is no charge and the process only takes a few minutes to complete. NPPES will send an email notice with the assigned NPI number which residents/fellows need to share with the GME office and appropriate program coordinator.

As outlined in the Federal Regulation, The Health Insurance Portability and Accountability Act of 1996 (HIPAA), covered providers must also share NPIs with other providers, health plans, clearinghouses, and any entity that may need it for billing purposes. Residents/fellows need to include their NPI numbers on all prescriptions.

Instructions for the application of an NPI are sent out with resident/fellow onboarding materials but are also available on the NPI link at <https://nppes.cms.hhs.gov>.

Medicaid Enrollment

Residents/fellows will need to enroll with West Virginia Medicaid and CHIP programs. All residents and fellows enrolling as a Medicaid provider in West Virginia for the first time will be enrolled as ordering, referring, and/or prescribing providers for state Medicaid beneficiary patients. If you previously been enrolled as a billable Medicaid provider in the state of West Virginia, you will need to enroll as a billable provider practicing at Charleston Area Medical Center. Appropriate enrollment documents and forms are distributed prior to new resident/fellow orientation. The GME Office and Provider Enrollment Department will work with you to complete the enrollment process. It is the sole responsibility of the resident/fellow to ensure that all information submitted in their application is current and accurate information to the best of their knowledge.

Provider Enrollment, Chain and Ownership System (PECOS)

Residents/fellows will need to enroll with Medicare as an ordering and referring provider as part of the Provider Enrollment, Chain and Ownership System (PECOS) using form CMS-8550 from the Centers for Medicare and Medicaid Services found on their website found

on <https://www.cms.gov/MedicareProviderSupEnroll> . The GME Office and Provider Enrollment Department will assist you in registering with PECOS solely for the purpose of ordering and referring items or services for Medicare beneficiaries. New residents/fellows will receive instruction with their onboarding materials. It is the sole responsibility of the resident/fellow to ensure that all information submitted in their application is current and accurate information to the best of their knowledge.

Institutional Drug Enforcement Agency Number (DEA)

Residents/fellows are assigned an Institutional DEA number plus a resident/fellow identifier suffix when they begin residency with CAMC. The DEA numbers assigned will be specific to this institution, can only be used for CAMC patients, and cannot be used for patients seen at affiliated institutions or on outside rotations. In those circumstances, the resident/fellow would have to rely on the supervising physician for prescribing. If a resident/fellow applies for and receives an independent DEA number for the purposes of moonlighting or other reasons, the resident/fellow must share that number with the GME office and should use it. Residents/fellows should provide their institutional DEA number on all scripts.

Board Eligibility

Residents/fellows must monitor for the duration of their residencies/fellowships their progression toward board eligibility requirements as defined by their specialty boards including, but not limited to, procedural requirements, time away from the training program limits, and months served per PG level. Any interruption in the resident/fellow's training has the potential to impact the duration of the residency training, graduation date and/or board eligibility. For questions regarding eligibility for specialty board examinations, residents/fellows should consult the board directly or consult with their program director regarding their board requirements.

Links to each board website are listed below:

Cardiovascular Disease - www.abim.org

Interventional Cardiology –www.abim.org

Emergency Medicine –www.abem.org

Family Medicine – www.theabfm.org

Gastroenterology – www.abim.org

Hematology/Oncology –www.abim.org

Internal Medicine – www.abim.org

Neurology – www.abpn.com

Obstetrics and Gynecology – www.abog.org

ONMM – <https://certification.osteopathic.org/neuromusculoskeletal-medicine/>

Pediatrics – www.abp.org

Pulmonary/Critical Care –www.abim.org

Psychiatry – www.abpn.com

Surgery/Vascular – www.absurgery.org

Urology – www.facos.org

Off Cycle/Transfer/Outside of Match Process - Resident and Fellow Appointments

Charleston Area Medical Center's Office of Graduate Medical Education is committed to filling vacant positions with the most qualified candidates who meet CAMC, GME, and respective accreditation eligibility criteria. To ensure consistent hiring practices and processes, the GME office will provide oversight of the selection of applicants outside of the Match and/or SOAP process. Approval from GME leadership is required before a verbal or written offer of employment is extended to any candidate.

