GME 11 / GPR 13

POLICY:	Counseling and	Support Services for Residents and Fellows
RESPONSIBLE DEPARTMENT:	Family	nistration y Medicine Asheville Addiction Medicine Fellowship Sports Medicine Fellowship
	Family	y Medicine Boone
	Eamily	Sports Medicine Fellowship y Medicine Hendersonville
		ractice Dental Residency
		al Surgery
		Critical Care Surgery Fellowship
		al Medicine
	Obste	trics and Gynecology
	Psych	Maternal Fetal Medicine Fellowship
	1 Sycii	Child & Adolescent Fellowship
		Consultation-Liaison Fellowship
	Trans	itional Year
APPROVED BY:		Jeffer & 11-15-2
APPROVED BY.		CEO Date
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July linh -	1-21-21	Fin TeVillee M 7/21/21
Designated Institutional Official	Date	Program Director Date
Graduate Medical Education		Family Medicine Residency – Asheville
Program Director Family Medicine - Boone	20/2/ Date	Program Director Date Family Medicine - Hendersonville
5.16 - 5.10	7) ((1)
J.160 800	7/29/2021	10-21-21
Program Director	Date	Program Director Date
Sports Medicine Fellowship - Ash	ieville	Sports Medicine Fellowship - Boone
mull.	9/3/21	Melel Ster 8/2/21
Program Director	Date	Program Director Date
Addiction Medicine Fellowship		General Surgery Residency

Program Director Date Critical Care Surgery Fellowship	Program Director Date Internal Medicine Residency
Program Director Date Obstetrics & Gynecology Residency	Program Director Date Maternal Fetal Medicine Fellowship
Program Director Date General Practice Dental Residency	Program Director Date Psychiatry Residency
Program Director Date Child & Adolescent Psychiatry Fellowship	Program Director Date Consultation-Liaison Psychiatry Fellowship
McMAul 9/21/2/ Program Director Date	

PURPOSE:

Transitional Year Residency

To ensure that all of MAHEC's Graduate Medical and Dental Education programs meet or exceed the Institutional Requirements and Program Requirements of the Accreditation Council for Graduate Medical Education (ACGME) and its Residency Review Committees (RRC), the Commission on Dental Accreditation (CODA) standards, demonstrating MAHEC's commitment for overall personal and professional development of residents/fellows.

Participation in graduate medical and dental education can be stressful. Balancing family, work, relationships and finances may sometimes be overwhelming. It is common for people to believe they can solve their problems alone or even think the problems will eventually go away. However, there are times when problems don't go away with self-care and resident/fellow happiness, ability to sleep, eat and work performance are affected.

POLICY:

MAHEC will facilitate and ensure that residents/fellows have access to appropriate confidential counseling and behavioral health services through the Employee Assistance Program (EAP) or other resources.

DEFINITIONS:

- Self-Referral is a process whereby a resident/fellow seeks assistance through the EAP.
- 2. Formal Referral is a process whereby a Program Director requests that a resident/fellow go to the EAP for assessment and possible counseling. A Formal Referral is designated for performance related issues. This is for residents/fellows who need counseling or other support to meet personal needs or as a remedial activity to enhance performance in the program.

3. Mandatory Referral is a process whereby a Program Director requires that a resident/fellow go to the EAP. A Mandatory Referral can be used for any number of reasons including the following: any performance issues especially those impacting the safety and quality of patient care, when a resident/fellow is at risk for violence, violation of the Drug Free Workplace Policy, or other dangerous behaviors. The resident/fellow must participate in the referral and complete all recommendations associated with it.

PROCEDURES:

- 1. Resident/Fellow Self-Referral: A resident/fellow may contact the EAP at any time to initiate a referral. The resident/fellow is not required to disclose the referral to the Program Director or any faculty member in the program and the EAP will not share any information with MAHEC or the Program unless the resident/fellow authorizes the release of it. If a resident/fellow is referred to or accesses counseling and support services outside the EAP, expenses are the responsibility of the resident/fellow and may be covered by health insurance as provided by MAHEC's health plan.
- 2. **Formal Referral**: The Program Director may approach a resident who appears distressed or is not performing at an appropriate level to suggest a Formal Referral to the EAP or other counseling services. The Program Director will notify the GME Office as soon as possible regarding the referral. The GME Office in collaboration with Talent Management (TM) will assist with any documentation. EAP will not share any information with MAHEC or the Program unless the resident/fellow authorizes the release of it.
- 3. **Mandatory Referral**: When a resident/fellow is given a mandatory referral by the program director:
 - a. The resident/fellow will be provided written and verbal notification from the Program Director regarding the referral. The notification will include the process for contacting the EAP, the reporting requirements from the resident/fellow, and the timeframe when the initial visit must be completed.
 - b. The Program Director will notify the GME Office as soon as possible regarding the referral. The GME Office in collaboration with Talent Management will assist with any documentation.
 - c. The only information shared with MAHEC and/or the Program Director is whether the resident/fellow is cooperating with the referral and any recommendations. The resident/fellow can authorize that additional information be shared.

If a Formal or Mandatory Referral results in the resident/fellow seeing a professional outside of the Employee Assistance Program, the costs associated with this assistance will be paid from the residency/fellowship program budget and will be subject to the following:

- a. Only one (1) initial assessment will be funded for each resident/fellow while enrolled in the GME program;
- b. Only direct expenses incurred by the resident/fellow for up to three (3) visits, less insurance reimbursement, may be paid by the program;
- c. The Program Director or their designee must approve the use of funds for such purposes:
- d. Use of health insurance coverage to defray the cost to the program for the initial assessment is encouraged, but not required. If a resident/fellow chooses not to file for insurance, the resident/fellow is personally responsible for paying

the program for the amount that would have been covered by insurance unless waived by the Program Director or their designee.

Effective: April 6, 1996 Reviewed: April 1, 2021