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*Vascular Surgery Fellowship*

**FELLOWSHIP PROGRAM MANUAL**

**2023 - 2024**

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## **I. Introduction**

### **A. Accreditation**

Midwest Aortic & Vascular P.C. (MAVI) is an accredited Vascular Surgery Fellowship Program by the Accreditation Council for Graduate Medical Education (ACGME).

### **B. Mission**

The Midwest Aortic & Vascular Institute, P.C. Program provides comprehensive vascular education and training experiences leading to the development of clinically and technically competent vascular surgeons who provide high quality, consistent care and are professionals capable of practicing effectively in a wide range of vascular surgery settings.

### **C. Aims**

The Midwest Aortic & Vascular Institute, P.C. (MAVI) Program Aims include preparing the next generation of vascular surgeons who will:

Help fill the growing recruitment need for high quality vascular surgeons striving for diversity that is representative of the population.

Possess habits of life-long learning to continuously build upon their knowledge, skills and professionalism, and work effectively and collaboratively as a member of the healthcare team providing exceptional care to the vascular patient.

Work diligently to meet the community's demand for timely, convenient access to vascular services.

Acknowledge and grow specific areas of expertise while simultaneously practicing, respecting and valuing the depth and breadth of vascular disease in order to comprehensively treat patients.

Develop and maintain expertise in both open and endovascular surgical procedures in order to respond to and provide care in the safest, most advantageous approach for patients.

Embrace the role that clinical research plays in the future of vascular care with an open mind toward future participation as a primary investigator and/or assistant primary investigator.

Desire to volunteer their time and talents to support local, national or international health care initiatives providing uninsured, underprivileged or under-served patients with vascular care.

### **D. Sponsoring Institution**

Midwest Aortic & Vascular Institute P.C. (MAVI) is also the Sponsoring Institution for the MAVI Fellowship program. The Designated Institutional Officer (DIO) is Annette Small RN, BSN, MBA.

### **E. Graduate Medical Education Committee (GMEC)**

The GMEC is responsible for the oversight of the Sponsoring Institution as well as the Program. The GMEC meets quarterly. Fellow membership is required.

## **F. Program Administration**

Program Director: Michael Deiparine MD, FSVS, FACS

Program Coordinator: Nicole Kramer RN

## **G. Faculty**

Robert Carter MD, FSVS, FACS, RPVI

Austin Wagner DO, RPVI

Jonathan Wilson DO, FACOS, FSVS, RPVI

Peter Lau, MD, RPVI

## **H. Participating Sites**

Midwest Aortic & Vascular Institute P.C. – North Kansas City, Missouri

North Kansas City Hospital – North Kansas City, Missouri

Liberty Hospital – Liberty, Missouri

## **II. CURRUCULUM**

### **A. ACGME Program Requirements**

The ACGME requirements for Vascular Surgery Fellowship programs are available on the ACGME website <https://www.acgme.org/Specialties/Program-Requirements-and-FAQs-and-Applications/pfcatid/24/Surgery>

### **B. ACGME Competencies**

The Competencies provide a conceptual framework describing the required domains for a trusted physician to enter autonomous practice. These Competencies are core to the practice of all physicians, although the specifics are further defined by each subspecialty. The developmental trajectories in each of the Competencies are articulated through the Milestones for each subspecialty. The focus in fellowship is on subspecialty specific patient care and medical knowledge, as well as refining the other competencies acquired in residency.

#### **1. Professionalism**

Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles.

#### **2. Patient Care and Procedural Skills**

Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

Fellows must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice.

#### **3. Medical Knowledge**

Fellows 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.

#### **4. Practice-based Learning and Improvement**

Fellows 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 lifelong learning.

#### **5. Interpersonal and Communication Skills**

Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

#### **6. Systems-based Practice**

Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care.

### **C. ACGME Milestones**

ACGME Milestones will be reviewed at the Semi-annual and Annual Evaluations.

## D. Curriculum Block Schedule

See Attachment A

## E. Program Goals & Objectives

### Vascular Surgery Year 1

#### Competencies

Patient Care (PC)  
Medical Knowledge (MK)  
Practice Based Learning and Improvement (PBL)  
Interpersonal Communication (IC)  
Professionalism (P)  
Systems Based Practice (SBP)

#### Objectives

1. Describe human arterial and venous anatomy and related regional Anatomy (MK)
2. Describe basic arterial and venous hemodynamics (MK)
3. Discuss the anatomy, pathology, and pathophysiology of the arterial wall. (MK)
4. Assess patients' vascular system using appropriate skills in the history-taking and clinical examination. (IC, P, PC)
5. Explain the physiologic and organic manifestations of vascular disease, such as renovascular hypertension, portal hypertension and renal failure. (MK)
6. Develop an understanding of the inventory in a vascular lab and the indications for use of each. (MK)
7. Develop understanding of angiographic equipment and associated Computers; understand Radiation Safety. (SBP)
8. Participate in faculty office/clinic patient visits as scheduled. (IC, P, PC)
9. Outline the fundamental elements of medical management of the vascular patient, including the role of risk assessment and preventive measures. (PBL, MK)
10. Perform duplex scanning, peripheral arterial evaluations and interpreting arterial and venous exams including physics, hemodynamics, and quality control. (IC, P, PC)
11. Describe the function of "VQI" database in patient care improvement (SBP, PBL, PC)
12. Perform necessary qualifying activities towards taking the Registered Physician in Vascular Interpretation exam. (IC, P, PC)

The above educational and skills, objectives, and competencies will be taught through a combination of:

- Didactic Lecture – Noninvasive Vascular Laboratory series
- Direct supervision of patient care
- Reading, Literature review

## Objectives

1. Describe life-threatening signs of vascular disease and indicate when immediate intervention is required. (MK)
2. Understand how to successfully access different arterial sites (femoral, brachial, axillary), including the use of ultrasound-guided arterial and venous access. (MK)
3. Learn basic wire/catheter skills. (MK, PC, IC)
4. Apply catheter and wire skills to peripheral vascular pathology (iliac, superficial femoral and popliteal arteries). (MK, PC, IC)
5. Receive initial instruction on thrombolysis for acute thrombosis of arteries and veins including use of percutaneous thrombectomy (MK)
6. Participate with faculty in clinic/office patient visits weekly. (IC, P, PC)
8. Learn techniques such as atherectomy, cryoplasty, laser atherectomy (MK, PC, IC)
9. Understand the basic concepts of Wound Care
  - a. Wound evaluation
  - b. Diagnostic tools
    - c. The role of debridement in wound care
    - d. The role of skin substitutes in wound healing
10. Understand the basic concepts of Hyperbaric Medicine
  - a. Indications
  - b. Contraindications
  - c. Mechanism of Action
  - d. Potential side effects
11. Understand the basics of Vascular Medicine
  - a. Hypercoagulable states
  - b. The use of novel anticoagulants
  - c. Non-atherosclerotic vascular conditions
  - d. Venous disease treatment
    - i. Non-interventional treatment
    - ii. Sclerotherapy
    - iii. Ablation
12. Learn interventions for vascular access for hemodialysis (i.e. balloon angioplasty of access, etc.) (MK, PC, IC)
13. Learn peripheral angioplasty for PVD (MK, PC, IC)
14. Outline the principles of care for ischemic limbs. (MK)
15. Perform necessary qualifying activities towards taking the Registered Physician in Vascular Interpretation exam. (IC, P, PC)

The above knowledge and skills will be taught through a combination of:

- Didactic lecture - Clinical
- Direct supervision of patient care
- Reading, Literature review