Definition of a transfer resident/fellow

Residents/Fellows are considered as transfer residents/fellows under several conditions including: moving from one program to another within the same or different sponsoring institution; when entering a PGY 2 program requiring a preliminary year even if the resident/fellow was simultaneously accepted into the preliminary PGY1 program and the PGY2 program as part of the match (e.g., accepted to both programs right out of medical school). Before accepting a transfer resident/fellow, the program director of the 'receiving program' must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation from the current program director. The term 'transfer resident/fellow' and the responsibilities of the two program directors noted above do not apply to a resident/fellow who has successfully completed a residency and then is accepted into a subsequent residency or fellowship program.

Procedures:

For any program with a vacancy available outside of the typical Match process, the Program Director should use approved program and institutional GME recruitment and interview processes and policies.

Prior to offering a position, the Program Director must submit a written request to CAMC's DIO, copying the GME office at GME@vandaliahealth.org . The written request to fill the position must include all of the following:

- Written explanation detailing the reason for the vacancy and for selecting a candidate for the program outside of the typical Match process.
- A complete "Request for Offcycle/Outside of Match Resident/Fellow" form available from the GME office staff.
- Applicant's basic application which may be the complete ERAS application or the following documents: resume; medical school transcript; diploma; ECFMG certificate; previous GME training; and USMLE/COMLEX transcripts.
- Obtain written or electronic verification of previous educational experiences, including rotations completed and procedural/operative experience.
- Obtain a written or electronic summative competency-based performance evaluation from the Resident/fellow's current program director.
- Discuss the results of the summative evaluation with the current program director in person or via telephone, and keep written documentation of this discussion along with the training verification and summative evaluation in the resident/fellow's permanent file.
- Determine the appropriate PG level of the incoming resident/fellow and the amount of "credit", if any, will be awarded for prior training. This decision should be consistent with policies and requirements of the respective RRC. Written documentation from the appropriate specialty board must be provided to the CAMC GME office before a contract will be sent to the transferring resident/fellow.
- Program must seek a summative evaluation from the former program for any resident/fellow that has not already successfully completed a residency training year or program even when the candidate is participating in a formal match.

Once DIO has approved the request, the GME office will work with the program to select a suitable start date allowing for enough time for the resident/fellow to complete the onboarding paperwork including requirements for human resources, employee health and other departments within CAMC. A minimum 30 to

60 days may be necessary given that some employment requirements take time including drug screening; background checks; licensure; and other onboarding requirements.

The GME office will issue a contract and assign onboarding paperwork once approval has been obtained and a suitable start date has been agreed upon. A checklist of required onboarding requirements will be utilized by the GME office, coordinator staff and others to help ensure resident/fellow readiness by their start date.

It is important to note that a resident/fellow may not be permitted to start and/or begin patient care duties if all employment prerequisites have not been met by their start date.

Resident/Fellow transfer from a CAMC program:

For a resident/fellow transferring out of a CAMC residency program prior to completion of the program, the CAMC program director must provide timely verification of previous educational experiences and a summative performance evaluation to the program director of the program into which the resident/fellow is transferring.

For residents/fellows completing a preliminary program or in a CAMC training program and moving into another CAMC training program, the program director of the preliminary program must provide timely verification of previous educational experiences and a summative performance evaluation to the CAMC program director of the program into which the resident/fellow is transferring.

Professional Conduct

Residents/Fellows are expected to maintain professional conduct at all times. Annually, each resident/fellow will sign a Professional Practice Contract as part of their Resident Agreement. (See Appendix C for the full document). CAMC wishes to promote an environment of professionalism and open communication. A resident/fellow who experiences or witnesses unprofessional behaviors has an obligation to report these actions using one of the avenues available for reporting concerns including GME leadership, GME office, and/or Speak Up hotline. Everyone should be treated with respect, dignity, and courtesy, and strive to practice high standards of ethical conduct in the institution and in the community. Unprofessional conduct or behavior could lead to dismissal. (Please refer to Appendix B for the Core Values)

Professionalism: Interactions with Patients and Families

Residents/Fellows are reminded that family or visitors of patients are alert to chance remarks made about a patient or concerning a patient's condition. Residents/Fellows must use caution in public areas to respect the privacy concerns of patients. Hallway or elevator comments or consultations are inappropriate as they may be overheard by unauthorized individuals. House staff must at all times be respectful and professional in all interactions with patients, families and visitors and in their communication to other health professional about patients.

