



Medical Education Department

House Staff Handbook 2020 - 2021

Mission of Ascension St. Vincent Hospital

Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually centered, holistic care, which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words.

Table of Contents

Topic	Page
GME Administration and Residency and Fellowship Program Staff	4
Hospital/GME General Information	
I. Catholic Identity of St.Vincent	5
II. Certifications and Licensure	
BLS/ACLS/PALS/NRP/ALSO/ATLS	11
DEA Number	11
Licensure	11
NPI Number	11
III. Benefits	
Pay Days and Salary Information	12
Choice Spending Account	12
ID Badges	13
Lockers	13
Lab Coats / Laundry	13
Malpractice Insurance	13
Pagers / Parking	14
IV. Resident Responsibilities	
Attendance	14
Conferences and Lectures	15
Confidentiality	15
Death Certificates	15
Medical Records Completion	15
Night Call / Emergency Back-Up	15
Personal Changes	16
Pre-employment	16
Primary Care Center	16
Work-Related Injury	16
V. Resources	
House Staff Council	16
Library	17
Institutional Review Board (IRB)	17
Physician Portal	17
VI. Safety	
Emergency Communication	17
Emergency operations Plan	17
Emergency Phone Number	18
Hand Washing	18
High Reliability Principles	18
Event Reporting System	19
Patient Experience	19

Policies	
I. Employment / Recruitment Policies	
Agreement of Appointment	20
Resident Evaluation	21
Resident Reappointment	22
Resident Recruitment	23
Resident and Fellow Selection	24
Resident Transfer	25
Moonlighting (Non-academic employment)	26
II. Academic/Supervision/Grievance Policies	
Academic/Corrective Actions	28
Grievance Procedure	31
Fellow Supervision	32
Resident Supervision	34
Workplace Harassment	35
III. Patient Care Policies	
Transitions of Care	36
IV. Vacation and Leave Policies	
Bereavement	38
Leave of Absence	39
Parent Leave	39
Paid Time Off	40
V. GME Policies	
Closing of Teaching Facilities or Residency Program	41
Dress Code/Lab Coat	41
Clinical and Education Work Hours	42
Fatigue/Stress	42
GME Disaster Plan and Interruption of Education and Patient Care	43
Off-Campus Rotations	45
Vendor Interactions with House Staff	46
FORMS	
Moonlighting Disclosure	47
Off-Campus Rotation Request	48
Bloodborne Pathogens	49-51

MEDICAL EDUCATION ADMINISTRATION

Name	Title
Jeffrey M. Rothenberg MD FACOG	Executive Director, Medical Education;
Curt Ward, MD MBA FAAFP	Director of Medical Education, ACGME DIO
Alan Bercovitz, MD FAAFP	Medical Director, Joshua Max Simon Primary Care Center and Associate Director, Medical Education
Andrea Bruno	Director of Operations, Joshua Max Simon Primary Care Center and Director of Medical Education
BJ Fick, MD Leah Gehring, DO	Assistant Directors, Undergraduate Medical Education
Beth Dragoo	Medical Education Student Coordinator
Martha Fahrbach	Medical Education GME Institutional Coordinator
Todd Foster, PhD	Medical Education Research Scientist

GME PROGRAMS – ACGME ACCREDITED

Residency Program	Director	Associate Director	Coordinator
Internal Medicine	Lannie Cation, MD	Laurel Fick, MD Stephen Knaus, MD Anthony Martin, DO	Hannah Ramirez
Transitional Year and Preliminary	Laurel Fick, MD	Michelle Solik, MD	Katy Schroder
Family Medicine	Heidi Harris, MD	Cathy Bryant, MD Puja Samudra, MD	Marton Eric Ramirez
Combined IM/FM	Elizabeth Roth, MD		Marton Eric Ramirez
Obstetrics/Gynecology	Peter Marcus, MD	Sarah Morgan, MD	Megan Frew
Pediatrics	Rita Patel, MD	Shivika Jain, MD Lauren Brankle, MD	Janet Hedlund
Surgery	Jonathan Saxe, MD		Lisa Stuart

FELLOWSHIP PROGRAMS – ACGME ACCREDITED

Fellowship Program	Director	Coordinators
General Cardiology	Eric Prystowsky, MD	Melissa Decker/Lisa Pogue
Interventional Cardiology	James Hermiller, MD	Melissa Decker/Lisa Pogue
Electrophysiology	Eric Prystowsky, MD	Melissa Decker/Lisa Pogue
Advanced Heart Failure & Transplant	Mary Walsh, MD	Melissa Decker/Lisa Pogue
Geriatrics	Patrick Healey, MD	Marton Eric Ramirez
Procedural Dermatology	William Hanke, MD	Martha Fahrbach/Linda Akins
Sports Medicine	Joel Kary, MD	Marton Eric Ramirez

NON-ACGME ACCREDITED PROGRAMS

Program	Director	Accrediting Agency	Coordinators
Head and Neck Surgical Oncology	Stephen Freeman, MD	American Board of Otolaryngology	Martha Fahrbach/ Mollee Skelly
Oculofacial Plastic and Reconstructive Surgery	Harold Lee, MD	ASOPRS	Martha Fahrbach
Podiatry	Patrick DeHeer, DPM	Council of Podiatric Medical Education	Lisa Stuart

General Information

I. CATHOLIC IDENTITY

Catholic Identity and Relationship with Church Structure

St. Vincent is proud to be able to care for its patients and clients according to the highest professional standards. House Staff are an important part of that caring. However, even more than the appropriate professional standards, associates at St. Vincent are guided and inspired by the moral and spiritual principles of the Judeo-Christian Tradition, the teachings of the Catholic Church, particularly as expressed in the U.S. Bishops' Ethical and Religious Directives for Catholic Health Care Services (Click here for copy), and the Philosophy, Mission, and Values of the Daughters of Charity.

We honor the sacredness of all human beings by the provision of the highest quality service.

We respect the dignity of persons as free and responsible by ensuring they are adequately informed and appropriately involved in medical decision-making.

We also respect our patients and clients by maintaining the confidentiality of their medical information. This includes being mindful of where and with whom we discuss their case.

We are especially concerned with advocating for the poor; whether they suffer economic poverty, or from a poverty of meaning and power in their lives.

Core Values

As a member of Ascension Health, we are called to:

Service of the Poor

Generosity of spirit, especially for persons most in need

Reverence

Respect and compassion for the dignity and diversity of life

Integrity

Inspiring trust through personal leadership

Wisdom

Integrating excellence and stewardship

Creativity

Courageous innovation

Dedication

Affirming the hope and joy of our ministry

Ethics Integration

St. Vincent has chartered an Ethics Committee and several subcommittees to aid patients, physicians, and families in medical decision-making. Consultation with any of these committees may be requested by residents, patients, their families, or any member of the treatment team. For more information, or to obtain a consultation, contact the Hospital Ethicist, Elliott Bedford, Ph.D. The Perinatal/Pediatrics ethics committee is a subcommittee of the larger Ethics Committee. ([Click here for the Ethical and Religious Directives](#))

Patient's Rights and Responsibilities

As a member of the house staff, it is important that residents be aware of the rights and responsibilities of the patients at all St. Vincent facilities.