## Objectives

1. Differentiate between acute arterial and acute deep venous occlusion. (MK)
2. Learn to treat more difficult AAA and thoracic aneurysm stent grafts (MK, PC, IC)
3. Differentiate between the following diagnostic tools available for assessing vascular disease and explain the relative contribution of each: (MK, SBP)
  - a. Angiography
  - b. Computer axial topographic (CAT) scanning
  - c. Ultrasound
  - d. Magnetic resonance imaging (MRI)
4. Summarize the pathophysiology, clinical manifestations, and therapeutic options of specific categories of vascular disease: (MK)
  - a. Venous disease
    - i. Thromboembolic disease
    - ii. Pulmonary embolism
  - b. Arterial disease
    - i. Atherosclerosis and its related disorders
    - ii. Peripheral arterial disease (PAD)
    - iii. Aneurysmal disease
    - iv. Cerebrovascular disease
  - c. Interaction of cardiovascular and pulmonary systems
5. Discuss basic principles of Doppler ultrasound for performing bedside arterial and venous Doppler testing. (MK)
6. Outline the principles of non-invasive laboratory diagnosis, including a description of the role and limitations of the vascular laboratory. (MK, SBP)
  - a. ABI/waveforms
  - b. Arterial duplex
  - c. Venous duplex
  - d. PPG/LRR
  - e. Graft flow studies
8. Outline the fundamental elements of medical management of the vascular patient, including the role of risk assessment and preventive measures. (MK, PBL)
9. Learn techniques for percutaneous venous ablation (MK, PC, IC)
10. Perform duplex scanning, peripheral arterial evaluations and interpreting arterial and venous exams including physics, hemodynamics, and quality control. (IC, P, PC)
11. Develop an understanding of pertinent anatomy, pre-operative factors affecting exposure and potential anatomic variations. (MK)
12. Develop an understanding of technique of exposure of lumbar spine to facilitate spinal fusion. (MK, PC, IC)

The above knowledge and skills will be taught through a combination of:

- Direct supervision
- Didactic lecture – Journal Club
- Reading, Literature review



## Objectives

1. Describe the hemodynamics and pathophysiology of specific clinical symptoms: (MK)
  - a. Claudication
  - b. Transient ischemic attack (TIA)
  - c. Stroke
  - d. Mesenteric angina
  - e. Angina pectoris
  - f. Renovascular hypertension
  - g. Arteriovenous (AV) fistula / Steal phenomenon
2. Explain the concept of critical arterial stenosis (MK)
3. Determine a plan for assessment of operative risk in these categories: (PC, IC, PBL)
  - a. Cardiac
  - b. Pulmonary
  - c. Renal
  - e. Levels of anesthetic risk
4. Describe the use of adjunctive measures such as: (MK)
  - a. Antibiotics
  - b. Anticoagulants
  - c. Thrombolytic agents
  - d. Anti-platelet agents
5. Learn advanced endovascular techniques including renal, splenic vessels, tibial and carotid artery interventions. (MK, PC, IC)
6. Learn techniques such as atherectomy, cryoplasty (MK, PC, IC)
7. Learn to treat more difficult AAA and thoracic aneurysm stent grafts (MK, PC, IC)
8. Perform more complex thrombolysis procedures (IC, P, PC)
9. Summarize principles for the preoperative assessment and postoperative care of patients undergoing major vascular surgical procedures. (MK)
10. Learn interventions for vascular access for hemodialysis (i.e. balloon angioplasty of access, etc.) (MK, PC, IC)
11. Learn peripheral angioplasty for PVD (MK, PC, IC)
12. Describe the function of NSQIP in patient care improvement (SBP)

The above educational and skills objectives will be taught through a combination of:

- Didactic lecture – Basic science
- Direct supervision of patient care
- Reading
- Literature review

## Vascular Surgery Year 2

### Objectives

1. Review and describe the basic clinical manifestations of the following vascular disorders: (MK)
  - a. Thromboembolic disease-arterial and venous
  - b. Chronic venous insufficiency and lymphatic obstruction
  - c. Portal hypertension
2. Describe the natural history of medically treated vascular disease in the following categories: (MK)
  - a. Carotid arterial stenosis
  - b. Abdominal aortic aneurysm
  - c. PAD
3. Analyze the role of the endothelium in atherosclerosis, thrombosis, and thrombolysis. (MK, PBL)
4. Discuss clotting factors and how they interact, including hypercoagulable states and coagulopathies. (MK)
5. Explain the risk: reward ratios of surgical care for patients with vascular disease. (MK, PBL)
6. Demonstrate awareness of the costs associated with providing surgical care to patients with vascular disorders; understand the drivers of expense for endovascular and open surgical procedures. Understand the concept of Total Variable Cost of Care (SBL)
7. Describe the pathogenesis and complications of aneurysmal disease. (MK)
8. Categorize the prevention and management of operative and postoperative complications, including graft infections, ischemic bowel, graft thrombosis, and extremity ischemia. (MK, PBL)
9. Discuss alternative operative procedure for the management of portal hypertension. (MK)
10. Review critical factors for decision making in vascular surgery: (MK, PBL)
  - a. Risk: benefit ratio
  - b. Morbidity and mortality probability
  - c. Preoperative and postoperative assessment
  - d. Non-invasive laboratories, duplex scanning
  - e. Role of advanced radiologic techniques: Angioplasty, CT scanning, MRI/MRA imaging
11. Participate in all consults on the Vascular Service. (IC, P, PC)
12. Round daily with the Vascular Surgery Service. (IC, P, PC)
13. Accompany attending staff to their clinic/office as scheduled for instruction in the pre and post-surgical care of the vascular patient. (MK)
14. Organize the weekly Vascular Conference and M & M. (IC, P, PBL)
15. Perform advanced "open" cases such as aneurysm repair (aortic), cerebral vascular, open peripheral vascular surgeries, thoracic outlet surgery and amputations (IC, P, PC)
16. Learn advanced endovascular techniques including aortic, thoracic, renal, splenic vessels, tibial and carotid artery interventions. (MK, PC, IC)
17. Demonstrate an awareness of resources utilization and cost-effective care practices during decision-making in ordering screening and/or diagnostic tests (SBP)

The learning and skills objectives noted above will be accomplished through:

- Direct supervision
- Didactic lecture – Noninvasive laboratory series, Reading

## Objectives

1. Differentiate between the following diagnostic tools available for assessing vascular disease and explain the relative contribution of each: (MK)
  - a. Magnetic resonance imaging (MRI) and magnetic resonance angiography (MRA)
  - b. Duplex scanning (ultrasonography)
2. Discuss the principles of and contraindications for anticoagulation and thrombolytic therapy. (MK)
3. Discuss the mechanics of action and the therapeutic role of the following pharmacologic types of agents: (MK)
  - a. Vasopressors
  - b. Vasodilators
  - c. Adrenergic blocking agents
  - d. Anticoagulants
  - e. Antiplatelet agents
  - f. Thrombolytics
4. Discuss the role of the following factors in maintaining homeostasis in the coagulation pathways: (MK)
  - a. Protein S
  - b. Protein C
  - c. Platelets
  - d. Platelet granules
  - e. Endothelial cells
  - f. Antithrombin III
5. Review and describe the basic clinical manifestations of the following vascular disorders: (MK)
  - a. Congenital vascular disease
6. Illustrate the operative exposure of the major vessels, including: (MK)
  - a. Ascending aorta, aortic arch
  - b. Proximal subclavian artery (R and L)
  - c. Axillary, brachial, radial, ulnar arteries
  - d. Carotid artery
  - e. Vertebral artery (proximal and distal)
  - f. Descending thoracic aorta
  - g. Suprarenal aorta
  - h. Infrarenal aorta; transperitoneal and retroperitoneal approaches
  - i. Common and External iliac arteries
  - j. Femoral artery
  - k. Popliteal arterial
  - l. Tibial and pedal arteries
7. Describe the indications for balloon angioplasty and vascular stent placement with risks and complications. (MK)
8. Discuss the principles of preoperative vascular surgery. (MK)
9. Demonstrate a basic knowledge of the various types of graft and suture material available. (MK)
10. Analyze the management of complex vascular problems considering the following factors: (MK, PBL)

- a. Morbidity and mortality
  - b. Advanced surgical techniques
    - i. Endovascular ultrasound
    - ii. Microvascular techniques
    - iii. Endoluminal grafting
11. Participate in consults on the Vascular Service. (P, PC, IC)
  12. Round daily with the Vascular Surgery Service. (P, PC, IC)
  13. Accompany attending to their patient clinic/office at least weekly for instruction in the pre and post surgical care of the vascular patient. (MK, PC, IC)
  14. Organize the weekly Vascular Conference and M & M. (IC, P, PBL)
  15. Perform advanced “open” cases such as aneurysm repair (aortic), cerebral vascular, open peripheral vascular surgeries, thoracic outlet surgery and amputations (IC, P, PC)
  16. Learn advanced endovascular techniques including aortic, renal, splenic vessels, tibial and carotid artery interventions. (MK, P, PC)
  17. Demonstrate an awareness of resources utilization and cost-effective care practices during decision-making in ordering screening and/or diagnostic tests (SBP)

The learning and skills objectives noted above will be accomplished through:

