



Regional Academic Affairs

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TITLE: GME: Local Extreme Emergent Situation Plan POLICY NUMBER: S/I-41

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DEPARTMENT: Graduate Medical Education Effective Date: 02/11  
Revised: 02/24  
Reviewed: 02/24  
Date of next Review: 02/26

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**POLICY:** Should Mercy Health – St. Vincent’s Medical Center, LLC (“MSVMC”) find it necessary to respond to a GME: Local Emergent Situation this policy will be implemented to address clinical duties of residents/fellows and administrative support for MSVMC’s GME programs during the declaration period. This policy does not supersede but provides additional GME procedures in conjunction with MSVMC “CODE YELLOW - Internal / External Disaster” policy.

Local Extreme Emergent Situation is defined as a local event that affects resident/fellow education or the resident work environment but does not rise to the level of disaster that would need to be declared to a residency/fellowship accrediting body (i.e., ACGME, CPME, etc.).

**PURPOSE:** To provide support and reassignment for the continuation of residency/fellowship education during an emergent situation where the site/rotation impacted is not able to operate normally for an extended period of time.

**PROCEDURE:** Regarding resident/fellow involvement in clinical care during a Local Extreme Emergent Situation, the following considerations will serve as guiding principles:

Residents/Fellows, as physicians, must be expected to perform according to the resident’s/fellow’s level of competence, specialty training and the nature of the specific situation. In the state of Ohio, if fully licensed, the resident/fellow may be able to provide patient care independent of supervision during an extreme emergent situation, in conjunction with the policies and procedures of the institution.

Residents/Fellows as learners in a training program; should not be placed in a first responder role without consideration of the need for proper supervision based on the scenario involved and the individual level of competence. Additionally, if a resident/fellow is operating under a training license, they must operate with proper supervision. During a GME: Local Extreme Emergent Situation resident/fellow participation should not exceed the competence levels deemed by the program director and supervisors. Residents/Fellows should only practice within the limits of self-confidence and confines of their particular license.

The decision regarding resident/fellow involvement in a Local Extreme Emergent Situation must consider the aspects of a resident’s multiple roles (learner, physician, employee):

- The nature of the health care and clinical work the resident/fellow is expected to deliver;
- The level of residency/fellowship training as relates to specialty preparedness;
- The safety of the resident/fellow with consideration of their level of training, professional judgment capacity and nature of the situation;
- The effect on board certification eligibility during and after a prolonged emergency;
- The expected appropriate duration of engagement during the emergent situation;

- The resident's/fellow's individual self-limitations to act under significant stress or duress for prolonged periods of time.
1. The official and first point of contact for program directors is the DIO/ for answers to questions regarding a local extreme emergent situation.
    - a. Residents and fellows should direct any immediate questions to their Program Director, site director, or supervising faculty.
    - b. The Site Directors will be first point of contact for residents/fellows from outside institutions rotating at the affected institution.
    - c. The DIO will also be point of first contact with the DIO from major affiliated institutions.
  2. Regional Academic Affairs and the DIO will be ultimately responsible for residents and fellows within the institution during the extreme emergent situation.
  3. After the local extreme emergent situation (within the first 48 hours), residents/fellows shall report to their previously assigned sites/rotations. Should the clinical site be impacted; residents/fellows should contact their program director, who in conjunction with the DIO, will determine the immediate resident/fellow response. If the site/rotation is not able to operate normally, the DIO will determine if temporary reassignment (within the residency program) is needed.
  4. Within 48 hours (if the situation still exists), the DIO will convene an emergency meeting of the GMEC. This meeting will serve as a conduit of information between programs and administration. In addition, the GMEC will determine the impact on the program and resident/fellow education. Ongoing meetings will be held as needed.
  5. The GMEC will determine if the situation could potentially cause serious, extended disruption to resident/fellow assignments, educational infrastructure or clinical operations that could cause MSVMC or a program's abilities to comply with applicable accrediting body (i.e., ACGME, CPME, etc.) requirements. Should the GMEC determine such a scenario is likely, the DIO will contact the respective accrediting body organization according to its applicable requirements. The DIO will provide information regarding the local extreme emergent situation and status of the educational environment.
  6. The DIO, if requested by the accrediting body, will submit a written report outlining the disruptions at the institution and detailed actions taken in response.
  7. After the notifications from the institution outlined in points 5 and 6, the program directors may contact their respective review committees, if needed, to discuss any specialty specific concerns regarding disruption to resident/fellow education.
  8. The processes outlined in points one through 7 will remain in operation until the institution determines the extreme emergent situation is resolved. At that time the DIO will notify the applicable accrediting body.
  9. Throughout the duration of a local extreme emergent situation, MSVMC will provide administrative support, including ongoing resident/fellow salary and benefits.

References: ACGME Policies and Procedures  
ACGME Institutional Review FAQ

Approved by:



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