Patient Rights:

In keeping with the Ascension Mission and Values, St. Vincent recognizes, affirms, and advises patients or responsible parties of their rights and responsibilities. Each patient has the right to receive the statement of Patient Rights and Responsibilities at registration.

- You have the right to receive considerate, respectful, quality care at all times and under all circumstances, with recognition of personal dignity, diversity, and religious or other cultural or spiritual preferences whenever possible.
- You have the right to receive care regardless of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.
- You have the right to receive care free from all forms of neglect, abuse, harassment, and exploitation.
- You have the right to have your pain addressed within a reasonable time, and to receive education about pain management, including the relief of physical and psychological symptoms associated with pain at the end of life.
- You have the right to have your condition, treatment, pain alternatives, and outcomes, including unanticipated outcomes, explained to you in a manner that you understand.
- You are entitled to privacy in treatment and in caring for your personal needs. You have the right to speak privately with anyone you wish, subject to hospital visitation restrictions, unless your doctor does not think it is medically advised.
- You have the right to request religious or spiritual support.
- You have the right to receive visitors of your choosing, without regard to race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sexual orientation, or gender identity or expression. Patient visitation is only restricted when the visitor's presence infringes on others' rights or safety, or is medically or therapeutically contraindicated for the patient.
- You have the right to the availability of language translation services when appropriate, and access to interpretive services and/or communication devices for those with visual or hearing limitations.

Participation in Care

- You have the right to participate in the development and implementation of your plan of care and to make informed decisions regarding your care, treatment, and services.

- You have the right to refuse treatment to the extent permitted by law. You have the right to know the medical consequences that could result from refusing treatment. If you refuse care or treatment, you are responsible for the results of your decision. When refusal of treatment by you or your legal representative prevents the provision of appropriate care in accordance with professional standards, our relationship with you may be terminated upon reasonable notice.
- You have the right to have your family and surrogate decision makers involved in your care, treatment, services, and decisions.
- You have the right to give or withhold informed consent or to produce or use recordings, films, or other images of yourself for purposes other than the provision of your care.

Information About Provider

- You have the right to know the identity and professional status of individuals providing services to you and to know which physician or other practitioner is primarily responsible for your care. Your health-care team may include other physicians, resident physicians, physician assistants, nurse practitioners, students, and other health care providers.

Second Opinion and Transfer

- You have the right to a second opinion from another health care provider at your request and expense.
- When medically permissible, you may be transferred to another facility after you or your authorized representative have received complete information and an explanation concerning the needs for and alternatives to such transfer.

Restraint and Seclusion

- You have the right to be free from seclusion and the use of any restraint that is not medically necessary. These measures are determined by your physician and used only to prevent injury to yourself or others, and only when less restrictive measures have been considered.

Advance Directives

- You have the right to choose a person to be your healthcare representative. This person can make health care decisions for you and be involved in your care.
- You have the right to receive information about advanced directives, formulate advanced directives and to have those directives followed in accordance with the law and St. Vincent's mission and philosophical directives. The existence or lack of an advance directive does not determine your right to access care, treatment, and services.
- You have the right to have the hospital document your wishes concerning organ donation when you make such wishes known, in accordance with law and within the limits of the hospital's capabilities.

Ethics and Advocacy

- You have the right to request an ethics consultation to address actual or potential issues that may arise.

- You have the right to request resources for advocacy and protective services.

Confidentiality of Patient Records

- Communication and records about your medical care will be confidential. You have the right to decide, in writing, who may receive copies of your medical record, except as required by law.
- You have the right to have a family member or representative of your choice, and your physician, promptly notified of your admission to the hospital.
- While you are a patient in the hospital, you have the right to view your medical record upon request and in accordance with hospital policy, if a doctor of designated healthcare professional is present.
- After you leave the hospital, you have the right to access information contained in your medical record within a reasonable timeframe. You also have the right to request amendments to your medical record and to obtain information related to disclosures of your health information, in accordance with law and regulation.

Emergency Treatment

- If you present to the emergency department, you have the right to receive at least a medical screening exam, regardless of your ability to pay, and the right to have any emergency medical condition stabilized or to be transferred appropriately.

Research

- You have the right to receive adequate information to consent or to decline participation in clinical research. You may decline at any time without compromising your access to care, treatment, and services.

Discharge

- You have the right to know what care you should seek after discharge from the hospital.
- You have the right to leave the hospital against your health care provider's advice. The hospital and your health care provider will not be responsible for any harm this action may cause you or others.

Billing and Payment

- You have the right to understand the source of payment for services provided and any limitations this payment source may place on your care.
- You have the right to see your itemized bill, have it explained to you, and to inquire about financial assistance in paying your billing or filing insurance forms.

Grievances

- You have the right to have your concerns and complaints addressed. Sharing your concerns and complaints will not compromise your access to care, treatment and services. You may share your concerns and complaints with St. Vincent by contacting:

- St. Vincent Anderson: 765-646-8162
- St. Vincent Carmel: 317-582-7988
- St. Vincent Clay: 812-442-2602
- St. Vincent Dunn: 812-276-1301
- St. Vincent Evansville: 812-485-4860
- St. Vincent Fishers: 317-582-7988
- St. Vincent Indianapolis, including St. Vincent Seton, St. Vincent Women's, St. Vincent Stress Center, and Peyton Manning Children's Hospital: 317-338-3200
- St. Vincent Heart Center: 317-583-5800
- St. Vincent Jennings: 812-352-4307
- St. Vincent Kokomo: 765-459-6000
- St. Vincent Mercy: 765-552-4743
- St. Vincent Randolph: 765-584-0107
- St. Vincent Salem: 812-352-4307
- St. Vincent Warwick: 812-897-7113
- St. Vincent Williamsport: 765-762-4003

If you would like to make a complaint to the state or an outside agency, you may contact the following:

- **The Indiana State Department of Health -**

Toll Free Complaint Report Line: 1-800-246-8909

E-Mail: complaints@isdh.in.gov

- **The Joint Commission**

Office of Quality and Patient Safety

The Joint Commission

One Renaissance Boulevard

Oakbrook Terrace, Illinois 60181

Fax: (630) 792-5636

Web: https://www.jointcommission.org/report_a_complaint.aspx

Patient's Responsibilities:

We believe patients and families are partners in ensuring the best possible care is provided in a healthy, safe environment. Your role as a member of the team is to exercise your rights and to take responsibility by asking for clarification of things you do not understand. We count on you to participate in the following ways:

- You are responsible for providing, to the best of your knowledge, accurate and complete information about your present complaints, past illnesses, hospitalizations, medications, and insurance benefits.
- You are responsible for providing any existing advance directive documents or information about the content of such document.
- You are responsible for requesting additional information or clarification about your health status or treatment when you do not fully understand information or instructions.
- You are responsible for following rules and regulations that apply to all patients, including interacting with hospital personnel in a courteous and civil manner.