- Direct supervision
- Didactic lecture - Clinical series
- Reading

## Objectives

1. Summarize the etiology, pathophysiology, and therapeutic options of specific categories of vascular disease: (MK)
  - a. Venous disease
    - i. Varicose vein disease
    - ii. Post-phlebitic syndrome
    - iii. Portal hypertension
  - b. Lymphatic disease
    - i. Anatomy of lymphatic system and lymphatic return
    - ii. Congenital lymphatic anomalies
    - iii. Acquired lymphatic disease
    - iv. Operative procedures for correction of lymphatic disease
2. Describe the role of anticoagulant agents, including antiplatelet agents, in the management of patients with vascular disease. (MK)
3. Summarize the etiology, diagnosis, and therapeutic options of specific categories of vascular disease: (MK)
  - a. Arterial disease
    - i. Inflammatory vascular disease and vasculitis
    - ii. Arteriovenous fistulas or malformations
    - iii. Neurovascular compression syndromes (thoracic outlet syndrome)

- b. Miscellaneous
  - i. Tumors
  - ii. Sympathetic nervous system (e.g. causalgia, reflex sympathetic dystrophy)
- 4. Summarize the etiology, microbiology, and treatment of diabetic foot infection. (MK)
- 5. Outline procedure for managing vascular surgical emergencies such as acute tissue ischemic or major hemorrhage (traumatic or ruptured aneurysm). (MK, PBL)
- 6. Summarize the surgical techniques available for managing the following vascular disorders: (MK)
  - a) Abdominal aortic bypass or aneurysectomy
  - b) Carotid stenosis
  - c) Femoral-popliteal occlusion
  - d) Tibial artery occlusion
- 7. Outline the management of prosthetic graft infections, including: (MK, PBL)
  - a) Diagnosis
  - b) Use of alternate routes for revascularization
  - c) Use of alternative graft materials
- 8. Participate in all consults on the Vascular Service. (PC, P, IC)
- 9. Round daily with the Vascular Surgery Service. (PC, P, IC)
- 10. Accompany attending staff to their clinic/office at least weekly for instruction in the pre and post surgical care of the vascular patient. (MK)
- 11. Organize the weekly Vascular Conference and M & M. (P, IC, PBL)
- 12. Perform advanced "open" cases such as aneurysm repair (aortic), cerebral vascular, open peripheral vascular surgeries, thoracic outlet surgery and amputations (PC, P, IC)
- 13. Learn advanced endovascular techniques including aortic, thoracic, renal, splenic vessels, tibial and carotid artery interventions. (MK, PC, IC)
- 14. Learn open venous stripping for varicose veins (MK, PC, IC)
- 15. Demonstrate an awareness of resources utilization and cost-effective care practices during decision-making in ordering screening and/or diagnostic tests (SBP)

The learning and skills objectives noted above will be accomplished through:

- Direct supervision
- Didactic lecture - Journal Club
- Reading Objectives

## Objectives

1. Differentiate between the following diagnostic tools available for assessing vascular disease and explain the relative contribution of each: (MK)
  - a. Magnetic resonance imaging (MRI) and magnetic resonance angiography (MRA)
  - b. Duplex scanning (ultrasonography)
2. Discuss the principles of and contraindications for anticoagulation and thrombolytic therapy. (MK)
3. Discuss the mechanics of action and the therapeutic role of the following pharmacologic types of agents: (MK)

- a. Vasopressors
  - b. Vasodilators
  - c. Adrenergic blocking agents
  - d. Anticoagulants
  - e. Antiplatelet agents
  - f. Thrombolytics
4. Discuss the role of the following factors in maintaining homeostasis in the coagulation pathways: (MK)
    - a. Protein S
    - b. Protein C
    - c. Platelets
    - d. Platelet granules
    - e. Endothelial cells
    - f. Antithrombin III
  5. Review and describe the basic clinical manifestations of the following vascular disorders: (MK)
    - a. Congenital vascular disease
  6. Illustrate the operative exposure of the major vessels, including: (MK)
    - a. Ascending aorta, aortic arch
    - b. Proximal subclavian artery (R and L)
    - c. Axillary, brachial, radial, ulnar arteries
    - d. Carotid artery
    - e. Vertebral artery (proximal and distal)
    - f. Descending thoracic aorta
    - g. Suprarenal aorta
    - h. Infrarenal aorta; transperitoneal and retroperitoneal approaches
    - i. Common and External iliac arteries
    - j. Femoral artery
    - k. Popliteal arterial
    - l. Tibial and pedal arteries
  7. Describe the indications for balloon angioplasty and vascular stent placement with risks and complications. (MK)
  8. Discuss the principles of preoperative vascular surgery. (MK)
  9. Demonstrate a basic knowledge of the various types of graft and suture material available. (MK)
  10. Analyze the management of complex vascular problems considering the following factors: (MK, PBL)
    - a. Morbidity and mortality
    - b. Advanced surgical techniques
      - i. Endovascular ultrasound
      - ii. Microvascular techniques
      - iii. Endoluminal grafting
  11. Participate in consults on the Vascular Service. (P, PC, IC)
  12. Round daily with the Vascular Surgery Service. (P, PC, IC)
  13. Accompany attendings to their patient clinic/office at least weekly for instruction in the pre and post surgical care of the vascular patient. (MK, PC, IC)

14. Organize the weekly Vascular Conference and M & M. (IC, P, PBL)
15. Perform advanced “open” cases such as aneurysm repair (aortic), cerebral vascular, open peripheral vascular surgeries, thoracic outlet surgery and amputations (IC, P, PC)
16. Learn advanced endovascular techniques including aortic, renal, splenic vessels, tibial and carotid artery interventions. (MK, P, PC)
17. Demonstrate an awareness of resources utilization and cost-effective care practices during decision-making in ordering screening and/or diagnostic tests (SBP)

The learning and skills objectives noted above will be accomplished through:

- Direct supervision
- Didactic lecture - Clinical series
- Reading

#### **F. Didactic Conferences**

Didactic conferences are held per the below schedule. This will be protected time. These conferences will include:

- Clinical Conference – weekly – Friday morning
- Journal Club – monthly – 3<sup>rd</sup> Tuesday
- Morbidity & Mortality – every other week – Friday morning
- VSCORE – 2x monthly on the 2<sup>nd</sup> and 4<sup>th</sup> Tuesday
- Research – monthly – Friday morning
- Case Planning – weekly – Wednesday afternoon

#### **G. Evaluations**

Written evaluations of fellows are completed at the end of a rotation, semi-annually and annually. Fellows will also evaluate faculty and the program.

#### **H. Board Certification Requirements**

Vascular Surgery – see <http://www.absurgery.org/default.jsp?certvsqe>

RPVI – see [www.apca.org/pvi](http://www.apca.org/pvi)

## I. Policies

### A. Fellow Eligibility and Selection

#### I. Purpose of Policy

Establish eligibility and selection guidelines for appointment of Fellows in the Accreditation Council for Graduate Medical Education (ACGME)-accredited Vascular Surgery Fellowship program at Midwest Aortic & Vascular Institute, P.C. (MAVI).

#### II. Policy Statement

##### A. Fellow Eligibility

The Midwest Aortic & Vascular Institute P.C. (MAVI) complies with ACGME accreditation requirements. Eligibility for the MAVI fellowship program includes the following qualifications:

1. All required clinical education for entry into ACGME-accredited fellowship programs must be completed and documented in an ACGME/AOA accredited general surgery residency program
2. Documented verification of each entering fellow's level of competency in the required field using ACGME Milestones/AOA assessments from the core residency program must be received by the fellowship.

##### B. Fellow Selection

1. The Midwest Aortic & Vascular Institute, P.C. Graduate Medical Education Programs select from among eligible applicants on the basis of their preparedness and ability to benefit from the vascular program. Aptitude, academic credentials, personal characteristics, and ability to communicate are considered in the selection. These characteristics are accessed by the components of the Electronic Residency Application Service (ERAS) application, or the equivalent, including the following: the applicant's Dean's letter of recommendation, the applicant's faculty letters of recommendation, the applicant's medical school transcript and grades, the applicant's National Board of Medical Examiners (NBME) or COMLEX scores, the applicant's scholarly and community service record, and the applicant's evaluation from those who interview him or her on the date of his interview with the program. It is the policy of MAVI to consider all candidates for graduate medical education regardless of race, sex, creed, nationality, or sexual orientation. Performance in medical school, personal letters of recommendation, official letters of recommendation, achievements, humanistic qualities, and qualities thought important to the desired specialty will be used in the selection process.

