

**INGHAM REGIONAL MEDICAL CENTER
 MEDICAL EDUCATION DEPARTMENT
 2009-2010 GRADUATE MEDICAL EDUCATION
 POLICY AND PROCEDURE MANUAL**

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DEPARTMENT MISSION STATEMENT

To foster a spirit of inquiry throughout the hospital, cultivate teaching and development of competent physicians serving the Mid-Michigan community

DEPARTMENT VISION STATEMENT

To be the health system of choice for physicians in providing professional and personal growth that improves the health status of the patient population they serve in Mid-Michigan

ACCREDITATION AND AFFILIATIONS

Ingham Regional Medical Center (IRMC) has achieved accreditation and licensure both nationally and statewide, including accreditation by the American Osteopathic Association. Hospital licensure is from the Michigan Department of Public Health and the Michigan Department of Mental Health. Memberships include the American Hospital Association, American Osteopathic Hospital Association, MSUCOM Statewide Campus System, Michigan Hospital Association, and Voluntary Hospitals of America.

The policies and procedures in the manual will be enforced in accordance with IRMC policies and procedures. The Department of Medical Education recognizes that policies change regularly within the hospital. Therefore, if any Medical Education policy in this manual conflicts with a current policy in an IRMC Administrative or Human Resources policy manual, the IRMC institutional policy will prevail.

MEDICAL EDUCATION STAFF AND PROGRAM RESPONSIBILITY

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I. Application and Selection

- A. **Requirements for applying to residency positions:** Applicants for all osteopathic training programs must be graduates of AOA accredited colleges of osteopathic medicine and meet all requirements set forth in the AOA basic standards of the program they wish to enter.

Applicants for residency training must be members of the AOA and maintain membership during their specialty training.

All house staff officers are required to have an appropriate training license consistent with state and local requirements. Licenses will be held in the Medical Education Department.

The resident must complete the required minimum number of years in an osteopathic program as stipulated in the basic standards of the respective specialty affiliate before qualifying to take subspecialty training in either an osteopathic or ACGME training program.

B. Selection Policy of Residents:

- 1) During the AOA residency application process, all requests for admission to an AOA-approved residency program must be submitted using the Electronic Resident Application Service (ERAS). If application occurs outside of the Match process, the application should be submitted directly to the program director and should include:
 - (a) Applicant's curriculum vitae
 - (b) Official copy of diploma or medical school transcript
 - (c) Letters of recommendation, the numbers and sources are determined by the program director
- 2) Minimum osteopathic resident qualifications to begin internship or residency training are:
 - (a) Graduation from an AOA-accredited college of osteopathic medicine
 - (b) Membership in the AOA
 - (c) Successful completion of COMLEX I and II.
- 3) All applicants considered for acceptance are scheduled for an interview with the program director and other trainers, as determined by the program director.
- 4) The applicant is notified in writing by the program director of acceptance into the program no later than two (2) months prior to the anticipated start date, or in accordance with the AOA Match rules.
- 5) A contract between the applicant and the funding agency (program, hospital, medical school or consortium) is given, in writing, prior to the first start day of the training program. This contract confirms the aspects of the program as discussed with the resident at the time of interview, and includes a clause regarding circumstances of termination of the contract by either party.

- 6) Selection is not based on race, ethnicity, sex, religion, creed, national origin, age, sexual orientation, or physical disability.

- C. Visiting Medical Students, Interns, Residents, Fellows, and Physician Assistants:** IRMC welcomes visiting house staff and every effort is made to accommodate those interested in doing a rotation at the hospital. An application and requirements for doing the rotation are on the website; www.irmcmmeded.org and should be submitted two months in advance of the rotation. The visitor must have permission granted by the Director of Medical Education prior to starting the rotation. All visiting applicants must agree to the standards and codes of conduct outlined on the website.

II. General Policies

- A. American Osteopathic Association Membership:** The AOA requires that all osteopathic house staff officers must be members of the American Osteopathic Association. Membership dues will be paid with submission of the invoice to the Medical Education Department.
- B. Certification Training:** All interns/residents are required to be certified in Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS). Continued certification is required for residents at IRMC. Should residents allow certification to lapse, those individuals can be pulled from service, until they are certificated again. IRMC will reimburse residents a partial amount for the following certifications, upon submission of receipt and a copy of the completion certificate to the Medical Education Department. Fellows are not required to recertify during fellowship.
1. BLS is available at no charge to the resident through the IRMC Learning for Life Program. Medical Education will pay for BLS training from an outside source only for new interns/residents, whom must complete this training prior to coming to IRMC.
 2. ACLS is unavailable through the Learning for Life Program and must be taken with an outside source. A maximum of \$275 will be reimbursed to any resident for this course (including the BLS training for new residents) with a receipt. Additional expenses will be the responsibility of the resident.
 3. Some residency programs have additional certification requirements. If the certification is provided through our contract with the MSU State-wide Campus System (e.g. Advanced Trauma Life Support for Orthopedic Residents), no reimbursement will be available through IRMC. All other reimbursements will only be considered as planned for in the residency program's annual budget.
- C. National Board of Osteopathic Medical Examiners:**
Part III - Examination fees for the NBOME Complex Level Three Examination for PGY-1 residents will be paid with submission of an invoice or receipt of registration to the Medical Education Department. Successful completion of Part III is required by the end of the PGY2 year to graduate or be promoted to the next level of training at IRMC.
- D. Confidentiality – HIPAA (Health Information Portability and Accountability Act):** Housestaff officers have access to private information concerning patients. All such information is to be maintained confidentially and within the parameters of

doctor/patient privilege. HIPAA training will be provided at orientation of new house staff. For specific questions, please refer to HIPAA compliance training manual or consult the Compliance Officer.

- E. **Disposal of Confidential Documentation:** To assure a consistent approach to the disposal of confidential documentation, e.g., duplicate lab reports, etc. All house staff are required to either shred or recycle paperwork bearing patient names, addresses, social security numbers, diagnosis and any other patient related information. Recycling is available with the confidential recycling bins located throughout the hospital. Do not dispose in the regular trash. Never leave confidential information in a meeting room or anywhere else that a patient, family member, or other healthcare staff could view it. **DO NOT TAKE HIPAA PROTECTED DOCUMENTATION OUTSIDE OF THE HOSPITAL.** If you must keep it for updating logs at a later date, store it in your locker in the house staff area.
- F. **House Staff Endowment Fund:**
1. **Goal:** The goal of this fund is to help your colleagues in a time of need. We hope this will establish a greater sense of community among the house staff and encourage volunteerism.
 2. **Purpose:** The purpose of the House Staff Endowment Fund is to supplement the income of fellow residents during periods of unemployment due to illness. The fund has been established to assist those on personal disability.
 3. **Collection:** Funds may be donated from current house staff, Program Directors, medical education staff and all others who support the needs of those not receiving an income while training at IRMC. Donations may be made through direct payroll deduction or as a single and/or in lump sums. The account is to be held in the finance department of the hospital and monitored by the medical education department and committee. Appeal for donations from staff and friends of Ingham House Staff will be solicited.
 4. **Eligibility:** Fund recipients must be members of an IRMC residency or fellowship program at the time of application and must be nominated by a fellow house staff member. Eligibility will minimally extend until the graduation of the resident's cohort class. Eligibility can be extended at the discretion of the advisory committee.
- G. **Food Stipend Program Policy:**
1. The hospital pays for meals for medical students and house staff while on duty.
 2. All food that you purchase through the Food Stipend Program is for ***personal and immediate consumption only***. **You are not permitted to acquire food for other medical students, interns, residents, fellows, attending physicians, nurses, family members, or any other staff.** The acquisition of food for any other person is a direct violation of this policy and could result in your immediate suspension from this privilege.
 3. The Director of Medical Education reserves the right to suspend the provision of food for any or all house staff, if there is a violation of this policy.
 4. You will be provided with a food debit card. Bi-annually or annually, your card will be credited for \$125 a month. The Department of Medical Education reserves the right to prorate this stipend for the number of rotations that you are scheduled to work at IRMC.

5. Lost and found cards must be reported to the Department of Medical Education immediately. If a lost card is not reported within 24 hours, the house staff officer may be held responsible for charges made to the card after it was lost. Medical Education will cancel lost cards. A replacement card can be issued for an administrative fee of \$50 (cash or check) for lost or stolen cards. If the lost card is found; it should be returned to Medical Education.
6. Temporary replacement food debit cards are not permitted. It is the responsibility of the house staff officer to pay for his/her own meal, should he/she not have the food card during a shift. Another resident/fellow is PROHIBITED from purchasing food for them using their own debit card; refer to #2 above.
7. Use of another person's food debit card is strictly prohibited and could result in your immediate suspension from this food stipend privilege.