- You are responsible for being considerate of the rights of other patients and hospital personnel in the control of noise, the number of visitors, and to be respectful of the property of other persons and the hospital.
- You are responsible for reporting anything that you believe is unsafe in regards to how your caregivers are providing your care.
- You are responsible for abiding by St. Vincent's policies prohibiting smoking, illegal substances, and weapons on St. Vincent property.
- You are responsible for making appointments and arriving on time. You must call in advance when you cannot keep a scheduled appointment.
- You are responsible for ensuring that your financial obligations for the health care received are fulfilled as promptly as possible.

A copy of the rights and responsibilities will be given to patients or their representatives at the time of registration. In addition, the statements are distributed in facility brochure racks and are posted in outpatient, practice management and emergency areas. There are several educational programs designed to familiarize associates with the rights and responsibilities, what they mean and how to implement them. Questions regarding the above information can be directed to program directors.

II. CERTIFICATIONS

Programs	Certifications						
	BLS	ACLS	PALS	ACLS-OB	NRP	ALSO	ATLS
Ob/Gyn	X	X		X	X		
Pediatrics	X		X		X		
Family Medicine	X	X	X		X	X	
IM/FM	X	X	X		X	X	
Internal Medicine	X	X					
Transitional/Prelim	X	X					
Podiatry	X	X					
Surgery	X	X					X

Interns are expected to have BLS and ACLS certifications prior to beginning their residency. All residents are expected to continue their required certifications throughout residency. Every attempt is made to provide certification courses to residents at no cost. However, if the resident fails to enroll in a course or fails to attend a scheduled course, the resident may be responsible for paying for his or her own certification course.

DEA Number

The GME Office will assign the hospital DEA number to each resident to use for prescriptions at or for Ascension St. Vincent. As soon as the resident obtains a permanent license, he/she should request his/her own DEA number. This can be done by requesting a CSR from the Indiana Board of Pharmacy and a Federal DEA from the Federal Drug Enforcement Agency. Residents who moonlight (both internally and externally) must obtain a permanent Indiana Medical license and their own DEA and CSR.

Information on Indiana Controlled Substance Registration can be found at the following website:

<http://www.in.gov/pla/2487.htm>

Information on obtaining a DEA number can be found at the following website:

<http://www.deadiversion.usdoj.gov>

Licensure

All house staff are required to have a medical license or other professional license, e.g. Podiatric license, to practice in the state of Indiana during residency training. **Before** starting employment and orientation, the license must be verified on the Indiana Professional License website. Depending on the level of training, this may be a full and unrestricted license or a temporary medical education permit. Each resident must pay all fees required for licensure.

NPI Number

National Provider Identification numbers identify health care providers throughout their professional careers. All residents must apply for a NPI number prior to the beginning of their residency and provide this number to their residency program coordinator and/or GME coordinator. The GME Office or residency coordinators can assist residents in applying for their NPI numbers. Graduating residents must update their NPI number information online upon completion of residency.

III. BENEFITS FOR HOUSE STAFF

Pay Days

House staff are paid on a biweekly basis; each pay period covers two weeks (14 days) beginning on a Sunday and ending on a Saturday. It is required that all associates utilize direct deposit into a bank account. An advice (electronic version of the pay stub) is available online at myAscension.. The advice should be received on either Thursday or Friday. Since the paycheck is dated on the Friday of pay week, the check or direct deposit is not available until Friday.

Salary Schedule for Academic Year – 2020-2021

PGY - 1	\$58,433.00 annually	PGY - 5	\$63,556.00 annually
PGY - 2	\$58,924.00 annually	PGY - 6	\$65,650.00 annually
PGY - 3	\$60,084.00 annually	PGY - 7	\$69,017.00 annually
PGY - 4	\$62,505.00 annually	PGY - 8	\$70,249.00 annually

Benefits

Benefit information, including options and cost, will be provided to all new residents prior to and at orientation. Benefits are effective on the first date of employment. Changes in benefit coverage can be made during re-enrollment periods that occur in November each year (also known as “Open Enrollment”) and are effective January 1st of the following year.

Choice Spending Account

PGY-1	\$1,000	PGY-3	\$1,500
PGY-2	\$1,400	PGY-4-8	\$1,600

Residency and Fellowship educational spending accounts are to be used to support costs associated with residency training. Residents/fellows are eligible for reimbursement based on the schedule above for qualified academic expenses. Receipts must be submitted for reimbursement within 60 days of purchase to the GME Coordinator. The following items may be purchased without prior approval from the program director:

- Medical or training-related:
 - books, audio, video tapes, CDs and DVDs
 - equipment (e.g., stethoscope);
 - electronics e.g. laptop, iPad or smartphone - reimbursed one time during 3-year residency programs
- Subscriptions for Medical Specialty Journals
- Medical License Application and/or Examination Fees
- Specialty Board Examination Fees
- On Call Meals
- Scrubs

Receipts should be submitted to Martha Fahrback by email – the receipts must have your name, description of purchase, current date and must show proof of payment. Receipts must be submitted within 60 days of purchase. Any receipts submitted after 60 days will take CFO approval which will be your responsibility to obtain and submit with your receipts to Martha.

Only one computer, tablet, or smart phone can be purchased during a 3-year residency or fellowship training period unless approved by the program director. If the program provides a device e.g. mini iPad, then all additional mobile devices must be approved by the program director. Residencies that have training periods greater than 3 years can approve an additional device upon the resident entering his/her 4th year of training.

Choice Spending Account funds may be used for travel if travel is to attend an educational event and approval is first obtained from both the Program Director and the Designated Institutional Official (DIO). Any item not listed above requires program director approval prior to incurring the expense. Funds are generally reimbursed on the next pay check after submission of an Expense Report.

Choice Spending Account balances do not roll over into subsequent years. If a resident is off-cycle, the annual amount of the Choice Spending Account will be prorated to reflect the amount of training time. Funds may be also temporarily withheld due poor performance, failure to meet competency expectations, or compliance with program requirements.

ID Badges

All members of the house staff will be issued an identification badge on their first day of employment. Badges provide residents with access to designated areas in the hospital and to the north physician parking lot at the main Ascension St. Vincent facility on 86th Street. Identification badges must be worn at all times. Replacement badges cost \$25. Identification badges must be turned in to the program coordinator or GME office upon termination of employment.

Lockers

Residency office personnel will provide lockers if requested. Some lockers already have a lock, others will require that you bring in a lock from home.

Lab Coats

The GME office provides residents two coats at the beginning of their intern year. Please see a GME office staff member to order additional coats at your own cost. Lab Coats must be worn at all times and kept clean (see below for laundry services).