2. The Midwest Aortic & Vascular Institute Fellowship Program will ensure that a sample copy of the fellow's contract is available upon request to all applicants during the interview process.

a. This contract will outline the terms, conditions, and benefits of appointment to the training program.

b. Information that is provided will include:

i. Financial support

ii. Institutional vacations

iii. Parental, sick, and other leaves of absence

iv. Professional liability, hospitalization, health, disability and other insurance accessible to fellows and their eligible dependents.



### C. Extension of Contracts

1. The fellow who matches to a GME position at the Midwest Aortic & Vascular Institute, P.C. will be sent a written contract outlining the terms and conditions of employment as a fellow at the Midwest Aortic & Vascular Institute, P.C.. This contract will be mailed to the applicant within two weeks of the match results.
2. The contract will comply with the institutional requirements for employment. With the exception of the start and finish date, the standard institutional GME contract cannot be modified without the express permission of the DIO. The contract shall contain:
  - a. Fellow's responsibilities
  - b. Duration of appointment
  - c. Financial support
  - d. Conditions for reappointment, including criteria for non-renewal and non-promotion
  - e. Grievance procedures and due process
  - f. Professional liability insurance
  - g. Health and disability insurance
  - h. Vacation, parental, sick, and other leave(s)
  - i. Clinical work and education hours
  - j. Moonlighting
  - k. Counseling services
  - l. Physician impairment policies
  - m. Harassment policies
  - n. Accommodation for disabilities
  - o. Access to information related to eligibility for specialty board examinations

The fellow contract requires the signature of the fellow, the program director, and the DIO. Contracts for fellows are extended on a yearly basis. A contract must be initiated each year.

## **B. Clinical Work & Education Policy**

### I. Purpose of Policy

This policy outlines the clinical and education work hour limitations for Fellows in the Accreditation Council for Graduate Medical Education (ACGME)-accredited Vascular Surgery Fellowship program at Midwest Aortic & Vascular Institute, P.C. (MAVI)

### II. Policy Statement

A. The vascular fellowship program is committed to and responsible for promotion of patient safety and fellow well-being, and to providing a supportive educational environment. Regardless of where affiliated practice sites are offered, clinical work and education hours and on-call time periods must not be excessive for the fellows. Clinical work and education hours must be consistent with the ACGME Institutional and Specific Program Requirements. In specific:

1. The structuring of clinical work and education hours and on-call schedules must focus on the needs of the patient, continuity of care, and the educational needs of the fellow. Clinical work hour assignments must recognize that faculty and fellows collectively have responsibility for the safety and welfare of patients.
2. Didactic and clinical education must have priority in the allotment of fellows' time and energy.
3. The learning objectives of the program must not be compromised by excessive reliance upon fellows to fulfill service obligations.

B. Clinical work and education hours must comply with the following standards:

1. A fellow must not work more than 80 hours per week.
2. Fellows should have eight hours off between scheduled clinical work and education periods.
3. Fellows must have at least one day off per week. A day off is defined as 24 hours of continuous time without patient care obligations, including not holding a home-call pager. It is desirable that each fellow have one 48-hour period free of all patient care obligations each month.
4. The vascular program is responsible for monitoring clinic work and education hours. The method of monitoring must be presented to and approved by the Designated Institutional Official (DIO) as part of the internal review process and the annual program report.
5. In House Call may not occur more frequently than every third night.
6. Fellows will be given time to attend medical, mental health, and dental care appointments.
7. Moonlighting is not acceptable as MAVI vascular fellows.

C. Home Call

1. A fellow assigned to home-call, will count the actual time spent answering calls, or delivering in-house patient care toward the 80 hour standard.
2. A fellow on home-call who is called into the hospital for an extensive period of time should be released from duty the following day.
3. Fellows on home-call must still have one day off in seven without holding the pager.

D. The Program Director & faculty are responsible for adopting policies to prevent, monitor and counteract effects of fatigue and enhance well-being.

1. The program director is responsible for ensuring a yearly in-service to educate fellows and faculty on the signs, risk, and methods of counteracting fatigue.
2. The program director will provide didactic and learning opportunities to educate fellows and faculty on health and wellness topics (stress, depression, cognitive flexibility)
3. The program leadership is responsible for ensuring that fellows have alternative means of transportation home should they feel too fatigued to safely return home following a shift. In such cases, fellows should:
  - a. First seek alternative transportation from colleagues, program faculty, or program administration.
  - b. If this option is not feasible, the fellow should take an Uber as arranged by program leadership.
4. The program leadership is responsible for scheduling, work intensity and work compression that impacts the fellow's well-being.
  - a. The fellow will be provided confidential, affordable mental health services as needed.

E. MAVI allows no exceptions to the clinical work and education hours as listed above.

## **C. Leave and Vacation Policy**

### **I. Purpose of Policy**

This policy defines the leave and vacation available for Fellows in the Accreditation Council for Graduate Medical Education (ACGME)-accredited Vascular Surgery Fellowship program at Midwest Aortic & Vascular Institute, P.C. (MAVI)

### **II. Policy Statement**

#### **A. LEAVE OF ABSENCE**

A Leave of Absence may be granted only with written permission of the program director. Such leave may prolong the duration of fellowship training according to the Vascular Board requirements. In all cases, the number of total months required to complete program requirements for graduation is to be determined by the program director and the program's clinical competency committee.

#### **B. LEAVE TIME ALLOWED BY SPECIALTY BOARDS WITHOUT MAKE UP**

Leave time without make-up time is based upon the requirements of the vascular board. Leave in excess of the maximum allowed by the Board will result in extension of training time.

#### **C. EDUCATIONAL LEAVE**

1. MAVI supports the fellows in training and allows fellows to attend and to participate in educational and scientific meetings that would contribute to the medical education of the fellow physician.
2. Each fellow may be granted up to five (5) working days per year of educational leave for the purpose of participating in educational or scientific meetings that contribute to the medical education of the fellow physician. Permission for and approval of the leave must be granted in writing by the program director or his/her designee.
3. This policy does not address expenses or reimbursement of expenses as a part of education leave; such reimbursement or payment is at the discretion of the program director and Designated Institutional Official (DIO).

#### **D. PAID TIME OFF (PTO)**

15 weekdays total per academic year; provided, that all PTO shall be approved in advance by the Program Director and 6 recognized paid holidays per calendar year. Vacation, illness, professional conferences and continuing medical education and other personal days off shall be counted against the annual PTO time. Physician shall not be reimbursed for unused PTO. Unused PTO time shall not accumulate or be carried forward into the next academic year.

#### **Medical Leaves of Absence**

Unpaid personal leave for illness and injury is governed by Company policy and federal and state laws. To request a leave of absence, an employee must submit a request or notice in writing at least 30 days prior to the beginning of the leave, or as soon as the need for leave is known. Additional request forms or other paperwork may be required, and employees must cooperate and comply with the employer's process and requests for leaves of absence in order for leaves to be approved. All leaves of absence are subject to approval, and job protection is not guaranteed for employees on leaves of absence, unless required by state or federal regulations. Leaves of absence have certain considerations, stipulations, and guidelines which include such items as compensation, length of the leave, extensions, availability of the position upon return, insurance continuation and premium payment, and paid time off accrual. It is important that employees requesting a leave of absence fully understand the terms of the leave before it begins.

Employees are required to use any available paid time off during a personal or medical leave of absence. If an employee does not have sufficient accumulated paid time off available to cover the duration of the leave, a leave without pay may be granted at the Company's discretion. However, unscheduled short term leave without pay is disruptive to the Company's staffing goals and requests for unpaid personal leave should be limited to emergency situations and will be evaluated accordingly. Excessive absenteeism, regardless of the reason for absence, may result in disciplinary action up to and including termination.

When an employee is ready to return to work following a leave of absence for illness or injury, a written release from the treating physician must be provided to the employee's supervisor or your HR Partner at Paylocity.

Employees who do not follow the proper procedures for requesting leaves of absence or who do not submit requested documentation in a timely manner may have their leave of absence request denied.

### **Bereavement Leave**

In the event of the death of your current spouse, child, parent, legal guardian, brother, sister, grandparent, grandchild, or, mother-in-law, father-in-law, son-in-law or daughter-in-law (including step or half families), you may take up to three consecutive scheduled workdays off with pay with the approval of the Company. Your supervisor may approve additional unpaid time off. MAVI may require verification of the need for the leave.

