Westchester County Health Care Corporation
WMCHEALTH NETWORK
Administrative: Policy & Procedure

Manual Code: To be assigned by PolicyHelp	Page 1 of 3

SUBJECT: **GME RESIDENT/FELLOW NO-SHOW POLICY**

EFFECTIVE: 02/2026	**__ REVIEWED OR _X_ REVISED date**: 07/2026

Applicable Campus:
_X_ Good Samaritan Hospital _X_ HealthAlliance Hospital _X_ MidHudson Regional Hospital

_X_ Port Jervis Community Hospital _X_ St. Anthony Community Hospital _X_ Westchester Medical Center

Patient population:
__ Neonate __ Pediatric __ Adult __ Behavioral Health _X_ Not applicable

NOTE: The e-version of this document is the latest and the only acceptable one. If you have a paper version of it, you are responsible to ensure it is identical to the e-version. Printed material is considered to be uncontrolled documentation.

PURPOSE:
Data show that physicians have higher levels of anxiety, depression, substance abuse, and suicide than the general population. Additionally, many trainees may not have extensive local family, friend, or community support. Residents and fellows are expected to report to work on time for each assigned work shift. The purpose of this policy is to ensure resident and fellow privacy and safety with a uniform protocol for resident no-shows for scheduled work shifts.

SCOPE:
Westchester Medical Center Health Network (WMC) Residents and Fellows*
*Resident refers to both residents and fellows throughout the document.

RESPONSIBILITY:
WMC Graduate Medical Education (GME) Committee, WMC Program Directors, WMC Designated Institutional Official (DIO)/Chief Medical Education Officer

POLICY STATEMENT:
1. Each GME Program shall have a Leave Policy establishing a protocol for notification of the program by a resident when a resident is unable to present on time for a scheduled shift. The policy shall include whom to contact, when contact should occur, and how contact should be made. At a minimum, the Program Director must be notified in advance of anticipated absences or late arrivals. Residents must review and attest to the policy at least annually.
2. Residents are responsible for providing at least one emergency contact(s) (name, phone number, e-mail address, mailing address, and relationship) to the GME office as part of their onboarding or reappointment checklist in New Innovations (or the currently used residency management system).
    - Residents are strongly encouraged to provide at least one emergency contact in the United States.
    - Residents are strongly encouraged to provide a second emergency contact.
    - Residents are discouraged from listing a co-resident as an emergency contact.
3. Residents are responsible for updating their emergency contact(s) with their Program Administrator should it change during the academic year. Residents are also responsible for maintaining an updated home address and phone number with their Program Administrator.
4. Residents are responsible for notifying their emergency contact(s) that they may be

contacted if the resident fails to present on time for a scheduled work shift. Residents are also responsible for maintaining an updated home address with their Program Administrator.

5. Each GME Program must ensure that trainees review and update their emergency contact(s) and home address at least annually, and that current information is accurately maintained in New Innovations (or the currently used residency management system).
6. Emergency contact information shall be accessible to applicable Program Administrators, Program Directors, other designated administrators of the program, and to the GME Office.
7. If a resident is late for a scheduled work shift, they shall be contacted as soon as this is noticed. If, after three hours from the expected start time, the Program Director or their designee has not heard from the resident regarding the absence, they shall call the resident's emergency contact to express concern that the resident has not arrived for work. The Program Director or designee may request that the emergency contact also attempt to contact the resident or go to the resident's home, or may contact the local jurisdiction's Police Department to request a wellness check.
8. The Program Director or their designee must inform the DIO or their designee if a resident has not been reached within three hours of their expected start time.
9. In-rotating residents to WMC may be contacted as soon as they are late for a scheduled work shift. If, after three hours from the expected start time, the Site Director, Program Director or their designee has not heard from the in-rotating resident regarding the absence, they shall attempt to contact the in-rotating resident. If a prompt response is not received, the Site Director, Program Director, or designee shall call the in-rotating resident's Program Director or designee to express concern that the resident has not arrived for work and recommend that the sending program contact the resident's emergency contact(s). The Program Director or designee may contact the local jurisdiction's Police Department to request a wellness check.
10. Program Directors, their designees, and other trainees shall NOT enter a resident's home uninvited.
11. If a Program Director or their direct designee has increased concern for the wellbeing of a resident, they may activate the above protocol within the three-hour period after the shift start time.
12. Discussion of resident absence or no-show for work should be limited to the Program Director, their designees, the GME office, and others only as needed for trainee or patient safety. Preserving resident privacy should be prioritized to the extent possible except where there is concern for resident or patient safety. Resident personal information revealed to the Program Director or designee, including health concerns, should remain private to the Program Director and their designees. It should be revealed to others with permission of the resident or without permission only if needed for resident or patient safety.
    - The program's Clinical Competency Committee may be notified by the Program Director of repeated or ongoing unexcused absences as they relate to progress within the program, board eligibility, and/or performance in the ACGME competency area of professionalism.

DEFINITIONS

Graduate Medical Education (GME): Formal training completed by physicians or dentists following completion of professional school.

***Clinical Competency Committee*:** Committee specific to a specialty/subspecialty training program that determines each Resident's competency-based milestone progress and advises the Program Director regarding each resident's progress.

Program Director: Faculty member with authority and accountability for the overall program, including compliance with all applicable program requirements.

Designated Institutional Official: Individual who, in collaboration with a Graduate Medical Education Committee (GMEC), has authority and responsibility for the oversight and administration of each of the Sponsoring Institution's GME programs, as well as for ensuring compliance with accreditation and recognition requirements.

Resident: Refers to all Residents and Fellows enrolled in accredited, recognized, or non-accredited GME training programs.

Archival history:

Reviewed:	
Revised:	