Professionalism: Medical Staff Interaction

Residents/Fellows are reminded that the ultimate responsibility for the care of the patient rests with the attending physician. The attending physician's wishes are to be kept in mind when any changes of treatment are contemplated. Until the Resident/Fellow is familiar with the attending physician's wishes, it is best to contact the attending by telephone or in person before writing an order for other than emergency medication. The attending physician may delegate these responsibilities to the Resident/Fellow supervising

their service, as they feel appropriate, and for which the Resident/Fellow is competent.

The health care team is comprised of many individuals but relies on good communication and teamwork among the medical professionals responsible for patients. Residents/Fellows are expected to promote and maintain a professional and collegial approach to working with attending medical staff in the care of patients. **Residents/Fellows must adhere to the code of conduct for professionalism as outlined by medical staff or GMEC approved policy.**

Professionalism: Staff Interaction

Mutual respect in interaction with the nursing and other staff will greatly facilitate patient care and lighten the workload of the Resident/Fellow. Experienced health care colleagues are good teachers and allies.

Building a professional relationship with all staff is an important facet of the Resident/Fellow's training and is an expectation of all employees. Difficulty with nursing staff or other staff interactions or misunderstandings should be brought to the attention of the Program Director and/or chairman of the department for appropriate action.

Residents/Fellows are expected to promote a work environment where positive communication and teamwork is emphasized. Professionalism is a key core competency expected of all Residents/Fellows to successfully complete their training requirements and has been defined by the ACGME as a major component of Resident/Fellow performance.

Professional Activities During Residency Period

Residents and fellows in good academic standing are encouraged but not required to be involved in voluntary professional activities related to their chosen specialty or as a physician professional. These activities include membership or leadership roles in professional societies, association committees, community forums and other activities that are voluntary or non-patient care activities that are not specified as residency or accreditation requirements. Such activities should not interfere with board eligibility requirements, patient care assignments or other requirements of the residency.

With approval of the program director, Residents/Fellows may be able to recognize these efforts as part of meeting the ACGME/ASHP/APA core competency requirements as may be appropriate. Residents/Fellows should provide such documentation as may be necessary to the program director or program training committee who will provide a determination of how such activity might contribute to the Resident/Fellow's portfolio or other requirements established by the program.

Residents/Fellows who are not in good academic standing and who have been officially placed on a status of "proposed probation" or "probation" by the program or other administrative officials are discouraged from engaging in professional activities that may distract or place time pressures on the Resident/Fellow from meeting program requirements or the requirements specified by the remediation plan. The program director has the discretion to curtail or prohibit such activities as part of the overall remediation plan imposed on the Resident/Fellow.

Solicited Prescription Medication and Medical Advice

Residents/Fellows should refer any employee of CAMC or its affiliates to the CAMC Employee Health Department, the CAMC Emergency Department, or to the employee's personal physician if the employee

asks the Resident/Fellow for medical advice or prescription medications. In some instances, Residents/Fellows may have one of these employees as a clinic patient. In this case, they are the employee's personal physician. Residents/Fellows **will not** prescribe medications for themselves, spouses, family members, or friends; Residents/Fellows will **only** prescribe for his or her patients.

Resident/Fellow Well-Being

Purpose

In the current health care environment, residents/fellows and faculty members are at increased risk for burnout and depression. Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician. Self-care is an important component of professionalism; it is also a skill that must be learned and nurtured in the context of other aspects of residency training. Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as they do to evaluate other aspects of resident/fellow competence.

Policy

The CAMC GMEC recognizes the importance of the well-being of our residents/fellows and works with the residency programs to ensure that processes are in place to assist the residents/fellows in developing the skills to achieve their personal well-being.

Each CAMC residency program shall have policies and schedules in place that spell out ways in which the residents/fellows will be supported in their efforts to become a competent, caring and resilient physician.