### **Jury Duty or Witness Leave**

The Company encourages employees to serve on jury selection or jury duty when called. Employees on jury duty leave will be compensated at their regular rate of hour wage when serving on Jury Duty. You should notify your supervisor of the need for time off for jury duty as soon as a notice or summons from court is received. You must provide written verification from the court clerk of having served. Employees are also expected to keep management informed of the expected length of jury duty service and to report to work for the major portion of the day if excused by the court.

Employees who receive a subpoena to be a witness at a hearing or trial will be granted Witness Leave according to the same requirements for Jury Duty above. Witness Leave is not granted if you volunteer to be a witness.

You may retain any mileage allowance, fees, etc., paid by the court for jury or witness service.

## **Military Leave**

### ***Eligibility***

Generally, an employee returning from military leave (including temporary leave to perform service as a member of the National Guard or the U.S. Armed Forces reserves) is guaranteed reemployment and other rights as long as he or she complies with certain notification and other requirements. An employee is protected if he or she meets the following criteria:

- The employee gave notice that (s)he was leaving the job for military service (unless military necessity or other extenuating circumstances precluded the notice):
- The period of service was five years or less
- The employee was not discharged from service under dishonorable or other punitive conditions; and
- The employee must have reported to his/her civilian job in a timely manner or submitted a timely application for reemployment.
- In some cases, military leaves of absence beyond five years will be protected.

### ***Return to Work***

The period of time within which an employee must return to work after the completion of service depends on the duration of the military service. Employees who serve less than 31 days are required to return to employment by the beginning of the first regularly scheduled work period after the completion of military service. Such employees, however, are excused for the amount of time required to return home safely and for an eight-hour rest period.

If an employee served between 31 and 180 days, (s)he must file an application for reemployment within 14 days after the completion of military service.

If an employee served more than 180 days, (s)he must file an application for reemployment no later than 90 days after the completion of military service.

In all cases, if compliance with the time limits becomes impossible or unreasonable through no fault of the employee, he or she will be given additional time. Furthermore, reporting and application deadlines are extended for up to two years for persons who are hospitalized or convalescing from a service-related illness or injury.

Employees returning from the armed services will be reemployed in the job that they would have attained if they had not been absent for military service, including any promotion, increase in pay and additional job responsibilities. Further, a returning service member is entitled to all general across-the-board pay raises which he or she would have received but for the absence for uniformed service. With respect to pay, the term includes all elements of compensation for which they were eligible including an hourly rate, piece rate, salaries, commissions, bonuses and shift premiums. The Company will provide training or other assistance to returning service members to help them refresh or upgrade their skills to qualify for reemployment.

## ***Benefits***

Service members and their families will continue to receive health benefits if the employee's absence is for 30 days or less. If the service member's absence will be longer than 30 days, eligible dependents may continue health care coverage under COBRA at their expense for up to 24 months. Employees returning from military leave will resume health plan coverage without a waiting period or other exclusion.

The period of military duty will be counted as covered service for the purposes of retirement plan eligibility, vesting and benefit accrual. The Company may not make plan contributions during a military leave. However, upon reemployment, the Company will restart contributions, and make up contributions that would have been made during your absence. If you are required to contribute to the retirement plan, you will have up to three times the period of military duty or five years, whichever is first, to make the contributions.

Contact the CEO for further information about military leave.

## **Leave Under the Family and Medical Leave Act (FMLA)**

### ***Basic Leave Entitlement***

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- for incapacity due to pregnancy, prenatal medical care or child birth;
- to care for the employee's child after birth, or placement for adoption or foster care;
- to care for the employee's spouse, son, daughter or parent, who has a serious health condition; or
- for a serious health condition that makes the employee unable to perform the employee's job.

### ***Military Family Leave Entitlements***

Eligible employees whose spouse, son, daughter or parent is on covered active duty or call to covered active duty status may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered service member during a single 12-month period. A covered service member is:

(1) a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness\*; or (2) a veteran who was discharged or released under conditions other than dishonorable at any time during the five-year period prior to the first date the eligible employee takes FMLA leave to care for the covered veteran, and who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness.\*

\*The FMLA definitions of "serious injury or illness" for current service members and veterans are distinct from the FMLA definition of "serious health condition".

## ***Benefits and Protections***

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms. Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

## ***Eligibility Requirements***

Employees are eligible if they have worked for a covered employer for at least 12 months, have 1,250 hours of service in the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

## ***Definition of Serious Health Condition***

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

## ***Use of Leave***

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Except for the qualifying FMLA leave to care for an injured or ill service member, the 12 month period is a rolling 12 month period measured backward from the date an employee uses any FMLA leave. The entitlement to 26 weeks of qualified FMLA leave to care for an injured or ill service member during a 12 month period will only be granted once.

## ***Substitution of Paid Leave for Unpaid Leave***

Employees are required to use accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies. The Company requires employees to use all available accrued paid leave before taking time off without pay while taking FMLA leave. Should the leave be covered by our Short Term Disability plan, employees will not be required to use available vacation and sick leave while receiving short-term disability benefits. FMLA leave will run concurrently with any paid leave.

### ***Employee Responsibilities***

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days' notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures. Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

### ***Employer Responsibilities***

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

### ***Unlawful Acts by Employers***

FMLA makes it unlawful for any employer to:

- interfere with, restrain, or deny the exercise of any right provided under FMLA; and
- discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

### ***Enforcement***

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer. FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights. FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulation 29 C.F.R. § 825.300(a) may require additional disclosures.



## **D. Financial and Resource Support**

### **I. Purpose of Policy**

This policy outlines the financial and resource support available to Fellows in the Accreditation Council for Graduate Medical Education (ACGME)-accredited Vascular Surgery Fellowship program at Midwest Aortic & Vascular Institute, P.C. (MAVI)

### **II. Policy Statement**

A. Health Insurance – Health insurance is provided to fellows at no cost. Family health insurance is available at an additional cost to the fellow.

B. Dental Insurance – Dental insurance is available to the fellows and their family as an optional expense.

C. Life Insurance – A life insurance policy is available to the fellows. Supplemental insurance may be purchased by the fellow.

D. Disability Insurance – Long term disability insurance is available to the fellows.

E. Professional Liability Coverage – Professional liability coverage is provided at no cost to the fellows through MAVI. Details of liability coverage will be provided upon request.

F. Moonlighting – MAVI does not support moonlighting activities of a fellow.

G. Vacation and Educational Leave – With the approval of the Program Director, educational leave is permitted. Each fellow is allowed three (3) weeks of vacation per academic year and six (6) paid holidays per calendar year.

H. Stipend – The annual salary for fellows is as follows:

- First year fellow – per employment contract
- Second year fellow – per employment contract

I. Counseling Services and Physician Impairment Resources – MAVI is committed to fostering an environment in which fellows feel safe in identifying and correcting academic and professional deficiencies without fear of reprisal or implications to their career. The Employee Assistance Program (EAP) is available at no cost to the fellow and is completely confidential.

J. Other Program Personnel and Support Services – The Designated Institutional Official (DIO) and the Program Director will jointly ensure:

- The availability of all necessary professional, technical, and clerical personnel for the effective administration of the program.
- The appropriate appointment of a Program Coordinator to sustain the day to day operations of the program and is provided sufficient support and time to effectively carry out their responsibilities.
- The availability of adequate resources for fellows education, including space, technology, and supplies, are available to provide effective support for the program.
- All clinical rotations have support services to minimize fellows' work that is extraneous to the programs educational goals and objectives.
- The educational experience of the fellow is not compromised by excessive reliance on fellows to fulfill non-physician service obligations. These support services and systems include:

- Peripheral intravenous access placement, phlebotomy, laboratory, pathology, radiology services and patient transportation services provided in a manner appropriate to and consistent with educational objectives and to support high quality and safe patient care.
- Medical records available at all participating sites to support high quality and safe patient care and fellows' education, quality improvement and scholarly activities.

## **E. Equal Opportunity and Disability Accommodations Policy**

### **I. Purpose of Policy**

This policy promotes a work environment that enables equal employment opportunities and employment opportunities to individuals with disabilities.