Laundry

The House Staff Council has organized a self-pay lab coat cleaning service. Please speak to the GME office for details. Drop off and pick up service is located on 3 North, Internal Medicine.

Malpractice Insurance

Professional liability insurance for employed house staff is provided through Pro-Assurance Indemnity Company, in partnership with Ascension, for events occurring on or after a resident's start date of employment. The policy is written on a claims-made form, with a prepaid tail, covering those activities that are performed within the scope of employment regardless of when claims arise. General Liability Insurance is provided through Ascension's self-insured trust.

The Indiana Medical Malpractice Act, effective July 1, 1975, requires that every health care provider, including physicians, file proof of medical malpractice liability coverage with the Commissioner of Insurance

in an amount not less than \$250,000 as well as pay into the Patient's Compensation Fund (PCF). As an associate and trainee of St. Vincent Hospitals and Health Services, Inc. covered by the hospital's professional liability policy, filing proof of coverage and payment into the PCF is handled by the hospital and Ascension Health. The hospital's professional liability currently provides liability coverage as required by law.

Note that this policy does not provide coverage for any services performed outside the scope of St. Vincent employment. Residents intending to provide health care services outside of this relationship, such as moonlighting, must secure a separate malpractice insurance policy and file proof of coverage with the Indiana Insurance Commissioner.

Pagers

All house staff will receive a pager number to be used both in the hospital and during home call through the CureATR application. However, a physical pager will not be issued. House staff will be contacted by pager through CureATR application or VoalteME application which will be associated with the House staff cell phone. Both of these applications need to be utilized by all house staff.

Parking

Parking for residents at the main Ascension St. Vincent facility on 86th Street is available in the north physician parking lot. Resident badges provide access to this parking lot. Parking for residents at Peyton Manning Children's Hospital is located on the 3rd floor of the POB Parking Lot on the far south end in designated areas. Parking at other locations will be reviewed by the program. Please direct questions regarding available parking areas or parking restrictions to the GME Office or the Hospital Security Department. In accordance with Ascension St. Vincent parking policy, residents must register their vehicles. [Parking Policy](#)

IV. RESIDENT RESPONSIBILITIES

Daily Attendance

Daily attendance may be department or rotation specific and residents/fellows must understand their responsibilities. Generally, residents/fellows are expected to attend morning sessions of their department as set forth by curriculum guidelines and/or by the attending preceptor. House staff are expected to round and see patients on Saturday and Sunday mornings when appropriate or required.

Absenteeism

When a member of the house staff is to be absent from an assigned rotation for any reason (illness, seminar attendance, vacation, etc.), it is his/her responsibility to notify the supervising faculty and/or resident, and residency program office at the earliest opportunity. Each specialty's governing body has rules regarding absences from residency or fellowship training as it pertains to program completion and/or board eligibility.

Communication

All Residents and Fellows are expected to use their Ascension email address for Primary communication and should be checking this for important communications. Personal emails are acceptable as a secondary email only. The expectation is for all Residents and Fellows to use the Voalte Me App for communication with hospital staff in the care of patients.

Residency Email Communication Policy - Email is a commonly used method of communication by the program and the hospital. For security, your Ascension email is the preferred address for program communications. You are expected to check your Ascension email at least daily (weekdays) unless on PTO. You are expected to reply to emails within 48 hours of receipt. Replies can be as simple as an acknowledgement of receipt if not a final response. For email containing patient information you must put -PHI- (dash PHI dash) in the subject line. For email containing non-patient related confidential information put -SECURE- in the subject line. Follow all St Vincent policies regarding email use.

Conferences and Lectures

All residents are responsible for attending their department's planned conference and lecture programs. Residents that rotate through other departments should try to attend the didactic sessions of the department to which they are assigned. Each program has policies on minimum conference attendance that must be followed.

Confidentiality

It is necessary to respect the confidential nature of patient information. It is important to realize that even in the interest of learning, that patient information should not be discussed in public places under any circumstances including presentation of cases and treatment options that use patient names. Residents should carefully review the hospital's policies, found on PolicyStat, on confidentiality and Protected Health Information, including use of social media. In some instances, a Release of Information form signed by the patient could be appropriate. All house staff must complete and understand the Information Security WBT. House staff are not to review charts of patients for whom they are not providing care. Furthermore, house staff should never review their own medical record or those of family or friends. To do so is a violation of HIPAA and is grounds for corrective action, including dismissal.

Death Certificates

Residents do not complete death certificates. Attendings are responsible for the recording of death certificates in accordance with Indiana law.

Medical Records Completion

Documentation of actions taken after seeing the patient is essential when treating the patient. All discussions with the attending or resident must be noted. Per hospital bylaws, all admission history and physical exams and operative notes must be documented within 24 hours of admission or surgery. Failure to do so can result in corrective actions. In the event of a legal action, documentation is critical. In addition, care of patients in the Ascension St Vincent Joshua Max Simon Primary Care Center must be documented in the electronic health record compliant with the PCC policy.

Night Call

The responsibilities of night call differ with each residency and rotation and will be thoroughly explained during orientation to the rotation. Each program has individual call responsibilities which will be explained during program orientation.

ON-CALL ROOM LOCATIONS

HOUSE STAFF IS NOT TO SLEEP IN PATIENT ROOMS AT ANY TIME

INTERNAL MEDICINE – 5 South

SURGERY - 5 South

PEDIATRICS - Children's Hospital (3rd floor) and Peds residency suite on the 1st floor of PMCH

CRITICAL CARE - Call Rooms on 2 South just outside of ICU Team 2

OB/GYN - Call Rooms on the 2nd and 3rd floors of the Women's Hospital

CARMEL - Physician's Lounge 582-7002

Personal Changes

In order to maintain efficient and accurate communication with house staff, the program coordinator must be notified of any changes in name, address, and telephone number. Additionally, updates to personal information should be submitted online through myAscension. Questions regarding updates can be directed to the Ministry Service Center at 1-844-847-4747. In the event that the resident experiences a change that is a “qualifying event” such as marriage, childbirth, etc., the health insurance carrier must be notified. This must be filed within **30 days** of the event in order to initiate coverage and can also be done by calling the Ministry Service Center.

Pre-employment Physical

St. Vincent Hospital requires all hospital associates, including house staff, to have a pre-employment physical evaluation. Other yearly items, including TB Questionnaire, fit testing for respiratory isolation and influenza vaccination, are required and must be completed in the time specified.

Pre-employment Drug Screening

The initial physical exam will include a urinalysis drug screen. A positive drug test, including marijuana, may result in termination of any training or employment agreement.