H. **Medical attention while on duty:**

1. **Serious illness:** When house staff are ill with moderate to major illnesses, they are encouraged to not work clinically, but to seek medical attention. *Any house staff requiring any parenteral medications or IV fluids must report to the Emergency Department or similar venue, must become registered as a patient, and have treatment initiated in the ED or similar venue.* The determination to return to work will be made by the treating physician.
2. **Injury:** When a serious injury occurs while on duty, the house staff officer should report to the Emergency Department for treatment. All injuries must be reported to Employee Health via phone (leave a message after hours) and complete an incident report. Employee Health will contact the house staff officer and follow their care and arrange follow up appointments.
3. **Blood-borne Pathogen Exposure:** The Nursing Supervisor must be notified *within 2 (Two) Hours* of all exposures, including students and visiting residents.
 - Immediately following an exposure to blood or body fluids, including:
 - (a) Needle sticks and cuts – wash with soap and water
 - (b) Splashes to nose, mouth, or skin – flush with water
 - (c) Eyes – irrigate with clean water, sterile irrigates
 - Inform Nursing supervisor - He/she will refer you to appropriate department
 - Fill out Incident Report found at any nursing station, include the following:
 - (a) Description of circumstances
 - (b) Route of exposure
 - (c) Stamp patient name (if known)
 - (d) If patient is unknown, write in upper right corner “source patient. unknown”
 - (e) If possible, give needle size, type/amount of body fluid involved in the exposure
 - Report to Employee Health Services (M-F 7:30a-4:00p) and bring Incident Report.
4. **Trainees with communicable disease or a family member with disease:** Any communicable disease or exposure to a communicable disease needs to be reported to Employee Health as soon as possible. Examples would be chicken pox, measles, shigellosis, shingles, herpes, conjunctivitis, etc. Employee Health will determine if the trainee may continue to provide patient care, remain in the hospital, or will be required to go home.

- I. **Risk Management:** In the event you are involved in any occurrences, claims, or lawsuits while employed by the hospital whether in-house or on an out-rotation, you are immediately required to notify Risk Management. Failure of timely notification may jeopardize insurance coverage and/or may create the potential for legal sanctions related to a delay in response to lawsuits. This notification applies during your entire professional career, even if you have completed your residency.
- J. **Occurrence Reports:** The Medical Education Department is responsible for implementing a procedure to improve and reduce risk management occurrences thereby reducing morbidity/mortality and improving the quality of patient care. When an occurrence is filled out that involves a house staff officer, the Director of Medical Education will review the occurrence report with said house staff officer. The Program Director may be present during this process. All Occurrence Reports are confidential and will help identify opportunities for education.
- K. **Peer Review Reporting:** The Director of Medical Education is responsible for reporting to the Professional Staff Executive Committee (PSEC) all accreditation activities for graduate medical education programs, all concerns and/or citations, corrective action plans and other related information as requested.
- L. **Patient Preference of Care, “No Physicians In-training”:** For purposes of this policy, “physicians in-training” will refer to all medical students, interns, residents, and fellows.
1. Patients admitted to the Emergency Department on the “no-doc” service may not opt out of being admitted to a teaching service. They may voluntarily request transfer to another hospital, or sign-out against medical advice.
 2. When a patient has an established attending physician and they request “no physicians in-training”, the attending physician will be notified of the patient’s request. The attending physician will speak directly to the patient and reach a solution.
 3. Due to the variability of physicians-in-training participation on consulting services, reasonable efforts will be made to adhere to patient’s wishes. Nonetheless, in most cases, patients who receive a consult will be seen by a physician-in-training.
 4. In the event of an emergency (e.g., a critical change in the patient’s condition), this policy will be waived.
- M. **Pagers:**
1. The hospital will provide a pager to all IRMC students, interns, residents and fellows. Pagers must be returned to Medical Education upon the completion of your training. All hospital property must be returned to complete your program. Please see Gary Riley or the hospital operator if you have problems with your pager.
 2. Usage of call pagers: While on-call, house staff use pagers specific to the service. **These call pagers must never be left unattended, even during the daytime hours. These pagers must be handed off personally to the appropriate responsible person.**
 3. Full day didactic policy – During State Wide Campus didactic days or other days where the seniors are all off-campus, a responsible person must be on pager to

receive calls from junior residents and interns. This can be a senior resident, who is attending the off-campus session, or an attending/fellow.

- N. **Appearance:** A neat, clean and conservative appearance is extremely important in fostering a professional image. Fingernails must be clean and neatly trimmed, long hair should be secured back out of the face, and jewelry kept to a minimum. IRMC has an institutional dress code policy that all employees must follow. Lab coats, scrubs, or other professional business dress must be worn at all times while on duty. *Lab coats should be worn, over scrubs and street clothes, when traveling outside of your service area, e.g. the cafeteria, lobby, etc.*
- O. **House Staff Area Maintenance:** All house staff are expected to cooperate in keeping the House Staff Area neat and clean. The following guidelines should be followed:
 1. Housekeeping changes linens daily and remove trash at least once daily.
 2. Clean up after common events (e.g., meetings, lunches, etc) is the responsibility of all those whom attended the event. Returning cafeteria trays is an individual responsibility.
- P. **Professionalism Expectations:** The house staff officer is obligated to abide by the laws, rules, and regulations of the professional staff (<http://irmc.org/body.cfm?id=620>), the terms of the hospital contract, and other guidelines established by the hospital. The house staff officer is responsible for participation in all professional staff activities involving evaluation of patient care.

III. Employment

- A. **Identification badges:** Identification badges bearing employee's picture are issued upon employment. Identification badges are issued to all visiting medical students and house staff officer. This badge must be worn at all times while on duty. In addition, identification badges are required to use food debit cards in the cafeteria and to enter the parking structure or library after hours.
- B. **Pay period/Pay checks for those employed by IRMC:** Pay periods begin every other Friday and end every other Thursday. Paychecks are issued every other Friday covering the previous two-week period, resulting in 26 pay periods per year. Nights worked for additional pay (GAP nights) will be a separate check, included with your bi-weekly paycheck.
- C. **Benefits:** All house staff employed by IRMC will have available to them the same benefits provided to the IRMC non-leadership salaried employees. Please refer to the Employee Handbook or contact Human Resources for complete details.
- D. **Educational Stipend:** IRMC Medical Education programs provide an educational stipend dispersed at the beginning of your contract year and is applicable to your contract year. If your contract is canceled by mutual agreement, you will owe the hospital a prorated amount based on the month you are leaving. You may use your educational stipend money to purchase books, products, conference travel, elective rotations, and review courses that enhance your educational pursuit. It is recommended that you save your stipend money in your personal account until it's needed for one of

the aforementioned educational pursuits. Since this money is provided as “lump sum”, it is considered taxable income.

- E. Address/Life Status Changes:** House Staff are required to notify the Human Resources and Medical Education Department of any change in their address and/or life status such as marriage, divorce, or the birth of a child. The time is limited to make changes in your benefits by the insurance carriers and federal laws. **You must notify the hospital immediately of all life changes to continue full coverage of your benefits.**
- F. Employee Assistance Program:** An employee, or a family member who resides with the employee, who is experiencing a difficult life circumstance may go for confidential counseling at no cost. Health education, general wellness training, financial and legal advice is available as well. These services are available HelpNet Employee Assistance Program. For more information, call 517-882-6071 or 1-800-852-6268.
- G. Family Medical Leave:** Pursuant to hospital written policies and procedures, the Family Medical Leave Act policy allows an employee to qualify after one year of employment, which is consistent with the law. Please contact Human Resources and Medical Education for directions/paperwork. For parental leave, employees are expected to exhaust their remaining Paid Time Off (vacation, sick, etc) before moving to short-term disability or non-paid leave. Any employee returning from a medical leave, must be cleared by Employee Health before returning to work.
- H. Impairment: Physician and Allied Health Professionals -** Physicians and health professionals are vulnerable to substance abuse even more so than the general public. Any occurrences will follow hospital policy pursuant to IRMC Human Resources procedures. **Reporting a fellow health professional is an uncomfortable task, but it is necessary to protect public safety and it is required by law.** Keep alert for the following signs of potential impairment in a colleague who:
- Has become more irritable, defensive, moody, easily angered and defensive during normal working routines.
 - Is frequently tardy or misses work because of illness or oversleeping.
 - Starts missing appointments, submits work late or with unacceptable errors on an increasing basis.
 - Seems to be withdrawing more, both personally and professionally.
 - Has become depressed or has expressed guilt about drinking or drugs; or
 - Smells of alcohol or has personal hygiene problems.
- 1. Reporting Possible Health Professional Impairment:**
To protect the public and to facilitate the identification and rehabilitation of an impaired physician colleague, residents are instructed to use the following process if they encounter a physician (attending or resident) or other health professional whose behavior is suspicious of substance or alcohol use. If in the course of patient care, a resident encounters a physician whose behavior is suspicious of substance or alcohol use, the resident is obligated to do the following:
- Immediately notify the following people for immediate action to protect patients and staff members:
 - The nursing supervisor on duty.

- The supervising department chairperson.
- Write a detailed report of the incident (an “Incident Report”) and provide a copy to the DME.

Individuals who suspect impairment in a fellow health professional should report their significant concerns even if they are not certain that the behaviors they have observed reflect true impairment. The program director and other administrative officials will assist in determining the likelihood of impairment and whether additional action is required. The confidentiality of all parties will be respected and protected according to standard procedures in such matters.