### **II. Policy Statement**

#### **A. Equal Employment Opportunity Statement**

The Company is an equal opportunity employer and makes decisions related to compensation and all terms, conditions or privileges of employment on the basis of merit. Company policy prohibits unlawful discrimination based on race, color, creed, sex (including pregnancy), religion, marital status, age, national origin or ancestry, physical or mental disability, medical condition, genetic information, gender identity, sexual orientation, military status, or any other consideration made unlawful by federal, state, or local laws. All such discrimination is unlawful and prohibited by the Company.

As used in this policy, genetic information means an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

#### **B. Individuals with Disabilities**

The Americans with Disabilities Act (ADA) and the Americans with Disabilities Amendments Act, known as the ADAAA, are federal laws which, in conjunction with state law, prohibit employers from discriminating against applicants and individuals with disabilities and, when needed, to provide reasonable accommodations to applicants and employees who are qualified for a job, with or without reasonable accommodations, so that they may perform the essential job duties of the position.

It is the policy of the Company to comply with all federal and state laws concerning the employment of persons with disabilities and act in accordance with regulations and guidance issued by the Equal Employment Opportunity Commission (EEOC). Furthermore, it is our Company policy not to discriminate against qualified individuals with disabilities in regard to application procedures, hiring, advancement, discharge, compensation, training or other terms, conditions and privileges of employment.

The Company will engage in an interactive process to determine if we can reasonably accommodate qualified individuals with a disability so that they can perform the essential functions of a job unless doing so is an

undue hardship or causes a direct threat to workplace safety. Contact the CEO with any questions or requests for accommodation.

Current use of illegal drugs and current unlawful use of prescription drugs are not disabilities under the ADA.

### ***Terms used in the policy***

As used in this ADA policy, the following terms have the indicated meaning:

Disability means a physical or mental impairment that substantially limits one or more major life activities of the individual, a record of such an impairment or being regarded as having such an impairment.

Major life activities include the following, but are not limited to: caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating and working.

Substantially limiting: In accordance with the ADAAA final regulations, the determination of whether an impairment substantially limits a major life activity requires an individualized assessment. Some examples of these types of impairments may include, but are not limited to, epilepsy, hypertension, asthma, diabetes, major depressive disorder, bipolar disorder and schizophrenia. An impairment such as cancer that is in remission but that may possibly return in a substantially limiting form also is considered a disability under EEOC final ADAAA regulations.

Qualified individual means an individual who, with or without reasonable accommodation, can perform the essential functions of the employment position that such individual holds or desires.

Reasonable accommodation includes any changes to the work environment. For example, a reasonable accommodation may include, making existing facilities readily accessible to and usable by individuals with disabilities, job restructuring, part-time or modified work schedules, a leave of absence, telecommuting, reassignment to a vacant position, acquisition or modification of equipment or devices, appropriate adjustment or modifications of examinations, training materials or policies, the provision of qualified readers or interpreters, and other similar accommodations for individuals with disabilities.

Essential functions of the job refer to those job activities that are determined by the Company to be essential or core to performing the job; these functions cannot be modified.

The definitions and examples provided in the above terms are not meant to be all-inclusive and should not be construed as such. They are not the only conditions that are considered to be disabilities, impairments or reasonable accommodations covered by the ADA/ADAAA policy.

The CEO is responsible for implementing this policy, including resolution of reasonable accommodation requests, and may be contacted with any questions.

## **F. Anti-Harassment policy**

### **I. Purpose of Policy**

This policy promotes a work environment that encourages mutual respect and is free of unlawful harassment, discrimination, and bias.

### **II. Policy Statement**

The Company is committed to providing a work environment that encourages mutual respect and is free of unlawful harassment, discrimination and bias. The Company's anti-harassment policy applies to all persons involved in the operation of the Company and prohibits unlawful harassment by any employee of the Company, including supervisors and co-workers. The law also prohibits unlawful harassment by any employee towards customers, vendors, contractors and persons working or visiting on the Company's premises and third parties are prohibited from unlawfully harassing an employee.

Prohibited unlawful harassment includes, but is not limited to, the following: any harassment or use by anyone in its employ of any derogatory epithet (whether verbal, written or gestural) based on race, color, creed, sex (including pregnancy), religion, marital status, age, national origin or ancestry, physical or mental disability, medical condition, genetic information, gender identity, sexual orientation, military status, or any other consideration made unlawful by federal, state or local laws; or sexual harassment, defined as:

- unwanted sexual advances, or visual, verbal or physical conduct of a sexual nature; or
- any form of sexually offensive behavior including gender-based harassment of a person of the same sex as the harasser when;
  1. submission to the conduct is made explicitly or implicitly a term or condition of an individual's employment,
  2. submission to or rejection of the conduct by an individual is used for employment decisions affecting an individual, or
  3. such conduct has the purpose or effect of unreasonably interfering with the employee's work performance or creating an intimidating, hostile, or offensive work environment.

Any employee violating this policy will be subject to disciplinary action up to and including termination of employment.

If you believe that this anti-harassment policy is being violated, either with respect to yourself or with respect to another employee, you are strongly encouraged to report that belief immediately, either:

- to your supervisor (either in writing or personally), or
- to the CEO

DO NOT TOLERATE THE SITUATION, AND DO NOT ASSUME THAT THE COMPANY IS AWARE OF AN INCIDENT. REPORT ALL INCIDENTS OF DISCRIMINATION AND HARASSMENT.

Individuals should not feel obligated to file their complaints with their immediate supervisor first before bringing the matter to the attention of one of the other Company designated representatives identified above.

Upon notice of an employee's concern about being harassed, the Company will act to stop any further harassment and to correct any effect of the harassment and will:

1. Inform the complainant of his or her rights and of any obligation to secure those rights;
2. Promptly investigate the complaint. The investigation will be immediate, thorough, objective and complete. We will make diligent efforts to interview all persons with information on the matter.
3. Take prompt and effective action to remedy/correct harassment.
4. Respond in a timely manner to any complaint of harassment describing the disposition of the complaint and any action taken in resolution of the complaint.

### Retaliation Is Strictly Prohibited

In addition to prohibiting discrimination and harassment in the workplace, state and federal law also prohibits retaliation. One type of retaliation occurs when the Company takes adverse action against an employee who complains about harassment or discrimination if such action may likely discourage a reasonable employee from making or supporting a claim of harassment or discrimination. Harassment and discrimination may be based on a protected status as outlined in the Company Equal Employment Opportunity policy as well as protected activities such as testifying at or providing information related to a labor investigation, filing or having filed a workers' compensation claim, or whistleblower status. Examples of adverse action may include, depending on the circumstances, demotion, failure to promote, termination, change of work hours or change of job duties. Another type of retaliation occurs when co-workers ostracize, employ derogatory epithets (verbal, written or gestural) against or otherwise harass an employee because he or she has complained about discrimination or harassment.

It is illegal to retaliate against an employee because he or she complained about harassment or discrimination, even if no harassment or discrimination ever happened. Company policy STRICTLY PROHIBITS any form of retaliation against an employee because he or she complained about harassment or discrimination. If you feel you have been retaliated against based on a complaint, please notify the CEO immediately.

## **G. Disaster and Emergency Policy**

### I. Purpose of Policy

This policy outlines the responsibilities of Midwest Aortic & Vascular Institute, P.C. (MAVI) in the event of a disaster or an event (Emergency) that would alter Graduate Medical Education (GME) at MAVI.

This policy should be read in conjunction with the MAVI Emergency Action Plan.

## II. Policy Statement

- A. The Program Coordinator will annually collect / update emergency contact information from fellow(s).
- B. The Program Coordinator will annually review the MAVI Emergency Action Plan with the fellow(s).
- C. In the event of a disaster or emergency, the GME personnel will follow the MAVI Emergency Action Plan and verify the safety of all fellows.
- D. The Designated Institutional Official (DIO) will notify the Accreditation Council of Graduate Medical Education (ACGME) of the occurrence of a disaster or emergency at MAVI.
- E. The DIO will collaborate with the Graduate Medical Education Committee (GMEC) and Program Director to determine status of the GME program.
- F. MAVI will continue to provide administrative support that may include continued payment of salary and benefits depending on the overall circumstances, scope and duration of the event, subject to the Program Closure or Reduction policy.
- G. MAVI will work in collaboration with the ACGME to ensure that minimal interruption occurs in the GME program and that fellows are transferred (if needed) temporarily or permanently to new sites.
- H. MAVI will assess, in collaboration with the ACGME, whether the program may need to be temporarily or permanently withdrawn in order to ensure a quality training experience.