These must include:

- Schedules that: A. Ensure residents/fellows have protected time with their patients B. Are not unduly burdensome with intensity and compression C. Have contingency plans in place for when there are circumstances in which residents/fellows may be unable to attend work, including but not limited to fatigue, family emergencies, and illness. These contingencies must ensure coverage of patient care in the event a resident/fellow may be unable to perform their patient care responsibilities.
- Policies for time away from the residency that allow the resident/fellow the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours.
- Education of residents/fellows and faculty regarding identification of the symptoms of burnout, depression, and substance use disorders, suicidal ideation or potential for violence, including means to assist those who experience these conditions. Including recognition of these symptoms in themselves and how to seek appropriate care.
- Access to tools for self screening. At CAMC, we have been using the wellness scale survey tool as an instrument for assessing burnout.
- Resources that minimize non-physician obligations and undue administrative burdens
- Supervision policies that promote progressive autonomy and flexibility
- Monitoring workplace safety data to address the safety of residents/fellows and faculty members.
- Programs and resources available that encourage optimal resident/fellow and faculty well-

being

All of these must be implemented without fear of negative consequences for the resident/fellow who may be having any issues interfering with their well-being.

Procedure

The institution will verify that each program has a program level Resident/Fellow Well-being policy which describes how the program provides resources to the resident/fellow to promote their well-being.

Program directors will be responsible for monitoring resident/fellow and faculty well-being and recommending any appropriate resources that they may need.

Monitoring

The GMEC will monitor compliance with the institutional and program policies through the following venues:

- Resident burnout/well-being assessment tool
- Annual program evaluation
- Special review of the program
- ACGME Annual Resident Survey
- Annual CAMC Resident Survey
- ACGME Annual Faculty Survey
- House staff council minutes and/or reports
- Anonymous contact via established hotlines and/or online complaints

Diversity and Inclusion Policy

Definitions:

Diversity: Understands and recognizes individual differences in a person to include differences in life experiences, learning and working styles, personalities, beliefs, views, ideologies as well as race, ethnicity, gender, sexual orientation, age, physical ability, political party, socioeconomic status and other such dimensions of individuality.

Inclusion: Achievement of a clinical and educational work environment that treats all individuals regardless of their individual differences with fairness and respect; equal access to opportunities, resources; and provides all persons with a sense of belonging and feeling valued.

Implicit biases: Attitudes, beliefs or stereotypes that impact how a person understands, acts and makes decisions in an unconscious manner.

Microaggressions: Brief, commonplace, and often subtle statements or actions, whether intentional or unintentional, that communicate discrimination, hostility, or prejudice against individuals of a marginalized group.

Policy:

Charleston Area Medical Center is committed to fostering, developing and maintaining a culture of diversity and inclusion in our clinical learning environment. As an institution, we recognize the value in diversity and believe the individual differences that comprise a health care team will help us achieve excellence in our teaching, learning, and in the clinical care of our patients.

CAMC is dedicated to the implementation of ongoing, systematic efforts focused on our recruitment and retention practices. Not only do we want to work to ensure a diverse work force but to also maintain a clinical learning environment that is fair, equitable, respectful, and free from prejudice. To create and sustain the environment we seek, we commit to a holistic approach which will include, but will not be limited to: convening diverse workgroups dedicated to reviewing our program and institutional policies and practices and making recommendations for improvement efforts as part of an action plan; developing programs and educating staff on the topics of diversity and inclusion including implicit biases and microaggressions; collecting and evaluating feedback and data from our residents/fellows and faculty; and reviewing and evaluating our efforts to determine overall effectiveness.

CAMC is an equal employment employer in compliance with all state, and federal laws and regulations and does not discriminate nor tolerate discrimination based on race, color, age, religion, national origin, ancestry, sex, sexual orientation, disability, or veteran status. It is the Institution's view that all employees should enjoy a working environment free from all forms of unlawful discrimination and harassment. CAMC's core values and expected code of conduct emphasize that all employees will be treated with dignity and respect and any form of harassment is unacceptable and will not be tolerated.