The hospital has specific policies on handling concerns regarding physician impairment secondary to drug or alcohol use. Resident vigilance in detecting and immediately reporting of these adverse events will greatly help protect patients and coworkers, and ultimately will lead to helpful intervention for the individual suspected of abuse. In addition, the State of Michigan Department of Consumer and Industry Services (CIS) have developed the Health Professional Recovery Program (HPRP) to assist in the identification and rehabilitation of impaired health professionals. More information is available from their web site (<http://www.cis.state.mi.us/ohs>), or by calling 1-800-453-3784.

2. Impaired Resident Re-entry Agreement

The training program has a responsibility to society, the community, and patients. At the same time, the program has a sense of responsibility to the resident. If it appears to be in the best interest of the resident and the program, a remediation and rehabilitation program will be designed for the resident found to be suffering from a substance abuse problem. However, for the resident to be re-enrolled as an active participant in the training program, he/she must agree to and sign the Impaired Resident Re-entry Agreement. An example of that agreement is in Appendix F.

I. Injury/Sick Policy: All students and house staff officers who are injured or sick are responsible for notifying the person in charge of their assigned service; the attending and/or the senior resident. Additionally, the Medical Education Department must be notified by 8:00 a.m or at the earliest possible time. During evenings, holidays or weekends, you are responsible for finding coverage and reporting the change in coverage to Medical Education on the next business day. House staff are required to make up time absent from call. If you require extended time off, more than two days, please contact Human Resources. You may qualify for FMLA pursuant to the IRMC Employee Handbook.

J. Sexual Harassment:

1. Purpose

The purpose of this policy is to define sexual harassment, and to identify the steps to be taken when (1) an employee believes that he or she is or has been the subject of sexually harassing behavior; or (2) an employee believes he or she has observed another employee or a third-party exhibiting sexually harassing behavior; or (3) an allegation has been made that an employee exhibited sexually harassing behavior.

2. Policy

The intention of IRMC is to provide an environment free from all forms of discrimination. Sexual harassment is recognized as a form of sex discrimination that is prohibited under Title VII of the Civil Rights Act. Sexual harassment is defined as (1) unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct or communication that is made a term or condition, either explicitly or implicitly, to obtain employment; or (2) when submission to or rejection of such conduct or communication by an individual is used as a factor in decisions affecting such individual's employment; (3) and when such conduct or communication has the purpose or effect of substantially interfering with an individual's employment, or of creating an intimidating, hostile or offensive work environment. Further, sexual harassment is considered (1) sexual contact between a patient and an employee or agent of IRMC; or (2) unwelcome sexual advances to a patient, unwelcome request for sexual favors from a patient, or conduct or communication to a patient constituting sexual harassment to any person. An employee and psychiatric patient will not initiate or sustain a personal relationship for two years following discharge or termination of psychiatric treatment, unless the employee and patient have a preexisting relationship prior to treatment with IRMC.

Prohibited conduct includes conduct such as offensive sexual flirtations, suggestive comments, sexual innuendo, unwanted physical contact, repeated requests or pressure for dates, advances, propositions, insults or verbal abuse of a sexual nature, graphic verbal commentaries about an individual's body, sexually degrading words describing an individual, humor and jokes about sex or gender-specific traits, or the display of sexually suggestive objects or pictures. Prohibited conduct also includes non-verbal, suggestive or sexually insulting actions such as leering, whistling, suggestive sounds, and obscene gestures. Prohibited touching would include any unwelcome touching of a sexual nature, pinching, intentional brushing of the body, sexual assault, and coerced sexual acts.

Sexual harassment is unlawful, and such prohibited conduct exposes not only IRMC, but also individuals involved in such conduct, to significant liability under the law. Employees at all times should treat others respectfully and with dignity in a manner so as not to offend the sensibilities of others. Accordingly, IRMC's management is committed to vigorously enforcing its Sexual Harassment Policy at all levels within the organization, including third-party harassment. Sexual harassment may be considered severe and grounds for immediate discharge.

3. Procedure

- (a) **Complaint** - Any employee who believes that he or she is or has been sexually harassed should report the alleged charge immediately to a Human Resources Consultant, or another Human Resources representative, who will have the responsibility of investigation. The information will be kept confidential, and will be disclosed only when necessary to the investigation and resolution of the matter.

Anyone who has observed sexual harassment or retaliation should report it to a Human Resources Consultant, or another Human Resource representative. An employee who was not the target of harassment or retaliation may file a complaint.

If accusations are made to any other person, the matter must be directed immediately to the appropriate person in Human Resources. Complaints of acts of sexual harassment or retaliation that are in violation of the Sexual Harassment Policy will be accepted in writing or verbally.

- (b) **Investigation** - Investigation of all complaints will be completed as quickly as is administratively possible. In determining what happened, an investigator will interview the employee who submitted the complaint, the accused, and any witnesses. The investigation will be conducted to determine what happened; to determine whether sexual harassment actually occurred; and to decide the appropriate action to be taken.

The investigator will produce a summary report that sets forth both the agreed upon and disputed facts in the case, and present the report to the Human Resource Director. In determining whether sexual harassment occurred, the evidence will be examined carefully in light of current standards and definitions and policy.

- (c) **Resolution** - Where it is agreed that sexual harassment has occurred, the Human Resources Director will assist the harasser's supervisor in determining the appropriate disciplinary action, based upon the nature and severity of the offense, within the guidelines outlined in the Employee Counseling and Discipline Policy and Procedure. A harasser who is a non-employee is subject to removal from IRMC property, or other appropriate action. Should it be determined that false accusations were made, the accuser is subject to disciplinary action (up to and including discharge).

In communicating the decision, a separate and confidential meeting will be held with each party in the case in which the steps in the investigation process are reviewed, the findings described, and the outcome explained. An employee who disagrees with the outcome may appeal.

- (d) **Record Keeping** - All steps will be documented from initiation of the complaint to resolution. The documentation of the investigation and a copy of any discipline that may have resulted will be kept in a separate Sexual Harassment confidential file by the Human Resources Director.
- (e) **Follow-Up** - When sexual harassment has occurred, management will monitor the conduct of the disciplined employee to prevent further incidents and insure that the complainant is not penalized.

IV. Work Hours and Scheduling

- A. **Work Hours Policy:** The following work hours policy will apply to all house staff officers:
1. When night call is scheduled on a rotational basis, the house staff officer is not scheduled more frequently than twice per week or seven (7) calls per 28 day rotation.
 2. House staff officers will not be assigned to work in-house in excess of eighty (80) hours per week averaged for each 28-day rotation.
 3. House staff officers will not work in excess of 30 consecutive hours inclusive of morning report and other educational programs. The house staff officer may not assume responsibility for a new patient after 24 hours. At this point, up to six hours is allowed for continuing with inpatient and outpatient care, transfer of care, educational debriefing, and formal didactic activities. There may be an occasional mandatory meeting that will require post call house staff to attend. Every effort is made to schedule these programs in the morning.
 4. House staff officers will have alternate forty-eight (48) hour periods off **or** at least one (1) twenty-four (24) hour period off each week. This is not guaranteed to be on a weekend.
 5. Upon conclusion of a 24 or 30-hour duty shift, house staff officers shall have a minimum of twelve (12) hours off before being required to be on duty again.
 6. House staff officers and training institutions must always remember that patient care responsibilities are not precluded by this policy in the case where house staff officers is engaged in a patient responsibility that cannot be interrupted. In such cases, additional coverage should be provided to relieve the resident involved as soon as possible.
 7. The training institution will provide an on-call room for house staff officers, which is clean and comfortable, that will permit rest during call. A telephone will be present in the on-call room. Toilet and shower facilities should be present in or convenient to the room. Nourishment will be available during the on-call hours of the night.
 8. Each Residency and fellowship program may have additional work hour policies to the above policy. Residents and fellows must comply with their program's specific policies as long as they do not conflict with the above policies.
- B. **Work Hour Logs:** Each house staff officer must accurately maintain his/her individual timesheet as required by his/her program. This documentation of work hours must be available to the Department of Medical Education upon request. Selected programs will use a computer-based tracking program.
- C. **Moonlighting and other outside work for pay:** Moonlighting is defined as work outside of the residency program duties that requires possession of a physician license.

Outside work for pay as a non-physician is defined as work that does not require possession of a physician license. Moonlighting or other outside work, for pay, requires a written request to be submitted for approval. The Program Director and Director of Medical Education must both approve the moonlighting request in writing and a copy must be placed in the house staff officer's file before a house staff officer can engage in any outside work for pay activities. Only house staff officers with a permanent license are eligible for moonlighting as a physician. House staff officers are eligible for permanent licenses only after they have successfully completed two years of residency training in an ACGME program or after completion of an AOA accredited osteopathic internship or first year of osteopathic residency. **PROFESSIONAL LIABILITY INSURANCE DOES NOT COVER HOUSE STAFF FOR ACTIVITIES AND PROFESSIONAL SERVICES OUTSIDE OF THE RESIDENCY PROGRAM, WITH THE EXCEPTION OF MOONLIGHTING WITHIN IRMC.** There are selected community services for which IRMC may extend its liability insurance. The house staff officer must petition to the Department of Medical Education for this waiver.