Primary Care Center (Ambulatory Care Training)

The St. Vincent Joshua Max Simon Primary Care Center (PCC) located at 8414 Naab Road houses clinics for the Internal Medicine, Family Medicine, Pediatrics, Podiatry, Surgery and Ob/Gyn residency programs as well as several subspecialty clinics. Outpatient training is an important aspect of the resident training experience and residents must understand the rules and policies of the PCC. At times, inpatient responsibilities may conflict with outpatient duties, but suitable solutions can and should be worked out. Residents’ clinic patients are their responsibility and patients’ needs should not be neglected. Residents are expected to take full responsibility for refilling prescriptions, triaging nursing questions and communicating test results to patients. When a resident is going on vacation or is unavailable to see patients, the clinic office must be made aware of plans at least 2 months in advance, when possible. It is the resident’s responsibility to arrange for one of their colleagues to review task lists and mailboxes when they are not available and act on items that are urgent.

Work Related Injury

If injured on the job, house staff must seek care at the Office of Associate Health or, if after hours, in the Emergency Room. A report concerning the nature of the injury must be reported by calling 866-856-4835 or accessing viaOne express. A nurse or a member of the GME Office can assist in filing this report. Note that this process is only for residents or those employed by the hospital. A student must contact their school regarding their injury. ([See Blood Borne Pathogens attachments.](#))

V. RESOURCES

House Staff Council

The House Staff Council was formed in 2009 for the purpose of advising the Graduate Medical Education Committee (GMEC) and to foster cross-program communication. Residents meet regularly and advise the Graduate Medical Education Committee. House Staff Council is led by a peer-selected President and Vice-President, and an appointed Faculty Sponsor. Dr. Nick Jenkins serves at the Faculty Sponsor. The House Staff Council has two votes on the GMEC. In addition, the HSC appoints resident and fellow representatives to hospital and medical staff committees, ensuring house staff representation throughout Ascension St Vincent.

Library

The hospital library is open for physicians, associates, patients and guests from 8 a.m. to 4 p.m., Monday through Friday. Badge access is available to physicians and associates from 5am – 8pm. The library has 10 computers for use by physicians and associates. The computers require current network logon for access. An on-line collection of patient care, diagnosis, evaluation and management research articles are available through most computers at the hospital. Residents may also utilize this remotely by logging into the physician portal. Books may be checked out by St. Vincent Indianapolis physicians and associates only. Self-serve instructions are located at the circulation counter. Professional library assistance is available Monday – Friday by contacting 317-338-2095 or mlmoutseous@ascension.org

Institutional Review Board (IRB)

Per Federal Regulations, all research involving human subjects requires review and approval by an Institutional Review Board (IRB) prior to initiation of the study. St. Vincent has two internal IRBs which are required to review all human subject research performed within any St. Vincent Health Ministry or Ministry-controlled facility. The St. Vincent IRB Administrative Office is located in Suite 201 of the 8402 Harcourt Road Professional Office Building. The IRB staff is available to assist residents and fellows with submissions to the St. Vincent IRB. Hours are Monday – Friday, 8am – 4pm. Contact the IRB at 317-338-2194 or research@stvincent.org.

Physician Portal

The Physician Portal on the Ascension St Vincent Sharepoint site provides remote access to patient care applications, the hospital library and other educational resources, through MyVirtualDesktop at mvd.stvincent.org

VI. SAFETY

Emergency Communication

Plain language codes are used to communicate emergencies in St. Vincent facilities. Residents must be aware of the policies for responding to “codes” as dictated by their residency programs.

Specific Web Based Training (WBT) modules are assigned annually for completion.

Emergency Operations Plan

In the event that the Emergency Operations Plan is activated by overhead paging, all inpatient house staff and physicians should report to Outpatient Registration adjacent to the main floor x-ray waiting lobby. This is the Control Center for the Emergency Operations Plan where the medical director will assign physicians various responsibilities to mitigate the disaster. Please follow all instructions and immediately report as assigned. Residents in the PCC should remain until further instructions are provided. For additional information, review hospital policies, “Emergency Operations Plan” and “Indianapolis Essential Service Interruption Plan”, located on PolicyStat.

If the nature of the disaster is such that it will interrupt hospital operations and post graduate training for an extended period, please refer to the Policy on GME Disaster Plan and Interruption of Education and Patient Care. Further questions should be directed to the Resident Program Director.

The Hospital uses an Incident Command System to manage all disasters, including but not limited to naturally occurring (weather-related, earthquakes), man-made (nuclear, biological, chemical), and infectious (anthrax, smallpox, pandemic viruses) disasters. The resident’s usual responsibility may be suspended by the Medical Disaster Coordinator in order to meet emergency needs. For further information on Incident Command, see www.FEMA.gov. All plans are available on the hospital intranet.

Emergency Phone Number

The emergency phone number for both Indianapolis and Carmel Hospitals is **8-2000**. To report a hazardous condition or request health and safety information, call **8-3810**.

Inclement Weather/Snow Plan

The hospital Snow/Ice Plan (Shelter In Place) provides all programs with policies and practices for such circumstances. Each individual program is responsible for updating and maintaining a departmental Disaster Call List and 4-Wheel Drive Vehicle List on an annual basis. For those critical services as determined by each program director, housestaff should remain on-duty until their replacement arrives. Each program director reserves the right to request housestaff on non-critical services to assist with emergency coverage.

Hand Washing

While it seems obvious to wash your hands between patients, a high percentage of physicians fail to do so. Hand washing is one of the best ways to stay healthy and prevent nosocomial infections. Use soap and water, or alcohol-based foam or gel both before and after seeing a patient. Random audits are performed and house staff are expected to comply with hospital policies. Refer to **Five Moments for Hand Hygiene** with Peyton Manning located in the appendix.

High Reliability Principles

Human error is not the cause of failure, but a symptom of a broken system. Each year, nearly 100,000 people die or are seriously injured in U.S. Hospitals as a result of an error. On average, 8.3 mistakes occur before a serious event occurs; thus, we have significant opportunity to improve the safe delivery of care. Safety is a science, and ultra-high levels of safety can be achieved by employing High Reliability principles. There are five High Reliability principles:

1. Preoccupation with failure – Remaining alert to small, inconsequential errors as a symptom that something is wrong.
2. Sensitivity to Operations – Paying attention to what is happening on the front line of care.
3. Reluctance to Simplify Interpretations – Encouraging diversity in experience, perspective and opinion
4. Commitment to Resilience – Developing capabilities to detect, contain, and bounce back from events that do occur
5. Deference to Expertise – Pushing decision-making down and around to the person with the most directly related knowledge and expertise.

Everyone makes errors – even very experienced people. We work in high-risk situations that increase the chance we will make an error. We can avoid making errors by practicing low risk behaviors, including the following:

- 200% accountability – Take advantage of working together! Check the accuracy of one another’s work. Identify slopes and lapses. Point out unusual situations or hazards. An escalation and assertion technique you can use is ARCC (use with the lightest touch possible):
 - Ask a question
 - Make a Request
 - Voice a Concern (A safety phrase like, “I have a concern....”)
 - Use your Chain of Command
- Communicate effectively
 - Perfect your patient handoffs using the 5Ps (Patient, Plan, Purpose, Problems, Precautions)
 - SBAR for situational communication (What is the Situation, Background, Assessment, and Recommendation)

- Check-backs (or read-backs) with clarifying questions
- Document legibly and accurately in a manner that anyone else will be able to read and interpret correctly. This includes your signature – print your name and pager number.
- Have a questioning attitude – When questions arise, validate and verify the situation and/or information with an independent, expert source. This technique is used when you have questions about your planned actions.
- Take a mental “time out” before you take an action or perform a task to focus your attention on the critical aspects of the task. Think STAR:
 - Stop for one or two seconds to focus on the task
 - Think about the action you are about to take
 - Act and carry out the task, and
 - Review to verify the expected or desired results.