## **H. Fellow and Faculty Member Well Being**

### I. Purpose of Policy

To encourage and support optimal fellow and faculty member well-being at Midwest Aortic & Vascular Institute P.C.

### II. Policy Statement

The Midwest Aortic & Vascular Institute P.C. (MAVI) complies with ACGME accreditation requirements for Fellow and Faculty well-being.

- A. Fellows and Faculty are provided time to attend medical, mental health and dental care appointments including appointments scheduled during working hours.
- B. The program and Sponsoring Institution make free programs available to all fellows and faculty, online, via phone calls and in person appointments for mental health concerns as well as burnout, depression, and substance abuse.
- C. The program and Sponsoring Institution provide education to faculty members and fellows to recognize symptoms of burnout, depression, suicidal ideation, potential for violence and fatigue mitigation and provide the appropriate resources to support the individual.

## **I. Interaction with Vendors**

### **I. Purpose of Policy**

This policy provides guidelines for interaction with pharmaceutical and industry representatives for Fellows in the Accreditation Council for Graduate Medical Education (ACGME)-accredited Vascular Surgery Fellowship program at Midwest Aortic & Vascular Institute, P.C. (MAVI)

### **II. Policy Statement**

A. Fellows are prohibited from accepting gifts from pharmaceutical and other industry representatives that are intended to influence, or may have the effect of influencing the healthcare decisions of the fellow. Fellows should refrain from accepting gifts and participating in activities offered by industry representatives, with the exception of the generally permitted items and activities below:

- Receipt of medical textbooks
- Participation in industry-supported educational programs. Attendance at educational programs that are not ACGME accredited should be approved by the Program Director and the Designated Institutional Official (DIO).
- Individual gifts of minimal value that are related to the work of the fellow, such as pens and notepads.

B. Fellows should not participate in activities or accept gifts not included on the list above without specific permission from the Program Director and DIO. In addition to this policy, fellows are expected to comply with the policies of the participating sites in regards to vendor interaction. Where there is discordance between MAVI and the hospital policy, the more stringent of the two will apply.

C. Questions regarding this policy should be directed to the Program Director and the DIO.

## **J. Program Reduction and Closure**

### **I. Purpose of Policy**

This policy outlines the responsibilities of Program leadership in the event of a closure or reduction of the Accreditation Council for Graduate Medical Education (ACGME)-accredited Sponsoring Institution and Vascular Surgery Fellowship program at Midwest Aortic & Vascular Institute, P.C. (MAVI).

### **II. Policy Statement**

A. The Board of Directors of the Sponsoring Institution (SI) in conjunction with the Program Director, Designated Institutional Official (DIO), and Graduate Medical Education Committee (GMEC) will make appropriate efforts to avoid the closure of the ACGME-accredited program.

B. The Board of Directors of the SI must inform the DIO, GMEC, Program Director, and the affected Fellow(s) as soon as possible when it intends to reduce the size of or close the program, or when the SI itself intends to close.

C. In the event a decision is made that the program must decrease in size:

1. The Program Director will inform the fellow(s) as soon as possible following the decision.
2. The DIO and GMEC will be responsible for monitoring the complement reduction process.

3. Plans to reduce the complement of Fellow(s) in the program will be made by first reducing the number of positions available to incoming Fellow(s), as appropriate.
  4. If the reduction will need to include Fellow(s) currently in the training program, the Program Director and DIO will assist affected Fellow(s) in transferring to an ACGME-accredited program(s) for ongoing education.
- D. In the event a decision is made that the program must close:
1. The Program Director will inform the Fellow(s) as soon as possible following the decision.
  2. The DIO and GMEC will be responsible for monitoring the closure process.
  3. The SI will make every attempt to structure a closure that allows enrolled Fellow(s) to complete the program.
  4. In the event a program must be closed before training of one or more Fellow(s) is complete, the Program Director and DIO will assist affected Fellow(s) in transferring to an ACGME-accredited program(s) for ongoing education.

## **K. Fellow Supervision Policy**

### **I. Purpose of Policy**

Establish guidance for supervision of Fellows in the Accreditation Council for Graduate Medical Education (ACGME)-accredited Vascular Surgery Fellowship program at Midwest Aortic & Vascular Institute, P.C. (MAVI).

### **II. Policy Statement**

- A. It is understood that fellows at all levels of training are to be supervised by a faculty member.
- B. As a Fellow progresses from PGY6 to PGY7, it is expected that the Fellow will accept added responsibility while the faculty maintains ultimate responsibility.
- C. Graded responsibility under appropriate supervision is delegated to Fellows based on demonstrated merit and acquisition of medical knowledge and clinical expertise in clinical care with the ultimate goal of fostering independent decision-making and the provision of safe, quality patient care.
- D. Fellows are expected to be aware of the supervisory chain of responsibility, but if concerns arise regarding the chain of responsibility or the quality of patient care, the Fellow may contact the Program Director.
- E. Levels of Supervision are established by the ACGME as follows:
  1. Direct Supervision – supervising attending is physically present with Fellow and patient
  2. Indirect Supervision –
    - a. With Supervision Immediately Available: supervising attending is in the hospital/patient care (e.g. clinic, angio) and is available immediately to provide direct supervision
    - b. With Supervision Available: supervising attending is not physically on site/patient care area, but is immediately available by phone or pager to provide direct supervision
  3. Oversight - the supervising physician is available to provide review of procedures/encounters with feedback provided once care is given



#### F. Admissions/Consultations/Discharges/Inpatient Care

Admits and consults are seen by a vascular fellow and/or Advanced Practice Provider (NP or PA) on the vascular team. The fellow must notify the supervising attending regarding admissions, consults, transfers, changes in patient clinical status, bleeding, discharge or death and arrange, as appropriate, for the patient to be seen by the attending faculty. Discussion of a fellow's preliminary diagnosis and decisions regarding treatment of proposed treatment are made collaboratively by fellow and attending. No patient shall be accepted, admitted or discharged without the approval of the supervising attending.

#### G. Operating Rooms/Hybrid OR/Office Based Lab

All cases requiring surgery must first be discussed with supervising attending before scheduling. The attending must be physically present during the critical or key portion of the procedure. During the non-critical or non-key portion, the attending should be immediately available if the need arises. Depending upon the degree of difficulty of the case and the level of confidence of the fellow, the supervising attending may supervise the fellow as surgeon, first/second assist or as an in-room observer.

#### H. Outpatient Clinic

Patients in the outpatient clinic are seen by all members of the team. Fellows are expected to see patients in the outpatient clinic on assigned days with the supervising attending. Fellows are expected to see new patients, formulate a work-up and management plan and discuss the plan with the attending. Fellows also provide post-operative outpatient follow-up under direct attending supervision. Supervising attendings are present to provide supervision, consultation, and teaching.

#### I. Vascular Fellow Responsibilities

1. The Fellow may be delegated the responsibility of supervising Advanced Practice Providers (APPs), residents or medical students rotating on the service.
2. The PGY7 makes & coordinates the Fellow call schedules taking into account the vacation schedules, cross coverage and any other scheduled activities.
3. The PGY7 is expected to exercise and exhibit increasing degrees of responsibility and independent judgment for clinical/surgical decision-making and perform more advanced/complex procedures under the supervision of the supervisory attending surgeon.

#### J. Faculty Supervision Responsibilities

1. Attendings must accept responsibility for the Fellow assigned to his/her patients.
2. The attending is responsible for ensuring that Fellows are permitted to exercise progressive responsibility, conditional independence, decision making to the level of individual competence.
3. The attending is responsible for involving Fellows under his/her supervision in the care of patients (including care in OR, units/wards, outpatient setting) in a manner that is commensurate with the Fellow's level of competence.
4. A Fellow may be delegated varying degrees of responsibility for the care of a patient by the attending, but the attending is ultimately responsible for patient's safety, care, outcome, & well-being of the patient.
5. The attending also bears the ultimate responsibility for the conduct and management of the patients by the Fellow.
6. The Vascular Surgery Fellowship Program adheres to and monitors compliance of their trainees at all sites in keeping with the ACGME duty hour standards as outlined in the revised ACGME Common

Program Requirements. The Program is monitored by the sponsoring institution, Midwest Aortic & Vascular Institute PC with respect to duty hour requirements.