1. The following are required before the program director will consider authorizing a house staff officer to moonlight as a physician:
 - The house staff officer must have a permanent Michigan license on file in the Medical Education office.
 - The house staff officer must be performing in a satisfactory manner in the residency program as defined by the Program Director.
 - The house staff officer must produce documentation that the employer for the moonlighting activity will provide malpractice insurance that is satisfactory to the Program Director and hospital.
 - The house staff officer may not moonlight if they have a J-1 or H1-B Visa status. This prohibition is imposed by the Federal government.
 - **AOA and ACGME Program Requirements prohibit residents from working more than 80 hours per week on average. This includes any outside work for pay, including moonlighting. Thus, the resident must provide the Program Director with a schedule demonstrating that they will remain in compliance with this requirement.** Failure to notify the Medical Education Department and/or Program Director of moonlighting activity can lead to disciplinary action being taken.

2. Moonlighting within IRMC is available through the IRMC Pennsylvania Campus Code Coverage and GAPS. All requirements stated above (IV.C.1) must be met in order to moonlight within the IRMC system for night time Pennsylvania Code Coverage. See VI.A.4 and VI.A.5 (Call policies on GAPS) for the specific information on GAP requirements. A full license is not mandatory for GAPS, but is mandatory for all other moonlighting.

Pennsylvania Code Coverage: Responsibilities include carrying the code pager and responding to all code situations and Rapid Response Team codes. The physician carrying the code pager must be in the building at all times during their shift. A call room is provided.

Salary for Shifts: Code coverage pays \$45 per hour for at night weekday coverage as well as weekend and holiday coverage.

Liability Coverage: Professional liability insurance is covered by Ingham for all current residents and fellows.

Scheduling shifts: Physicians working in the Pennsylvania campus Urgent Care have the 1st option to cover that same evening. After the Urgent Care physicians choose, further coverage is on a first come, first serve basis. If you wish to be considered for these shifts, you must contact the Penn. Campus Administration Executive Assistant to be placed on the email distribution list for available dates. Requests for shifts will only be accepted by email after available dates are emailed to physicians on this list. Schedules are done monthly, no advance requests will be granted.

Orientation to Code Coverage: All physicians applying for code coverage privileges are required to fill out the necessary application paperwork, including a W-2, contact information, etc. Full licensure and ACLS certification is **REQUIRED**. ACLS, license, and written approval status must be verified with the Department of Medical Education, prior to being eligible to work shifts.

3. Outside work for pay as a non-physician does not require possession of a physician license and can be done with permission of the Program Director at any time during the residency if the following conditions are met:
 - The resident must be performing in a satisfactory manner in the residency program as defined by the Program Director.
 - The resident must not have a J-1 or H1-B Visa status, as moonlighting is prohibited by the Federal government.
 - AOA and ACGME Program Requirements prohibit residents from working more than 80 hours per week on average. This includes ANY outside work for pay. Thus, the resident must provide the Program Director with a schedule demonstrating that they will remain in compliance with this requirement.
 - The resident must have in his/her possession a copy of the document indicating the written permission of the Program Director.

Residents who violate this policy threaten the accreditation of the residency program. As such, residents found to be in violation of this policy may be subject to disciplinary action, including dismissal from the residency program.

D. Vacation and time off from duty:

1. PGY1 residents are granted two weeks (10 days) vacation total, one week (5 days) may be during any rotation and one week (5 days) during their own residency program rotations.
2. PGY2 (and above) Residents/Fellows are granted with 10 to 15 paid time off days, depending on training program and level of training. Refer to the program's policy manual for the specific policy.
3. All house staff, whom wish to take vacation time, must complete the following procedure two months in advance to the requested date:

- a. Complete a “Request for absence from duties” form (Appendix) and secure the following signatures:
 - i. Program Coordinator – to ensure the vacation time is available
 - ii. Supervising faculty of rotation
 - iii. Program Director and/or own chief resident
 - iv. Director of Medical Education
 - b. This form must be completely authorized and turned into the Program Coordinator for the vacation to be scheduled.
 - c. Failure to complete the required authorization process, may result in disciplinary action and/or repayment of salary expenses, if the house staff officer takes time off without proper authorization.
4. Vacation is a benefit that should be used during the training year. Trainees are requested not to use vacation in the month of June, regardless of their level in the program. With pre-authorization, house staff that are graduating or leaving their program, may take terminal vacations. Without pre-authorization, should a trainee resign or not return to work immediately following a vacation, the vacation will be forfeited and the trainee will not be paid for that time.
 5. Once the approved vacation time is used, any additional leave may extend the training program as stated in the AOA Basic Standards.
 6. House staff officers can be given conference time or board exam time off, when approved, using the same time off request process as listed in #3 above.
- E. **PGY1 holiday schedule:** Patient care occurs 365 days a year and to that end patient care and educational opportunities are uninterrupted by holidays. The six (6) IRMC observed holidays are: Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Day, and New Year’s Day. Of these holidays, house staff officers will be assigned through the usual scheduling process for Memorial Day, Independence Day, and Labor Day. New Year’s Day, Thanksgiving Day and Christmas Day will be treated as Gap days for Medicine, Pulmonary and Cardiology call scheduling. Gap Call will cover these services for the 24-hour period (beginning at 8:00 am day of holiday) at the rate of \$55.00 per hour.
- F. **Travel policy:** When house staff officers must travel for rotations, training, or conferences, prior authorization is required. *Without prior authorization, requests for reimbursement will not be considered. House staff officers must submit their travel plans to their program coordinator at least two months in advance.* The coordinator will process the necessary paperwork for travel authorization. All hospital travel policies must be followed. The house staff officer should refrain from making reservations, before getting approval from Medical Education. Maximum reimbursement amounts are determined by the training program’s approved annual budget. The Program Director is responsible for submitting reimbursement budget requests for each budget year.
1. Rotations – IRMC may reimburse the house staff officer for travel to outside rotations that are required in the AOA Basic Standards, based on the approved budget. Elective rotation travel expenses are not reimbursed. However, residents/fellows may use their educational stipend allowance towards elective rotations.
 2. Conferences/Training Seminars – House staff officers may be eligible for reimbursement of travel expenses when attending conferences or training seminars,

if they are required by the AOA Basic Standards. Non-required conferences will only be reimbursed if they are in the program budget.

3. For all travel, the house staff officer is responsible for submitting detailed receipts to the Program Coordinator for reimbursement. *Credit card receipts will not be accepted, only itemized receipts will be considered for determining reimbursement.* With the exception of outside-rotations, all food claims must have these itemized receipts. The house staff officer will not be reimbursed for non-work related items, such as (but not limited) to entertainment and alcohol. Internet access is not an approved expense, unless approved by DME/ADME prior to traveling. Reimbursement for travel will be in a mileage stipend. Gas receipts will not be accepted unless accompanying a car rental.
4. Failure to get pre-authorization for travel and/or time away from the training site may result in discipline of the house staff officer. It will also disqualify the house staff officer for travel reimbursement and work benefits if injured.

G. **Scheduling Rotations:** All rotations outside of the hospital MUST be pre-approved by the Program Director and DME/ADME at least three months in advance. Each resident is allowed up to 4 weeks for “fellowship interviewing” rotations during the length of the resident’s program. Any rotations that are not available through Ingham Regional Medical Center will be considered on a case by case basis and only under special circumstances. Preference will be given to McLaren subsidiary locations.

V. Didactics

Each service has its own didactic schedule. All house staff officers are responsible for discussing these didactic expectations with their Program Director or chief resident. All residents are expected to attend their program’s didactic sessions regularly. PGY1 residents are expected to attend the Medical Education Noon Lecture. The Department of Medical Education requires attendance at the following didactic sessions:

A. **Morning Report:**

1. Medicine Morning Report is held at 7:15 a.m. Monday through Friday (except holidays) in the House Staff Room on the third floor or Surgical Intensive Care Conference Room. All house staff officers assigned to Internal Medicine, Pulmonary, Cardiology, and Internal Medicine subspecialty rotations are required to attend Medicine Morning Report, except when they are on call that same night.
2. Morning reports are also scheduled for non-medicine rotations. Please check with the chief resident or attending prior to starting rotation to determine time and location. Residents are required to attend Morning Report on their assigned service.
3. The AOA requires a sign-in sheet for attending morning report. This sign-in sheet is monitored by Medical Education and will be used to verify attendance for educational conferences. This sign-in sheet will be the official attendance form. Failure to sign it will result in an absence in your attendance record.
4. PGY1 Residents will be assigned to present cases and lectures throughout the year by the Chief Internal Medicine Resident and will be given at least one-week notice to prepare for their presentation.

5. The Internal Medicine residents will conduct morning report under the direct supervision of the Program Director of Internal Medicine, his designee, or the Chief Resident.
6. During each four-week rotation in Internal Medicine at Morning Report, each PGY1 may be required to prepare a PowerPoint presentation on an interesting case in which they have participated or a topic of interest. Pertinent radiographs, EKG's, and a recent review article on the diagnosis or work-up discussed should be included. In order to provide an example of what is expected in a case report, an internal medicine resident will often conduct a case report at the beginning of each four-week rotation as scheduling permits.
7. In addition to Morning Report, each rotation will have other didactics specific to the rotation. The house staff officer must check with the chief resident or attending prior to starting each rotation to determine time and location.
8. Excused absences are acceptable. Excuses will be determined on an individual basis by the Program Director and noted in the attendance report.