Faculty, residents/fellows and staff can find all employment practice policies including the EEO policy; Harassment, Sexual Harassment and Bullying; Code of Conduct; Reasonable Accommodation; and Core Values in the Employee Handbook and on CAMnet in the Document Management System. Any staff member with questions or concerns is urged to contact the Human Resources or Graduate Medical Education Office.

Transitions of Care

A responsibility of the Institution that sponsors Graduate Medical Education is to ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety. The ACGME has charged the institution and the programs with designing clinical assignments to optimize transitions in patient care including their safety, frequency and structure; ensuring and monitoring effective, structured hand-over processes to facilitate both continuity of care and patient safety; ensuring that residents/fellows are competent in communicating with team members in the hand-over process; and finally ensuring that program and clinical sites maintain and communicate schedules of attending physicians and residents/fellows responsible for care. Each program must ensure continuity of patient care, consistent with the program's policies and procedures referenced, in the event that a resident/fellow may be unable to perform their patient care responsibilities due to excessive fatigue or illness, or family emergency.

DEFINITIONS:

Transitions of Care – the transfer of information, authority and responsibility during transitions in care across the continuum for the purpose of ensuring the continuity and safety of the patient's care.

Hand-off communication is a real time, active process of passing patient-specific information from one caregiver to another, generally conducted face-to-face, or from one team of caregivers to another for the purpose of ensuring the continuity and safety of the patient's care. Hand-offs should occur at a fixed time and place each day and use a standard verbal or written template.

PROCEDURE:

1. Each program will be responsible for adhering to a standardized approach to hand-offs and a hand-off template as directed by the Institution and GMEC policy.
2. When possible, residents/fellows and faculty will identify a quiet area to give report that is conducive to transferring information with few interruptions.

3. Off going residents/fellows will have at hand any supporting documentation or tools used to convey information and immediate access to the patient's record.
4. All communication and transfers of information will be provided in a manner consistent with protecting patient confidentiality.
5. Residents/Fellows will afford each other the opportunity to ask or answer questions and read or repeat back information as needed. If the contact is not made directly (face-to-face or by telephone), the resident/fellow must provide documentation of name and contact information (extension, pager, or email address) to provide opportunity for follow up calls or inquiries.
6. The patient will be informed of any transfer of care or responsibility, when possible.

MONITORING:

The DIO and GMEC will review each department's approach to hand-offs at least annually when the department submits its annual report/program director checklist. Each department will utilize a monitoring tool in New Innovations to document monitoring of resident/fellow transitions for each resident/fellow at a minimum of semi-annually, but preferably for every service rotation.

Non CAMC Rotations/Away Rotations

Purpose: Charleston Area Medical Center understands the need to provide educational experiences that occur outside of the Sponsoring Institution. This policy is intended to ensure that the experiences of residents/fellows are quality educational opportunities that are properly supervised and that documented agreements are in place to support the resident/fellow during the offsite experience.

Definitions:

Away rotation: Any non-CAMC educational experience that is either required or an elective experience for CAMC Graduate Medical Education learners that occurs at a site/location that is not governed by CAMC as the sponsoring institution.

Procedures:

Elective rotation requested by a trainee:

Away rotations may be requested by a resident or fellow when: 1) an experience is not presently offered at CAMC; or 2) when the trainee is pursuing a fellowship at another institution in that specialty. Away rotations for the pursuit of a given residency or fellowship may be limited to one per resident/fellow. While most approved offsite rotations will be for one of these two circumstances, a program director may pursue an away rotation for other reasons including unique training opportunities or special circumstances. These will be considered at the discretion of the DIO.

Process:

To qualify for an away rotation, a resident/fellow must have completed a minimum of six months of training in their respective CAMC program having received at least one semi-annual evaluation and be a resident or fellow in good academic standing.

1. To initiate the process, a resident or fellow must reach out to the host institution and confirm a possible rotation with a minimum of 90 days advanced notice.
2. Once the resident/fellow has verified the host institution will accept them, they will complete the

“Away Rotation – Program Approval” document found online and discuss the opportunity with their program director. The completed form must be approved by the Program Director who will attest that they are a resident/fellow in good standing; a resident/fellow at least six months into the program having received at least one semi-annual evaluation; and confirmed they will provide oversight of the away rotation. If the resident/fellow qualifies for the experience as outlined in this policy and the PD is supportive of the opportunity, the PD must sign the request form for submission.