Event Reporting System (ERS)

Event reporting contributes to being a highly reliable organization and can positively impact patient experience and safety. Residents are instructed how to enter an event into the ERS or who can assist them in this process. Resident submission of events and near misses is required by all residency programs.

[Ascension St Vincent Sharepoint Homepage](#) ➡ [Job Tools](#) ➡ [ERS](#)

Patient Experience Overview

Patient Experience at Ascension St.Vincent Indianapolis is a department within the Quality Division, and includes services at the 86th Street facility, St.Vincent Women’s, Peyton Manning Children’s Hospital, St.Vincent Heart Center of Indiana on 106th Street, and the Joshua Max Simon Primary Care Center

The purpose of Patient Experience is to improve the hospital experience for patients, families, and associates. This is done through advocacy for those we serve. We advocate for the needs of patients and families, help to coordinate care among the various disciplines, and provide service recovery when expectations have not been met.

Operational responsibilities include coordination of patient satisfaction survey results, analysis and interpretation of data and training for improvement. Several unit-based and organizational-wide initiatives are in place to improve the Patient Experience.

BE KIND

K: Knock on the office door/room, know that your service/presence is needed

I: Introduce yourself, how are you going to help? What is your intention?

N: Nurture in a positive way, with Standards of Behavior, as if this was your loved one; share Need to know information with the patient/family prior to leaving; Neaten up the room before leaving

D: Determine your work is done; Demonstrate appreciation; Duration between checking with patient/family should be kept short

GME Policies and Procedures

I. Employment/Recruitment Policies

Agreement of Appointment			
Department:	Medical Education	Reviewed and Approved by GMEC:	June, 2020
Origination Date:	March 1999	Next Review Date:	June, 2021

PURPOSE: To ensure receipt of a written agreement of appointment

POLICY

Each resident will receive a written agreement of appointment which outlines the terms and conditions of appointment to the program. The written agreement for the all new housestaff will be delivered following the spring NRMP match. All housestaff agreements are for one-year segments.

Additional terms and conditions are enumerated in the House Staff Handbook. Other policies may be found in program-specific policies. The House Staff Handbook is updated annually.

Institutional policies concerning resident responsibilities, duration of appointment, financial support and conditions for reappointment are contained in the House Staff Handbook. Grievance procedures are thoroughly outlined and updated annually. Professional liability insurance will be provided to each resident and a copy of the certification is maintained by the Graduate Medical Education Office and is available upon request. Health and disability insurance is provided no later than the first day of the official start of the resident’s program. Leave of absence and vacation policies and procedures are also outlined in the House Staff Handbook.

The House Staff Handbook also includes formal written policies and procedures concerning duty hours, moonlighting, physician impairment and harassment.

It is the responsibility of each program to provide a written policy in compliance with its Program Requirements concerning the effect of leaves of absence, for any reason, on satisfying the criteria for completion of the residency program. These program-specific policies must also include information relating to access to eligibility for certification by the relevant certifying board.

Resident Evaluation

Department:	Medical Education	Reviewed and Approved by GMEC:	June, 2020
Origination Date:	March 1999	Next Review Date:	June, 2021

PURPOSE: Provide a procedure by which teaching faculty can evaluate the skills of residents they have supervised.

POLICY - Teaching faculty are required to evaluate residents in terms of knowledge and skills including CPME or ACGME competencies.

PROCESS - Each program director will institute a policy that describes the process for resident evaluation which will be consistent with the institutional policy described in the following paragraphs.

A. All residency programs at St.Vincent will use formal evaluation forms for each monthly rotation or each time the supervising staff changes during the month. At the very least, evaluation of resident performance should occur every three months. If a house staff member's performance has been judged to be unsatisfactory or requiring remedial work, a meeting should occur between the house staff member and the program director. From this meeting a formal action plan should occur which will remedy the problem. If there is no change in the resident's performance, the process in the academic policy will be followed.

B. All completed rotation evaluation forms are to be considered the property of the residency program. Copies of these evaluations can be obtained by requesting them from the program office. Residents do not have the right to change or remove any evaluation from the file, but do have the right to add to this evaluation by providing other evaluations or information from those who have observed performance. Only the program's Clinical Competence Committee in association with the program director can vote to remove or amend an evaluation form at the resident's request.

C. ACGME Competencies and Milestones – Each residency program under accreditation of the ACGME must require that its residents attain competence in the six areas listed below to the level expected of an autonomous practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required and must provide educational experiences as needed in order for their residents to demonstrate the following:

1. **Patient care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
2. **Medical knowledge** about established and evolving biomedical, clinical, and cognate sciences and the application of this knowledge to patient care.
3. **Practice-based learning and improvement** that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.
4. **Interpersonal and communication skills** that result in effective information exchange and collaboration with patients, their families, and other health professionals.
5. **Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
6. **Systems-based practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

Each program will construct evaluations to assess the accomplishment of the specific knowledge, skills, etc., required to be competent. These may include multiple methods from keeping portfolios to having nurses, patients and administrative personnel attest to competency in specific areas. The process of measuring competency is evolving, so residents may expect changes and additions to the evaluation process during the residency program.

Resident Reappointment

Department:	Medical Education	Reviewed and Approved by GMEC:	June, 2020
Origination Date:	March 1999	Next Review Date:	June, 2021

PURPOSE: Guidelines for ensuring residents meet requirements for reappointment.

POLICY

All residents are appointed for one-year segments. During the appointment year, the program director and faculty will examine the performance of each resident to determine if satisfactory progress is being made. The following criteria will be used to determine satisfactory educational progress:

- Monthly performance evaluations
- Conferences and teaching rounds attendance and participation
- Program Clinical Competency Committee ratings in the core competencies and milestones required by Accreditation Council for Graduate Medical Education

PROCESS

- A. The performance of all residents should be examined and discussed individually before the end of the sixth month of each academic year. Performance that is substandard and may affect reappointment must be verbalized and documented to include a remedial program.
- B. The resident will be reevaluated by the end of the tenth month. It will be determined if a residency agreement for the next year should be provided. If the tenth month evaluation determines that the resident's performance has not improved, he/she will be notified of the decision to not renew and encouraged to see a position elsewhere.
- C. A decision to renew the residency agreement must be made by the tenth month. Residents whose agreements will not be renewed must receive notification of nonrenewal no later than sixty (60) days prior to the end of their current agreement.
- D. All residents with satisfactory performance will be notified by June of intent to renew and be offered an agreement for the next academic year.
- E. In instances where a resident's agreement will not be renewed or when a resident will not be promoted to the next level of training, the program will provide the resident with a written notice of intent not to renew or not promote.
- F. Residents are allowed to implement the grievance procedure if a written notice of intent not to renew or promote is received.