B. Noon Lecture:

1. Noon Lectures are an important part of your educational experience during your PGYI year of training. All house staff officers assigned to Internal Medicine, Pulmonary, Cardiology and Internal Medicine subspecialties are required to attend all Noon Lectures.
2. The Attendance Sheet must be signed to indicate your presence for the lecture.
3. The Attendance Sheets are collected by the Medical Education Office.
4. If you are unable to attend a noon lecture, you are responsible for notifying your program coordinator, providing your reason for not attending. Acceptable reasons include:
 - You are in a Clinic offsite and are unable to leave the Clinic until after 12:00.
 - You are involved in the care of a critically ill patient.
 - You are post call.
 - You are on an elective and out of the hospital for the rotation.
 - Involved in a surgical case and unable to leave.

C. Statewide Campus System (SCS) Education Day:

1. ***All house staff officers*** should attend one SCS Education Day per month. The first preference should be to attend their specialty program's specific Education Day when it can work in their rotation schedule. **Pre-registration for the educational day is mandatory by SCS.**
2. ***All house staff officers*** are responsible for completing paperwork to attend an SCS Day, including a *Request for Absence from Duties* form and the paperwork from SCS must be submitted at the beginning of the rotation or in advance as per the Time off and travel policy above. Residents may only attend if proper backup systems are in place for patient care.

VI. Procedures

A. Medicine Service Call Policies

1. General Call Expectations:

- (a) The PGYI house staff officer who is on-call for the evening hours should present at the hospital at noon on the day of call, attending noon lecture before beginning patient care activities.
- (b) While on-call there are no caps or limits on admissions and consults. There is an expectation that on-call house staff officers will work together to ensure patient safety.
- (c) The house staff officer is also responsible for floor coverage and “code coverage” throughout these periods. In the event of a “stat consult” in which a life-threatening situation appears imminent, the house staff officer must respond appropriately. Non-urgent admits and consults can be held for the morning team to complete, at the house staff officer’s discretion.
- (d) Any Admissions or consults not completed by 7:30 a.m. become the responsibilities of the oncoming admissions and rounding teams.
- (e) The house staff officer is responsible for communicating patient care information to the attending physician or senior medicine resident during the call hours.
- (f) A call shift is not complete until the intern has signed out his or her patients to an appropriate attending or surrogate. This is MANDATORY!
- (g) The post-call house staff officer will leave at the time the attending chooses or by noon at the latest. Assume you will stay until NOON.
- (h) House staff officers are not permitted to work two call shifts simultaneously.

2. Call Schedule Procedures:

- (a) All PGY1 resident time off requests MUST be submitted to Karen Jury two months prior to the start of a rotation. A written request does not guarantee that you will receive that day off, however, the Call Committee (through Medical Education) will attempt to accommodate your requests. Time off requests submitted after the deadline above, will not be considered.
- (b) The call schedule will be published in advance to the start of the rotation.
- (c) Once the schedule is published, all house staff officers are responsible for their assigned calls. **If you are not able to work an assigned call, YOU are responsible to find someone to cover the call for you.**
- (d) Changes in Call Coverage: You will be considered the person responsible for your assigned call until you submit a written “Call Responsibility Change” form to Medical Education. This must have the signature of the person agreeing to take the call for you. The house staff officer originally scheduled to be on-call is responsible for notifying the Switchboard, Emergency Department, Patient Care Services, Pulmonary, Thoracic and Cardiovascular Institute of any changes to the printed and distributed schedules.
- (e) In the event of an emergency requiring a call change, the house staff officer should make an effort to switch call responsibilities with a peer. If he/she is unsuccessful, then he/she must notify the program director/coordinator for help in fulfilling the call duties. This house staff officer will be expected to

pick up another call at a later date for each call that he/she was unable to complete due to the emergency.

- (f) All of the scheduling of call nights and gaps will be administered by the Medical Education Call Committee. Any exceptions to the policy above will be individually considered by this committee with two weeks advanced notice.
- (g) New residents must complete a rotation or shadow an experienced resident for a minimum of 6 hours (unpaid) before being allowed to take solo call/Gap on each of the Medicine specialties: Medicine, Cardiology, and Pulmonology. Documentation of this shadow experience must be provided to Karen Jury before the regularly scheduled call night. Use the “New Resident Call/Gap Competency Form” (Appendix) for this purpose. Each new resident must fill out a form for each service, if he/she has not rotated on this service prior to taking call or a Gap shift.

3. **PGY1 Gap Night Coverage:** Occasionally there is a “Gap” in coverage for one or more of the medicine services. This is an opportunity for PGY1 house staff officers to earn additional income while spending additional evenings in training.

Osteopathic PGY1 residents are given first choice for gap night coverage, after which other IRMC house staff officers are offered the shifts. House staff officers are expected to respect the following guidelines when signing up for Gap nights:

- (a) New residents may work Gap nights beginning with Rotation 2.
- (b) The house staff officer should have completed a rotation, in the medicine service being covered, prior to picking up a Gap night. If the house staff officer has not completed the rotation, he/she must follow the procedure in policy VI-3(g) above.
- (c) House staff officers may work Gap nights while on any rotation as long as the additional hours do not violate the 80-hour work week limit.
- (d) After working a Gap shift, the house staff officer must work their scheduled shift the following day. The number of consecutive hours worked is limited to 30-hours. During the last six hours of the 30-hour period, the house staff officer is prohibited from assuming the care of new patients. They are only able to participate in the ongoing care of known patients and educational activities.
- (e) The Call Committee reserves the right to suspend a trainee’s Gap privileges at any time without cause.
- (f) Available gap nights will be posted in the House Staff Room one month in advance. The PGY1 residents are given the initial opportunity to determine a fair and equitable process for Gap night distribution amongst their group.
- (g) If there are remaining Gap nights after the PGY1s signup, then all other house staff officers will have the opportunity to cover a gap night.
- (h) No house staff officer can appoint anyone other than himself or herself to cover a Gap night. If the house staff officer is unable to cover a Gap night, it is the responsibility of the house staff officer to notify Karen Jury. The Gap night will be put up for a drawing amongst all house staff officers.
- (i) Gap pay is \$40.00 per hour. Holiday gap is \$55.00 per hour. Coverage for a holiday gap is 24-hours from 8:00 a.m. to 8:00 a.m., the following day.
- (j) In order to receive pay for gap night coverage, a Gap Night Coverage Agreement form must be completed and returned to Karen Jury, Medical Education.

4. **Senior Resident Gap Night Coverage:** For the 2009-2010 academic year, PGY2/3 residents will be allowed weekend opportunities for paid call nights. Senior residents in internal medicine are given priority for these Gaps. However, other senior house staff officers may be considered at the discretion of the Medical Education Call Committee. Senior Gap participants are expected to respect the following guidelines when signing up for Gap nights:
 - (a) Residents may work Gap nights while on any rotation as long as the additional hours do not violate the 80-hour work week limit.
 - (b) After working a Gap shift, the resident must work their scheduled shift the following day. The number of consecutive hours worked is limited to 30-hours. During the last six hours of the 30-hour period, the resident is prohibited from assuming the care of new patients. They are only able to participate in the ongoing care of known patients and educational activities.
 - (c) The Call Committee reserves the right to suspend a house staff officer's Gap privileges at any time, without cause.
 - (d) Available gap nights will be assigned by the Chief Internal Medicine residents.
 - (e) Gap pay is \$50.00 per hour for 5 p.m. – 1 a.m. on some Friday and Saturday evenings. Gap night coverage will not be assigned on holidays.
 - (f) In order to receive pay for gap night coverage, a Gap Night Coverage Agreement form must be completed and returned to Karen Jury, Medical Education.

5. **Call Rooms:** IRMC provides on-call rooms for medical students and house staff officers so as to permit rest and study during call. A telephone is present in the on-call rooms. Toilet and shower facilities are convenient to the rooms.

6. **Medicine, Medicine Subspecialties, and Cardiology Call Responsibilities:**
 - (a) Night call is from 5:00 p.m. to 8:00 a.m. the following day on weekdays and from 8:00 a.m. to 8:00 a.m. the following day on weekends and holidays.
 - (b) The resident physician on-call is responsible for rounding on his/her own patients the morning after call. Attendance at morning report is mandatory for house staff officers who are post-call. When post 24 hour call (or on a Saturday, Sunday, Monday and Holidays), house staff officers will be excused no later than noon or as soon as the attending physician excuses them. House staff officers coming on-call are responsible for contacting the house staff officers going off duty. Please review the work hour policy for specific details.
 - (c) The primary responsibilities of the house staff officers are admissions, consults and floor calls. Rounding is at the discretion of the senior resident on-call.
 - (d) There will be a check out of patients from the day house staff officers to the house staff officers on night call at 5:00 p.m. each weekday. It is important that vital patient information be shared.
 - (e) *Cardiology Patients:* Morning Report is held Monday through Friday at 8:30 a.m. at 6 North. If you are not able to attend this you must either notify the attending by telephone of any admissions or leave a message with the necessary information.