3. Once the PD has approved the experience, the program coordinator can complete the “Away Rotation - Institutional Approval Form” found on the on the Approvals app and upload a copy of the “Away Rotation – Program Approval form”. The request should be submitted at least 90 days before the start of the requested rotation. Away rotation agreements and the corresponding paperwork take a great deal of time to complete.
4. The coordinator must forward the request along with any supporting documentation to the DIO, and GME office for consideration and approval.
5. Once the away rotation has been approved by the PD, DIO, and GME office, the GME office will work with the resident/fellow, program, and the host institution to finalize an agreement.

Program and institutional approval is just the first step in a multistep approval process. Any away rotation experience requires a signed agreement between CAMC and the host institution. No resident or fellow is permitted to work or train in another institution without the explicit permission of CAMC. While waiting on the final agreement to be drafted, the resident/fellow and their respective coordinator should work to ensure that all the documentation, required by the host institution and within that state, has been provided. Most away rotations require CV/ERAS application; immunization records; ACGME program accreditation letter; training permit/license; letter of good standing; and/or other supporting documents, at a minimum.

6. If, for any reason, the rotation is not approved or the agreement cannot be finalized by the start date, the resident/fellow is not permitted to begin the rotation.
7. A resident/fellow should not pay for and secure final arrangements unless a signed agreement has been provided. Any expenses paid by the trainee before the agreement is finalized are paid at their own risk.

Program Director Responsibilities:

- Ensure that requests for away rotation experiences are requested at least 90 days in advance.
- Verify that the resident/fellow is in good academic standing and ensure that the away experience serves a valid and necessary educational need.
- Monitor the clinical learning and working environment and ensure adequate supervision for all participating sites and away rotation experiences.
- Ensure compliance with the institutional policies; accreditation and/or board requirements.
- Approve a supervising faculty for each rotation site who is accountable for education, supervision, and evaluation.

- Ensure that the resident/fellow receives an evaluation following the away rotation using our standard evaluation processes in New Innovations.
- Monitor duty hours for the away rotation.
- The program director and/or DIO may revoke a prior approval for any reason including the following reasons: inadequate supervision at the away rotation site; the resident/fellow is deemed unfit for duty; the resident/fellow is issued a letter of deficiency; the resident/fellow is suspended from their training program or program activities; and/or the resident/fellow has failed to provide receiving institution all the required documentation.

Resident/Fellow Responsibilities:

- Initiate the request a minimum of 90 days in advance of the rotation.
- Ensure that a signed agreement is in place before paying for arrangements.
- Ensure that all the required documents outlined by the host institution and that respective state have been sent and no outstanding documents are needed. This includes, but is not limited to, permit/licensure; background checks; immunization records; and so forth.
- Continue to log duty hours as normally required.

Coordinator Responsibilities:

- Work to ensure that 90 day time frames are enforced for away rotations.
- Facilitate the completion of program and institutional approval paperwork in conjunction with the resident/fellow and program director.
- Work with resident/fellow and host institution to ensure all paperwork has been completed/received before the start of a rotation.

GME Office Responsibilities:

- Ensure that program and institutional approval has been confirmed.
- Work with the host institution to execute an agreement found suitable to CAMC and the host institution and maintain record of such agreement.

Residents/fellows may not provide services to patients in non-hospital settings without the expressed permission of the residency program director. All non-hospital or non-CAMC location assignments must be assigned by the program director and is subject to the approval of the Designated Institutional Official (DIO) for GME at CAMC. CAMC's professional liability insurance program applies only to official Resident/Fellow assignments within the training program requirements as assigned by the official program director and approved by CAMC. All such assignments must be approved in advance and are subject to duty hour policy. Provision of physician services outside the residency training program shall be considered Moonlighting and is subject to Moonlighting policy. Residents/fellows shall not engage in physician services at non- CAMC facilities unless assigned as part of the training assignment by the program director or approved as an approved Moonlighting experience.