Resident Recruitment

Department:	Medical Education	Reviewed and Approved by GMEC:	June, 2020
Origination Date:	March 1999	Next Review Date:	June, 2021

PURPOSE: Comply with ACGME and CPME institutional requirements.

POLICY

Recruitment efforts are directed toward only those candidates who meet eligibility requirements for appointment to residency training.

PROCESS

A. All ACGME residency and fellowship programs will use the ERAS application service, when available, to acquire and screen potential applicants for residency and fellowship positions. All CPME programs will use CASPR.

B. Applicants will be selected for the interview based on criteria established by the residency and fellowship programs. These criteria should include but not be limited to academic credentials, interpersonal skills, work ethic and values. Applicants with one of the following qualifications are eligible for appointment to programs:

- 1) Graduates of medical schools in the US and Canada accredited by the LCME
- 2) Graduates of colleges of osteopathic medicine in the US accredited by the AOA
- 3) Graduates of medical schools outside the US and Canada who:
 - a) have received a currently valid certificate from the ECFMG; or
 - b) have a full and unrestricted license to practice medicine in a US licensing jurisdiction in which they are training; or
 - c) have completed a Fifth Pathway* program provided by an LCME-accredited medical school.

C. All applicants should be fully informed about the program to which they are applying. This information should be forthright, accurate, and as extensive as needed. The goal is to inform the applicant with information that describes exactly what they can expect if they come to Ascension St. Vincent.

D. At a minimum each applicant must be provided with information on curriculum, didactics, evaluations, contractual agreement, salary and benefits. Most of this is included on the Ascension St. Vincent Medical Education website.

*A Fifth Pathway program is an academic year of supervised clinical education provided by an LCME-accredited medical school to students who meet the following conditions: (1) have completed, in an accredited college or university in the United States, undergraduate premedical education of the quality acceptable for matriculation in an accredited United States medical school; (2) have studied at a medical school outside the United States and Canada but listed in the World Health Organization Directory of Medical Schools; (3) have completed all of the formal requirements of the foreign medical school except internship and/or social service; (4) have attained a score satisfactory to the sponsoring medical school on a screening examination; and (5) have passed either the Foreign Medical Graduate Examination in the Medical Sciences, Parts I and II of the examination of the National Board of Medical Examiners, or Steps 1 and 2 of the United States Medical Licensing Examination (USMLE).

Resident and Fellow Selection

Department:	Medical Education	Reviewed and Approved by GMEC:	June, 2020
Origination Date:	March 1999	Next Review Date:	June, 2021

PURPOSE: Ensure fairness in selection of residents and fellows.

POLICY

Accredited programs must select from among eligible applicants on the basis of criteria to include but not limited to preparedness, ability, aptitude, academic credentials, communication and alignment with the Ascension Mission and Values. Residents and fellows will be selected without regard to any protected status. Programs must not discriminate with regard to sex, race, age, religion, color, national origin, disability or any other applicable legally protected status.

PROCESS

A. First Year Residents

All ACGME first year positions will be listed through the National Residency Management Program (NRMP), and first year residents will be accepted through this organization. Any positions not filled through the NRMP will be filled in accordance with the policy for the selection of residents beyond the first year. The Podiatry Program first year positions will be listed through the Centralized Residency Interview Process (CRIP) and will be accepted through this organization.

B. Residents Beyond the First Year

All other residents will be selected by the program director using the following criteria:

1. A transcript of grades from the graduating medical school
2. A copy of the medical school diploma
3. Three letters of reference from either medical school faculty or residency faculty
4. A letter from the transferring program director, evaluating performance, knowledge, skills, and personal characteristics as well as a record of rotations and experience
5. National Board, COMLEX, USMLE scores
6. ECFMG certification where appropriate

C. Selection of Fellows

Fellowship positions may be listed and filled through NRMP or they will be selected by the fellowship program director using the following criteria:

1. Curriculum Vitae
2. Personal statement
3. Residency Program Director summative evaluation
4. Letters of recommendation
5. Board scores
6. ECFMG certificate, where appropriate
7. Medical License and Board Certification

Resident Transfer

Department:	Medical Education	Reviewed and Approved by GMEC:	June, 2020
Origination Date:	March 1999	Next Review Date:	June, 2021

PURPOSE: Comply with ACGME regulations.

POLICY/PROCESS - If a program director of an Ascension St. Vincent sponsored program is considering accepting a resident with previous graduate medical education training from another institution, the program director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring resident. This is to be received by the program director prior to offering a formal offer/contract to the transferring resident. It is also suggested that the program director discuss the incoming resident's performance (clinical judgment, medical knowledge, test performance, etc.) with their current/former program director and that the discussion be documented in the applicant's file.

When a resident leaves an Ascension St. Vincent program, the program director must provide timely verification of residency education and a summative performance evaluation.

Non Academic Employment for House Staff (Moonlighting)

Department:	Medical Education	Reviewed and Approved by GMEC:	June, 2020
Origination Date:	March 1999	Next Review Date:	June, 2021

PURPOSE - Guidelines for professional activities of residents outside of the scope of residency or fellowship training.

POLICY - Moonlighting is defined as any professional activity conducted or arranged by an individual resident that is outside the course and scope of the approved residency program. Moonlighting is not defined by whether or not the resident receives additional compensation for their service time. The use of descriptors “internal” and “external” does not alter that both are considered to be moonlighting and are beyond the course and scope of the approved residency program.

The goal of Ascension St. Vincent Indianapolis Hospital is to provide residents of its residency and fellow training programs education of the highest standards. It is the belief of Ascension St. Vincent Hospital Graduate Medical Education (GME) leadership that moonlighting, internal or external, by residents may conflict with the educational objectives and standards of the residency training programs. Further, moonlighting could interfere with consistently safe patient care by preventing sufficient rest and preparation for the residency educational requirements. Therefore, in order for a resident of Ascension St. Vincent Indianapolis Hospital to participate in moonlighting, a ***Moonlighting Status Disclosure Form*** must be completed and provided to the GME Office on an annual basis. All moonlighting requests and disclosures, both internal and external, will be closely monitored by the Residency Program Directors and the GME Office. Moonlighting participation is on a voluntary basis and residents at Ascension St. Vincent Indianapolis Hospital will **not** be required to engage in moonlighting as part of the residency program. Each residency program at St. Vincent Indianapolis Hospital will have a moonlighting policy which specifies whether or not moonlighting is allowed within that program.