7. Pulmonary Call Responsibilities:

- (a) Pulmonary house staff have a primary responsibility to the pulmonary service.
- (b) Critical patients should be attended first. The pulmonary rotator must use sound clinical judgment in this process. An emergent consult may take priority over a routine ED admission. Likewise, an emergency admission may take priority over a routine consult.
- (c) On the weekends, pulmonary house staff officers will round with the Pulmonologist until released in the early afternoon (usually around 1:00 p.m.).
- (d) ***Any new admission or critical care patient on the pulmonary service requires a call to the attending physician; no exceptions.***

8. Nighttime CODE Call Coverage: To help improve patient care, the following system has been put into place.

- (a) The on-call CODE team consists of the IM senior resident and the PGY1 residents on the various services (Cardiology, Internal Medicine, and Pulmonary Medicine). The internal medicine residents are expected to respond to CODES, manage the event, and participate in stabilization and transfer efforts.
- (b) **Internal Medicine Responsibilities:** The internal medicine senior resident is primarily responsible for leadership in the code. This includes overseeing (and sometimes performing) invasive procedures. With rare exception, they will still facilitate the transfer of patient to critical care areas. IM senior residents are expected to seek assistance with invasive procedures from the Anesthesiology and Emergency Medicine residents when other critically ill patients require their attention.
- (c) Anesthesiology and Emergency Medicine residents are expected to respond concurrently with the internal medicine Code Team to any in-house Code on their assigned nights of coverage.
- (d) **Anesthesiology residents** will take in-house Code Call on Monday through Thursday evenings (5:00 p.m. – 7:30 a.m.)
- (e) **Emergency Medicine Residents** will respond to Codes on Friday through Sunday evenings (5:00 p.m. – 7:30 a.m.) and on certain holidays
- (f) **Caveats to Response:** There are times when the IM resident may need to leave the CODE efforts (e.g., with a concurrent CODE or an RRT activation). In that case, the Emergency Medicine and Anesthesiology residents must assume care of the patient until transfer of care arrangements are made. These times are rare and will be handled in a collegial and professional fashion. Likewise, if the Anesthesiology resident is in the surgical suite with a patient, she/he cannot respond. Finally, if the Emergency Department is on diversionary status, the Emergency Medicine resident may not respond.

B. Communication with attending physicians: IRMC is a teaching hospital and contact with attending physicians should be positive and supportive. To assist communication between attending physician and house staff, please consider the following parameters as times to contact the attending physician:

- Death of a patient
- Patients who have coded
- Patients who will be transferred to a different service or area of the hospital (e.g., change in level of care)
- Any patient transferred to the Emergency Department or a Critical Care Unit

- When you are uncertain about medical decision making
- When the patient needs operative intervention

Faculty physicians must be notified:

- When there is an admission requiring guidance by the supervising physician
- If the patient's condition worsens and requires attending input
- For abnormal laboratory, radiographic, electrocardiograph, or any other testing that suggest a need for medical decision-making requiring the input of the attending physician

- C. Procedure Logs:** Each PGY1 resident is required to submit patient and procedure logs for each service using the New Innovations data tracking system. The log is a requirement of IRMC and the American Osteopathic Association; moreover, it should be accurately maintained for requesting future privileges as well as potential requirement of liability insurance as requested to verify areas and levels of training. **Verification of completion of training year or program will not be provided to the state licensing board until all paperwork and duty responsibilities are fulfilled.**

Each resident will have a procedure approval card attached to their ID badge with the list of procedures they are permitted to do. The PGY1 Director will sign and punch the approval card as the resident demonstrates proficiency. After the resident has the minimum requirements, the New Innovations log is still mandatory for all residents, except OB/GYN residents, who must log their procedures in the eLogs system.

After the PGY1 year, patient and procedure log requirements are determined by the Program Director, pursuant to the specialty's AOA Basic Standards.

- D. Code Team Design:** The number of house staff present during a code should never exceed five (5). The five responders should include a senior resident who will direct the code, a junior resident who will act as the secondary person for intubations and laboratory access and another junior resident for starting the central line and/or blood gas acquisition. Two other observers can be in the room, including, medical students, other house staff and a physician assistant. The senior directing the code will identify the five (5) respondents. In the case of a respiratory therapist already in the act of intubating the patient, the need for a house staff person to do so is eliminated.
- E. Medical Records:** To improve legibility and reduce confusion in patient's Medical Records, please follow the following:
- Dictation number, date, and time should be noted immediately after your signature each time an entry is made on a medical record. The house staff officer is requested to use the provided name stamp when signing any medical records.
 - All time notations **MUST** be in military time (0800, not 8:00 am)
 - No gel ink or felt tip pens can be used to write in a chart. All Medical Records must be signed with a pen that will make an impression on pages below original.
- F. History and Physicals:** No breast, rectal, or vaginal examinations are performed by male residents on female patients without female staff present. For ease in reviewing charts, all H&P's will follow the format as presented by Medical Staff Bylaws and will include the AOA required Musculoskeletal System evaluation. Also, complete a Review of Systems including a rectal and pelvic exam, or, if an item is deferred, indicate when it will be done. Off-service H&P's should be avoided under normal

circumstances. Residents and medical students and/or attendings are responsible for the H&P's and admit notes on each assigned service. When you dictate an H&P, make sure to note the attending by name, not by service. For example, use "Dr. Michael James", not "TCI attending". A sample H & P form is attached in the Appendix. Please see Medical Staff - General Rules below:

3.2 HISTORY AND PHYSICAL REQUIREMENT AND CONTENTS

3.2-1 An admission medical history and physical examination shall be recorded within twenty-four (24) hours of admission. Each Professional Staff Department will determine specific content requirements based upon its scope of practice, but all records should include:

(a) *Identifying Data*

Patient's name, record number and name of the primary care physician.

(b) *Presenting Complaint and History of Present Illness*

A thorough review of the involved (or potentially involved) system(s), relevant life-style, occupational or exposure risk factors and family history.

(c) *Past Medical and Surgical History*

(d) *Allergies*

(e) *Medications*

(f) *Social History and Habits*

A brief review of the patient's occupational status, living situation and stressors and any data relevant to cultural/spiritual needs of the patient. Habits, which may impact negatively on the patient's immediate course, should be listed.

(g) *Review of Systems*

If a condition other than the primary admitting condition is found or suspected which might impact on the patient's immediate course, a complete review of the involved system(s) should be recorded. All patients undergoing an invasive procedure who have a history of significant medical problems shall have a review of the involved system(s) recorded.

(h) *Immunization status*

(Required for all pediatric patients.)

(i) Required components for special populations include:

(i) *Pediatric patients* - Developmental age, weight, length/height and head circumference.

(ii) *Patients undergoing any invasive procedure* - Mental status.

(iii) *All osteopathic physicians shall record a musculoskeletal examination* - In accordance with the American Osteopathic Association accreditation requirements. If a musculoskeletal examination is contraindicated the reason shall be recorded.

(j) *Assessment and Plan*

A statement of the active and relevant diagnoses and a plan of evaluation and treatment including appropriateness of setting for care rendered.

(i) For pediatric patients consideration of educational/daily activity needs must be documented.

(ii) For patients who are victims of alleged or suspected abuse or neglect:

(iii) The assessment is conducted with the consent of the patient or parent or legal guardian or as otherwise provided by law.

(iv) The assessment is conducted in accordance with the organization's responsibility for the collection, retention, and the safeguarding of evidentiary material released by the patient.

(v) The assessment includes, as legally required, the notification and release of information to the proper authorities.

- G. Osteopathic Structural Exam:** The AOA and IRMC require that an Osteopathic Structural Exam will be performed and recorded in the H&P of all patients of osteopathic physicians. IRMC has a form (Osteopathic Musculoskeletal Examination of the Hospitalized Patient) for this purpose.

- H. **Discharge summary:** PGY1 Residents can do discharge summaries if they feel they can provide an adequate summary. If not, it is his/her responsibility to communicate that to the supervising attending or resident.
- I. **Readmitting Patients to IRMC:** All readmissions of internal medicine patients that have been discharged from an internal medicine service and return to the Emergency Department within fourteen days (14), should be readmitted into the service unless they have formally transferred care to another physician. If the date of discharge is longer than 14 days from the Emergency Department presentation, the patient can be reassigned to the “no-doc” on-call physician.

VII. Performance Standards and Procedures

- A. **Evaluation of Service:** Each house staff officer is required, at the end of each four-week rotation, to complete an on-line Evaluation of Service. Attendings receive anonymous summaries of housestaff feedback. Keep in mind the Evaluation of Service is a tool to help monitor and improve your learning experience. Evaluation of Service is due one week after completion of each service. The evaluation is a requirement of IRMC and the AOA. It also provides supporting proof that the house staff officer completed the rotation for purposes of obtaining future medical staff privileges. **Verification of completion of residency program will not be provided until all paperwork and duty responsibilities are fulfilled.**
- B. **Evaluation of house staff officers:** The residency program and fellowship has an educational component and is designed to offer structured and supervised exposure to promote the acquisition of the skill, knowledge, attitudes, and experiences to practice medicine independently. House staff officers are supervised and evaluated throughout their training. During daytime hours, house staff officers will be responsible to attending physicians and/or a supervising resident for assignment of responsibility, supervision, and evaluation.