Participation in Research

Learning about research and research regulatory processes is considered an important part of residency training experiences. Residents/Fellows may be required to participate in research as deemed appropriate by the program. Fellows may serve as principal investigators on research programs. Residents who are not

fellows may serve as an investigator but not as principal investigator on research projects. Residents must coordinate potential research study ideas through the Program Director and/or a designated attending physician who shall serve as Resident's research supervising physician. Pharmacy Residents should consult with the Clinical Pharmacy Specialist. Residents/Fellows are subject to all institutional research requirements as established by the institution. Research Policies may be accessed on the CAMnet (<http://camnet>) internal Web site for Resident/Fellow review: search on CHERI under the DMS. Once a resident/fellow has access to the research system (IRIS), the SOP Manual is located under Operating Procedures. Residents/Fellows conducting research will need to work with the Institute's Research and Grants Administration Office (388-9970), located in room 3284 on the 3rd floor of the WVU Building for clarification of requirements and to assure that research regulatory requirements are met.

Federal regulations require all research to be approved by the CAMC/WVU-Charleston Institutional Review Board (IRB) prior to initiating a research study. Approval will not be granted after research has been initiated. Findings from research that has not been approved by the Institution and the IRB may not be submitted for presentation or publication under any circumstances.

In addition, certain types of research may require review by the CAMC/WVU-Charleston Scientific Review Board. Residents/Fellows should be aware that the review process could take several weeks to complete. The Institute Research and Grants Administration Office will provide guidance and clarification of research requirements to Residents/Fellows and help the Resident/Fellow to plan for appropriate review time periods toward a goal of expediting the process as much as possible.

Individuals engaged in research at CAMC and/or WVU-Charleston Division are required to complete an online human subjects training course. The course can be accessed on the Research and Grants Administration Page on CAMnet at <http://medseekcn.camc.hsi/researchgrants> .

Support and assistance for developing research protocols can be obtained by contacting the Institute Center for Health Services and Outcomes Research (388-9910).

Internal and External Grants and Sponsored Programs

Internal grant funds are available to Residents/Fellows and students conducting CAMC-WVU-Charleston IRB approved research projects. Applications for research funding are available by contacting the Institute's Sponsored Projects Specialist at 388-9974 located in room 3273 in the WVU Building.

The Institute's Grants Development Specialists may assist Residents/Fellows in accessing external grant sources and applications. Applications for extramural grants and sponsored programs are the responsibility of the supervising research investigator and will require appropriate institutional review and signatures as required by CAMC. Residents/Fellows must work directly with the Research and Grants

Administrative office that shall provide guidance and direction for all such funded activity involving Resident/Fellow research. Anyone interested in pursuing funding for a project is encouraged to contact Research and Grants Administration early in the process.

Presentation or Publication of Scientific Papers

Papers submitted to journals or programs for presentation must be approved for submission by the supervising research faculty/investigator and the program director and follow institutional guidelines and policy. Such submissions shall follow guidelines for appropriate designation of research co-authorship and institutional designation. The Research and Grants Office will provide guidelines to Residents/Fellows on these issues. If a Resident/Fellow authors a scientific paper, which is accepted for oral or poster presentation at a plenary session or workshop at regional, national or international meeting, they may request financial support for travel expenses related to this meeting. If travel is approved by the Program Director, the conference participation time must be counted as assigned/scheduled duty hours. Special grant funds may be available for this purpose but may be limited. Residents/Fellows should contact the Graduate Medical Education Office for assistance as soon as notification of acceptance for presentation is received. CAMC or departments may be unable to approve all requests or to support the total meeting expense.

Research Day

Research Day is held in the spring of each academic year. Residents/Fellows are strongly encouraged to submit abstracts for presentation. Some programs may have specific requirements of Residents/Fellows to provide submissions for Research Day presentation as part of training requirements. You are encouraged to discuss requirements with your program director that can provide clarification of such requirements.

Abstracts are submitted to a review committee according to annual instructions. **No presentations may be accepted for Research Day presentation unless such research has been approved in advance of initiation by the CAMC/WVU-Charleston Division IRB and CAMC.** Including more than one case within a case study presentation could require review by the IRB. Consult the Research and Grants Administration Office for guidance on this issue.