7. Ensure safe and effective transitions of care are being completed.

#### K. Graded Responsibility

Fellows are encouraged to assume increasing levels of responsibility commensurate with their progress in experience, skill, knowledge and judgment. Upon successful completion of fellowship program, Fellows will have the skills necessary to assume a lead role on a Vascular Surgery Service.

### L. Promotion and Graduation

#### I. Purpose of Policy

Define the methods used to evaluate for promotion and graduation of Fellows in the Accreditation Council for Graduate Medical Education (ACGME)-accredited Vascular Surgery Fellowship program at Midwest Aortic & Vascular Institute, P.C. (MAVI).

#### II. Policy Statement

##### A. Promotion

Fellows will receive a written summary of their performance, based upon the core competencies, at least twice per year. The summary will contain a numerical average of their assessment from their monthly evaluations as well as written commentary on their level of performance.

1. Mid-Year Evaluation Summaries - The program director will meet with each fellow in person to review the mid-year evaluation. The summary will contain a numerical average of the fellow's assessments from their monthly evaluations as well as written commentary on his or her level of performance. If the fellow is at risk for not being promoted based upon this evaluation, this should be discussed with the fellow at this time.

2. Advancement from Year 1 to Year 2 requires:

- a. Completion of an appropriate and designated number of surgical cases in the designated year, as determined by ACGME requirements and the Program Director and Clinical Competency Committee.
- b. Conference attendance of at least 75% or demonstration of a satisfactory alternative didactic (eg. online review of missed seminars).
- c. Completion of an appropriate and designated number of surgical cases in the designated year, as determined by ACGME requirements and the Program Director and Clinical Competency Committee.
- d. Achievement of at least Level 2 in the ACGME Vascular Surgery Milestones Project in at least 75% of Milestone categories.
- e. Unanimous support among the Program Director, and members of the Clinical Competency Committee that the trainee is at an appropriate level to move into Year 2.

3. End-of-Year Evaluation Summaries - The program director will meet with each fellow in person to review the end-of-year evaluation. The summary letter must contain a description of the fellow's

milestone progress, based upon their collective faculty, patient, nurse, and peer evaluations throughout the year; the summary must also provide written commentary on his or her level of performance.

- a. If so warranted, the promotion letter to the next year of training should be given to the fellow at this time, and the letter must clearly state that the fellow is being promoted to the next year of training or graduation.
- b. If the fellow is not to be promoted, a description of the rationale, referencing failure to meet satisfactorily the core competencies, should be included in this letter. Promotion and graduation decisions must be made by the GMEC incorporation of a global assessment of the fellow. Decisions for promotion cannot be based solely on in-service scores.
  - i. If the fellow is asked to repeat periods of training that would result in extension of total training time, he or she must be given an opportunity to appeal this decision to the GMEC. If upon appeal, the GMEC upholds the decision to extend or repeat training, the fellow has a right to grieve this decision per the grievance process in collaboration with the MAVI Compliance Officer.
  - ii. If the decision is to terminate the fellow from the training program, the fellow must be given the opportunity to grieve this decision through MAVI's grievance process in collaboration with the MAVI Compliance Officer.

## B. Graduation

### 1. Graduation from the Program requires:

- a. Complete and accurate procedure log to substantiate future credentialing.
- b. Achievement of appropriate designated numbers of surgical procedures, as required by the ACGME.
- c. Completion or satisfactory progress demonstrated in a meaningful research effort.
- d. Current and complete portfolio and CV on file.
- e. Completion / fulfillment of all "de-credentialing" requirements with the hospital and MAVI. This includes return of all keys, lab coats, pagers, etc. The Program requires that graduating trainees also leave contact information for future communications.
- f. The graduate should be making appropriate plans to achieve Board Certification in the area of Vascular Surgery
- g. Achievement of at least Level 4 in the ACGME Vascular Surgery Milestones Project in at least 90% of Milestone categories.
- h. Unanimous support among the Program Director and members of the Clinical Competency Committee that the trainee is at an appropriate level to graduate.
  - i. Unanimous support among the Program Director and members of the Clinical Competency Committee that the trainee is at an appropriate level to graduate.

2. End-of-Training Evaluation Summaries. The program director must meet with each fellow in person to review the end-of-training evaluation. The summary letter must contain a description of the fellow's milestone progress, based upon their collective faculty, patient, nurse, and peer evaluations

throughout the year; the summary must also provide written commentary on his or her level of performance. This evaluation should document the fellow's performance during the final period of education.

- a. If so warranted, the graduation letter should be given to the fellow at this time, and the letter must clearly state that the fellow has completed the training program and "The program director, in consultation with the program's GMEC, has deemed the fellow sufficiently competent to enter practice in vascular surgery independently and without direct supervision."
- b. If the fellow is not to be graduated, a description of the rationale, referencing failure to meet satisfactorily the core competencies, should be included in this letter.
  - i. If the fellow is asked to extend total training time, he or she must be given an opportunity to appeal this decision to the GMEC. If upon appeal, the GMEC upholds the decision to extend training, the fellow has a right to grieve this decision per the grievance process in collaboration with the MAVI Compliance Officer.
  - ii. If the decision is to terminate the fellow from the training program, the fellow must be given the opportunity to appeal (grieve) this decision per the grievance process in collaboration with the MAVI Compliance Officer.

## **M. Grievance**

### **I. Purpose of Policy**

This policy outlines the grievance process for the fellowship program.

### **II. Policy Statement**

No issue shall be submitted as a grievance until the issue has been discussed with the Program Director by the fellow. If the Program Director is personally involved in the issue, the Assistant Program Director, should be substituted for the Program Director. A good faith effort should be made by both parties to resolve the issue in an informal manner. If the issue cannot be resolved, the grievance process should be initiated.

#### **A. Initiation of the Grievance Process**

1. The grievance shall be submitted by the fellow in writing to the Designated Institutional Official (DIO) within 10 business days following the termination of the informal resolution phase. If the grievance is not filed in writing within 10 business, there is nothing further to do and the process ends.
2. The written grievance should include the reason and circumstances surrounding the issue, any previous efforts to resolve the issue and any requested actions to resolve the issue.
3. Grievances will be reviewed by the DIO, Compliance Officer and legal team (if indicated).

#### **B. Grievance Process**

1. The DIO will appoint a committee consisting of 1 faculty member and 1 fellow (neither involved in the issue). The DIO will also appoint 1 additional faculty/non-faculty/fellow agreed upon by the other 2 appointees. This committee should be named within 10 business days of the filing of the

grievance. The DIO will chair the committee and moderate the meeting, but will not have a vote. This will be a closed meeting.

2. The committee and parties involved shall meet within 10 business days after committee formed unless a delay is agreed upon by both parties.
3. Supporting information may be submitted verbally and/or in writing. Each party may bring an advisor, if desired. The Chair must be notified within 5 business days of the meeting if this advisor is an attorney. This advisor may not participate in the meeting unless authorized by the chair.

C. Resolution and Grievance Committee Recommendations

1. If a resolution is reached at any time during the grievance process, the Grievance Committee will prepare a resolution document for all parties to sign. If a resolution cannot be reached, the Grievance Committee will complete their review and make recommendations to the DIO, Compliance Officer and legal team (if indicated) with 10 business days of the meeting.
2. The DIO, Compliance Officer and legal team (if indicated) will review the recommendations and notify the parties involved of their approval or disapproval of the recommendations within 5 business days.
3. If no appeal is submitted within 5 business days, this decision will be final. The DIO is responsible for overseeing any action plans to resolve the grievance per the Grievance Committee recommendations.

D. Appeal

1. Any party involved in the grievance may submit an appeal to the DIO within 5 business days of the receipt of the decision. Appeals may only be made if:
  - a. The program failed to follow their established policies and procedures
  - b. The decision is in conflict with any applicable laws or ACGME policies
2. The DIO, Compliance Officer and legal team (if indicated) will review the appeal within 30 business days, make a final decision and notify the party submitting the appeal.
3. If any party is not satisfied with the appeal decision, they have the right to contact the ACGME for guidance.

Midwest Aortic & Vascular Institute Fellowship Program Manual Signature Page

By signing below you agree to the following:

- I have received a copy of the Midwest Aortic & Vascular Institute Fellowship Program Manual
- I have reviewed all contents of the manual
- I have been given the opportunity to ask any questions regarding the contents of the manual
- I have had all questions answered regarding the contents of the manual

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_