During night on-call hours, house staff officers must receive an on-call list of attending physicians that they are able to contact for assistance and supervision on their respective patients. Physicians are required to review care given their patients by house staff officers while on-call and participate in evaluation of this care with the house staff officers.

At the completion of each assigned rotation, the attendings for that service are to complete an on-line evaluation of the house staff officers on New Innovations. This feedback will be available to the house staff officers online as well as reviewed quarterly with the Program Director.

- C. **Administrative Review of Evaluations:**
 - 1. PGY1 residents - The AOA requires first year residents to meet with the Administrative Director of Medical Education (ADME), or the PGY1 Director for quarterly meetings to discuss their evaluations, questions or concerns, future plans, etc. Monthly PGY1 meetings are scheduled with these Administrators as well, for the discussion of current issues.

2. Residents - will meet with their Residency Program Director quarterly to review their evaluations.

D. Responsibilities of Teaching Attendings:

1. The number of admissions, the number of patients assigned, and the quality of patient care will be considered when assigning house staff patient care responsibilities. House staff will not be over-burdened with the number of patients to prohibit learning.
2. The attending will provide the house staff an opportunity for decision-making while maintaining overall responsibility for the care of patients. The attending is ultimately responsible for each patient on the service, and the level of involvement in patient care should reflect this responsibility. The attending is responsible for the overall supervision of the house staff on their service.
3. The attending will be available at all times for consultation, as well as primary and secondary backup. This includes nights and weekends.
4. The attending will be available to evaluate patients on the service at any time and to provide appropriate in-hospital backup to the house staff commensurate with the needs of the patient and experience of the house staff.
5. Depending on the accreditation requirements for each program, the attending will make appropriate notation in the medical record.
6. House staff will make appropriate medical record entries (H&P's), (admission notes, progress notes, discharge summaries, etc.), and be allowed to write orders.
7. A significant portion of rounds will be didactic or semi-didactic. During this session the attending will direct a discussion of the complete differential diagnosis, the pathophysiology, the treatment, current controversies, prognosis, and cost of workup of a particular disorder.
8. For the purposes of billing and quality patient care, patients must be seen daily. The attending will provide critique of care rendered by the house staff as well as information regarding clinical problems.
9. The attending will evaluate clinical skills of house staff at the bedside.
10. The attending will be a role model for house staff. It is expected that the attending will conduct the service and care of patients with integrity, moral responsibility, and humanism.
11. It is expected that the attending will practice medicine in accordance with standards of practice in the community including but not limited to medical judgment, use of procedures, tests, and appropriate consultations.
12. The attending should see that appropriate supervision of junior residents by the senior resident is being provided (if one is on the service).

13. If the attending is absent for any period of time, the regular attending must identify an appropriate backup who is aware of the attendings responsibilities.
14. Any substitute attending must be able and willing to assume the same level of responsibility for patient care and teaching as the primary attending.
15. The attending will conduct an evaluation of the house staff at the conclusion of their rotation. This will identify strengths and weaknesses and be explicitly documented. Documentation will be kept within each residency.

VIII. ACADEMIC AND DISCIPLINARY DISMISSALS

A. The AOA Basic Standards state the following policy (see II.P-Q):

- *The training institution shall provide trainees with appropriate policies and procedures for grievance and due process. These policies shall address academic and disciplinary actions that could drastically jeopardize a trainee's appointment and/or career and must address the nonrenewal of resident contracts termination of program, and failure of clinical services by the training institution.*
- *The training institution shall provide trainees with appropriate policies and procedures.*
- *"The institution may discontinue the training of an intern/resident if the trainee is considered to be intellectually, educationally, temperamentally, morally, or otherwise unsuited to participate or continue in the program.*
- *Prior to termination of an intern/residency contract, the institution must provide the resident with appropriate due process, personal and/or academic counseling. There must be written documentation of deficiencies and attempts to resolve these concerns.*

B. **Due Process/Resident Dismissal and/or Corrective Action:** A resident may be dismissed from the residency program or corrective action taken for cause including but not limited to:

1. Unsatisfactory academic or clinical performance
2. Failure to comply with the rules and regulations of the program, or IRMC
3. Revocation or suspension of license
4. Theft
5. Acts of moral turpitude
6. Insubordination
7. Use of professional authority to exploit others
8. Conduct that is detrimental to patient care
9. Failure to adhere to hospital policy as described in employee handbook
10. Discrimination
11. Unprofessional behavior including sexual harassment, verbal harassment
12. Sexual advances toward a patient

13. Drug or alcohol abuse

Prior to initiating an action, the Program Director will consult with the DME and/or ADME. If, in the opinion of the Program Director, the situation is of sufficient gravity, a non-routine process of immediate corrective action may be taken. In a non-routine circumstance the immediate corrective action will be followed by the Program Director consulting with the DME.

If an action is initiated during the term of the resident's contract, the routine process will be as follows:

1. The resident will be notified that the Program is considering action.
2. Upon notification, the resident will have an opportunity to meet with the Program Director and present verbal and written evidence in support of his/her position in response to the reasons for the action set forth by the Program Director.
3. After the above referenced meeting, it is at the discretion of the Program Director, DME and/or Human Resources to decide what action is warranted. Actions include but are not limited to dismissal, letters of warning or reprimand, suspension with or without pay, and extension of the term of the resident's program. All are options that may be instituted by the Program Director.

A resident has a right to appeal an adverse action of the Program Director. The resident may request, in writing, an appeal hearing. A written request must be made to the Graduate Medical Education Committee within fifteen (15) calendar days from the time the resident is informed of the action.

The Chairperson of the Graduate Medical Education Committee will impanel a hearing panel. The members of the hearing panel will consist of five (5) members including: Two (2) physician members from the involved clinical department, one (1) member from a clinical department not involved in the action, one (1) senior resident from another residency program. The hearing panel will select a member who will chair the meeting(s) and draft the Report of findings.

The resident has the right to challenge any member of the hearing panel for cause. The panel, excluding a challenged member, will confer and rule on the validity of a Challenge. The panel's finding is final.

The hearing panel will ensure that a collegial atmosphere prevails in the hearing. The hearing is not a court of law and court rules and the rules of evidence are not binding. The resident or the program director may choose to invite an advisor to be present during the hearings.

After an instructor, program director or academic committee has rendered a judgment of performance, to overcome the presumption of good faith of those making such judgment, appeals of actions concerning academic evaluations must demonstrate that an evaluation was based entirely or in part upon factors that are inappropriate or irrelevant to academic performance and professional standards.

The GMEC chairperson may accept or set-aside the panel's recommendation. He/she will inform the resident, the respondent and the DME of his/her disposition on the panel's recommendation within fifteen (15) calendar days.

C. Grievance Procedure: The GMEC will establish and insure that due process is available to persons who are recognized as holding resident status in the graduate medical education programs at IRMC. These residents have a system for the resolution of complaints related to the application and/or interpretation of the policies and procedures that govern the conduct of integrated training programs. The guidelines for determining the disposition of complaints shall include the following:

1. Good faith efforts will be made to resolve at the informal means between the parties.
2. In the event that the matter cannot be resolved at the informal level, the resident may file a written grievance and seek relief with the DME and request a review of the issue.
3. The DME will attempt to mediate a resolution to the complaint.
4. If mediation does not facilitate a mutually agreeable resolution, the DME may institute a resolution based upon his/her understanding of the facts and circumstances related to the complaint.
5. It is assumed that the resident accepts the chairperson's resolution of the complaint if the chairperson is not informed to the contrary within fifteen (15) calendar days of communicating a solution to the concerned parties.

In the event that a resolution instituted by the DME is not acceptable to the resident, he/she may request, in writing, a formal hearing of the original complaint (grievance).

1. Such a written request must be made to the Medical Education Committee within fifteen (15) calendar days from the time the resident is informed by the chairperson of his/her decision as to a resolution.
2. A written request for a hearing must state the original complaint and requested relief.
3. The Medical Education Committee shall impanel a hearing committee within fourteen (14) calendar days.
4. The members of the hearing panel will consist of five members including: three (3) physician members from the department and two (2) senior residents from the program. The hearing panel shall select a panel chairperson who will chair the meeting (s) and draft the report of findings and recommendation for resolution.
5. The panel shall first meet to hear the resident's complaint within thirty (30) calendar days of being impaneled.

6. The resident and the respondent will have the right to challenge any member of the hearing panel for cause. The panel will confer and rule on the validity of a challenge.
7. The panels finding is final.
8. The hearing panel will ensure that a collegial atmosphere prevails in the hearing. The hearing is not a court of law and court rules and the rules of evidence are not binding.
9. The resident (the complainant) or the respondent may choose to invite an advisor to be present during the hearings. During the course of these hearings only members of the hearing panel, the grievant and the respondent have the right to address either the panel members, the respondent, the complainant or other persons brought before the panel. The advisor shall not present the grievances or the respondent case.
10. The report and recommendation of the hearing panel will be submitted to the chairperson of the Medical Education Committee.
11. The Medical Education Committee chairperson may accept or set-aside the hearing panel's recommendation. He/she will inform the resident and the respondent and the program director of his/her disposition on the hearing panel's recommendation within fifteen (15) calendar days.

D. Appeal Process: In the event the resident chooses to seek an appeal on the disposition of the original complaint, he/she must submit a written petition to the Chief Medical Officer requesting a decision on the matter.

1. A petition must be submitted within fifteen (15) calendar days from the date the Medical Education Committee chairperson makes known a decision on the appeal panel's recommendation.
2. The Chief Medical Officer will review the written record within thirty (30) calendar days of receiving a petition. The written record will include:
 - (a) The resident's complaint and relief.
 - (b) The proposed resolution.
 - (c) The report and recommendation.
 - (d) The disposition.
3. The Chief Medical Officer may or may not choose to confer with the parties to the complaint.
4. At the conclusion of his/her deliberations the Chief Medical Officer will render a final finding on the complaint. The Chief Medical Officer may accept, modify, blend or set aside any previous recommendation(s) or he/she may formulate an entirely new resolution of the complaint.

5. The Chief Medical Officer will inform the resident, the respondent, the program director, and the chairperson of the Medical Education Committee of the finding on a complaint within ninety (90) calendar days of receiving a formal petition.
6. Within the scope of this process, the Chief Medical Office's finding will be final and binding.

IX. Program Closure or Reduction

In the event of a program closure or reduction in positions, which would impact trainees prior to program completion, Ingham Regional Medical Center (IRMC) will:

- A. Immediately notify the AOA, the MSU Statewide Campus System (OPTI), and the trainees.
- B. Make every attempt to permit the current house staff officers enrolled in the program to complete their training prior to such an action.
- C. Request aid, from the MSU Statewide Campus System, in placement of the enrolled house staff officers in other AOA approved programs within the OPTI structure.
- D. Provide two months of severance pay to the house staff officers whom the closure or reduction decisions prevent from program completion in that or another geographically proximate program arranged by IRMC an/or the OPTI.

APPENDIX A (09-10 Manual)
COMMON ABBREVIATIONS

ACGME – Accreditation Council for Graduate Medical Education

ADME – Administrative Director, Medical Education

AOA – American Osteopathic Association

DME – Director, Medical Education

DOI – Director, Osteopathic Internship, otherwise known as the PGY1 Director.

FMLA – Family Medical Leave Act

GAP – Paid night coverage of service when not scheduled to work

GMEC – Graduate Medical Education Committee

HSR – House staff room

IRMC – Ingham Regional Medical Center

MSUCHM – Michigan State University College of Human Medicine

MSUCOM – Michigan State University College of Osteopathic Medicine

NBOME – National Board of Osteopathic Medical Examiners

PGY1 – house staff level in first year of internship or residency

SCS - Michigan State University College of Osteopathic Medicine, Statewide Campus System

APPENDIX B (09-10 Manual)



INGHAM REGIONAL MEDICAL CENTER
DEPARTMENT OF MEDICAL EDUCATION
**NEW HOUSE STAFF OFFICER
CALL/GAP COMPETENCY**

The new house staff officer, _____, shadowed me in my call duties on
(Name)

the night of _____ for _____ hours on the following service (circle):
(Date of call) (Total # of hours)

Internal Medicine - Pulmonary - Cardiology

Based on my observations with this individual during this shadowing experience:

- I believe the new house staff officer is ready to take on call/gap responsibilities in the above circled service.
- I believe that the new house staff officer would benefit from additional shadowing experiences and should not be given primary call/gap responsibilities at this time.

Comments:

Signature of Resident

Date

**THIS FORM MUST BE COMPLETED
AND RETURNED TO KAREN JURY, MEDICAL
EDUCATION, PRIOR TO ANY NEW HOUSE STAFF
OFFICER TAKING CALL FOR EACH MEDICINE
SERVICE, IF THAT ROTATION HAS NOT BEEN
COMPLETED.**



APPENDIX C (09-10 Manual)

INGHAM REGIONAL MEDICAL CENTER
DEPARTMENT OF MEDICAL EDUCATION
CALL RESPONSIBILITY CHANGE

This will confirm that _____ has agreed to
(substitute house staff officer)

provide coverage for call on (Circle a service): Internal Medicine - Pulmonary - Cardiology

on the date of _____ during the times of _____
(Date of call) (Time of call)

as a substitute for _____
(originally scheduled house staff officer)

Signature of substitute house staff officer

Date

Signature of originally scheduled house staff officer

Date

Approved By:

Karen Jury – Call Coordinator, Medical Education

Date

**THIS FORM MUST BE COMPLETED
AND RETURNED TO KAREN JURY, MEDICAL
EDUCATION, PRIOR TO THE CALL DATE,
IN ORDER TO BE OFFICIALLY RECOGNIZED.**



**INGHAM REGIONAL MEDICAL CENTER
DEPARTMENT OF MEDICAL EDUCATION
GAP COVERAGE AGREEMENT**

This will confirm that _____ has provided
(Name)

coverage for (circle a service): Internal Medicine - Pulmonary - Cardiology.

DATE OF COVERAGE: _____

TIME OF COVERAGE: _____

HOURLY RATE: \$ 40
TOTAL HOURS: x _____
TOTAL PAY: \$ _____

Approved By:

Karen Jury – Call Coordinator, Medical Education

Date

Sheri Clarke - Admin. Dir. Medical Education

Date

**THIS FORM MUST BE COMPLETED
AND RETURNED TO
KAREN JURY, MEDICAL EDUCATION
IN ORDER TO RECEIVE PAY FOR COVERAGE.**



APPENDIX E (09-10 Manual)

**INGHAM REGIONAL MEDICAL CENTER
DEPARTMENT OF MEDICAL EDUCATION**

REQUEST FOR ABSENCE FROM DUTIES

Name: _____

Training Program: _____ Level: _____

Service during absence: _____

Dates of requested absence: _____ Rotation #: _____

Reason for Absence:

Time Off Calculation:

_____	Days Due Annually
- _____	Days Already Taken
_____	Balance at time of this request
- _____	Days Requested
_____	New Balance

Requesting House staff officer

Date

Request has been approved by:

Program Coordinator (verify vacation balance above)

Date

Rotation Authorization – Supervising Attending (*not senior resident*)

Date

Program Authorization - Program Director or chief resident

Date

Director of Medical Education (*MANDATORY FOR ALL PROGRAMS*)

Date

This form must be returned to Medical Education (fax 975-7880) to finalize the authorization process. Time off requests must be submitted two months in advance, pursuant to IRMC policy.

APPENDIX F (09-10 Manual)
Impaired Resident Re-entry Agreement Form

Preamble

Recognizing its responsibilities to its residents and to society, IRMC residency training program will make every effort to assure that the rights and well being of both are maintained. This is especially difficult to accomplish in the case of an impaired resident seeking re-entry to a training program since support and rehabilitation for the resident are vital, and patients and society must be protected from potential harm. It is imperative that an agreement is formed between the training program and the impaired resident to clarify requirements for re-entry and continued enrollment, and to protect the rights and privileges of all parties involved.

Agreement

I, _____ understand that my re-entry and continued status as a resident in the training program at IRMC is based upon my agreement to accept and comply with the following statements.

1. I hereby waive my rights of confidentiality as they relate to issues of alcohol or drug abuse. I understand that this waiver applies to any person or institution that may be involved in my medical education as long as I am enrolled as a resident in the training program at IRMC. This waiver will extend to any future recommendations made by the training program to residency programs, hospitals, potential employers, etc., as such future recommendations relate to my status and performance as a resident in the training program at IRMC.
2. I agree to participate in a surveillance system that may include monitors in the hospital or in the home. It may be required to attend Alcoholics Anonymous/Narcotics Anonymous meetings and or the hospital employee assistance program.
3. Regular attendance (two or more times a week) to Alcoholics/Narcotics Anonymous meetings is mandatory.
4. Total abstinence from all mood-altering substances (unless as a patient in the hospital under medical supervision) is mandatory.
5. I accept immediate suspension from all clinical activities upon any suspicion of relapse. A procedure of confirmation will take place shortly thereafter (e.g., a laboratory test) and if a relapse is confirmed I accept dismissal from the residency training program. If relapse is not confirmed, my clinical activities will be immediately re-instituted.
6. Random, unannounced urine checks for alcohol and drug screening may be required.
7. The ultimate responsibility for the cost of any laboratory test for alcohol or drug screening is mine. However, when possible, the hospital will make every effort to assist in the payment of such laboratory tests.
8. Failure to comply with any of the above procedures will be grounds for my dismissal from the residency training program.

I have read and understand the above statements and fully accept each of them.

HOUSE STAFF OFFICER _____ DATE _____

WITNESS _____ DATE _____
Program Director

WITNESS _____ DATE _____
Director of Medical Education/Administrative Director of Medical Education