Duty Hours - When monitoring the moonlighting activities, the program directors will utilize the ACGME duty hour regulations which limit residents to 80 hours per week. All moonlighting must be counted towards the 80 hour limit averaged over four weeks. Residency program directors that allow moonlighting will be required to monitor residents to ensure all moonlighting hours are logged on the New Innovations site.

State Licensure and DEA requirements - All residents engaged in moonlighting must be licensed for unsupervised medical practice in the State of Indiana. Likewise, residents must have their CSR and individual DEA. Interns are not permitted to moonlight. It is the responsibility of the hiring institution and the residency program director to determine whether the resident has the appropriate training and skills to carry out the proposed duties. It is the shared responsibility of the hiring institution, the program director and the Graduate Medical Education Office to verify that the resident is complying with the expectations of the moonlighting policy.

Medical Malpractice Coverage - Moonlighting which occurs in an Ascension Healthcare facility which has been approved by the residency program will be covered under the Ascension medical liability policy. Any moonlighting occurring without the consent of the residency program director or not in an Ascension Health facility will not be covered by Ascension Health medical liability policy. It will be the responsibility of the resident to provide written documentation of medical liability coverage in non-Ascension facilities prior to beginning moonlighting.

Indemnification - If a resident engages in employment outside the training program or outside an Ascension Health facility, their insurers will have no responsibility for acts or omissions occurring outside the jurisdiction of the hospitals or training program assignments.

Approval Procedure - The GME Office and residency or fellowship program must be fully informed about any moonlighting activity by the resident. The ***Moonlighting Status Disclosure Form*** must be completed **annually** by

all residents even if they are not planning to perform moonlighting activity. These forms are available in the program office and a copy of the completed forms will be kept in the residency file after being signed by both the resident or fellow and program director. Another copy will be forwarded to the GME Office. Moonlighting activities and schedules must be monitored by the residency program director. Ongoing audits of the ACGME duty logs must be performed by the program director to be sure all moonlighting activity is recorded accurately by the resident.

Noncompliance - Residents engaging in moonlighting activities that have not been approved by the residency program risk immediate dismissal from the program. If it comes to the residency program director's attention that a resident's moonlighting schedule coincides with the training program's assignment, the resident may be subject to disciplinary action, up to and including termination. If it is determined that the moonlighting activity is interfering with the training of the resident the program director may require the resident to reduce or terminate the moonlighting activity immediately.

Resident Responsibilities

1. Complete an individual disclosure of moonlighting form annually and submit to the residency program.
2. Complete a new disclosure of moonlighting form prior to any change in moonlighting activities.
3. Provide documentation of an unrestricted Indiana permanent medical license.
4. Provide documentation of CSR & DEA license.
5. Provide documentation of specific medical malpractice coverage in the name of the resident if the moonlighting activity occurs in a non-Ascension facility.

Visa Regulations

H-1B Visas: Residents on H-1B visas may participate in moonlighting, if approved by the residency director and only if the moonlighting employer obtains approval for the concurrent employment from the INS by filing a new H-1B petition for concurrent employment for the resident. The disclosure of moonlighting activity form and documentation are required as above.

J-1 Visas: Residents on J-1 visas may not engage in moonlighting in the United States. The J-1 visa only grants permission for the residents to undergo medical training, not moonlighting in the United States.

II. Academic/Supervision/Grievance Policies

Academic/Corrective Actions			
Department:	Medical Education	Reviewed and Approved by GMEC:	June, 2020
Origination Date:	March 1999	Next Review Date:	June, 2021

PURPOSE: To ensure that residents are aware of what constitutes a deviation from educational and behavioral expectations, and how this deviation is managed. To ensure that concerns are addressed and responded to in an appropriate and timely manner.

POLICY: Educational and behavioral expectations have been established by the hospital. Any member of the house staff not meeting the program’s educational expectations is considered to have academic deficiencies; a resident not meeting a professional or behavioral expectation is considered to have a behavioral deficiency. Failure to meet the established academic expectations will result in corrective action(s) up to and including dismissal from the program and employment at St.Vincent Hospital. In terms of behavioral deficiencies, residents are expected to abide by all applicable state and federal laws as well as all hospital and patient care policies. Violation of these rules will result in corrective action ranging from written reprimands to dismissal from the residency program and St.Vincent Hospital, depending upon the severity of the situation.

The program director and the resident should attempt to resolve problems with performance and/or behavior using appropriate means of feedback, simulation, and remediation and/or coaching. Should the issue not be resolved, or the issue is of an egregious nature, the program director may escalate the intervention, including, but not limited to more extensive remediation, probation or dismissal. For significant violations, a resident may be immediately suspended from clinical responsibilities or immediately suspended from the program at any time. The Grievance policy creates a means for the resident to challenge these actions.

DEFINITIONS

“Resident” means medical intern, resident or clinical fellow.

“Remediation” means strengthening the resident’s performance when deficiencies and/or behaviors may cause disruption to a resident’s progression or continuation within the program. Remediation is more than formative or summative feedback – it is a deliberate documented corrective step when traditional feedback fails to result in the expected / needed outcome. Examples of remediation include but are not limited to repeating a rotation, attending a required program or participating in some other learning activity. Remediation may also include loss of certain program privileges, including but not limited to loss of moonlighting, local or conference meeting travel, or Choice Spending Account.

“Probation” is a period of remediation and critical evaluation designated by the program director and faculty. During probation, a resident may repeat rotations, do additional learning activities, have more frequent meetings with program faculty and advisors, and other such activities to achieve a desired outcome. It may also include an evaluation for fitness for duty. The terms of probation and the expected outcomes are provided to the resident in writing by the program director. Substandard performance during probation may be cause for immediate dismissal from the program. The period of probation shall be specified and normally should not exceed six (6) months; however, there may be instances where it is appropriate for the period to be as long as twelve (12) months. There are limited circumstances where the period of probation may be indefinite and could be imposed for the remainder of the program. These circumstances include, but are not limited to, substance abuse and ethical misconduct. Instances of probation become part of the resident file (permanent

record) and are reflected in all letters of recommendation/reference from the program to future training institutions and employers.

“Immediate Suspension from Clinical Responsibilities” means removal from clinical responsibilities for an indefinite period of time, usually not to exceed thirty (30) days, without prior notice or the probationary/remediation period described herein, due to significant performance deficiencies related to quality care and/or patient safety. Immediate suspension from clinical responsibilities may be imposed at the discretion of the program director or the Designated Institutional Official (DIO). During the period of immediate suspension, the program director, Clinical Competency Committee, Director of Medical Education and the hospital’s ACGME DIO must determine whether the resident should be reinstated to clinical service.

“Immediate Suspension from the Program” means removal from the program for an indefinite period of time without prior notice or the probationary/remediation period described herein due to significant violations of program or hospital policies or performance deficiencies related to patient care and/or professionalism, including but not limited to behavior that is potentially dangerous to patients, himself/herself, or others. The decision to immediately suspend a resident from the Program may be made at the discretion of the program director with the prior approval of the DIO. During the period of immediate suspension, usually not to exceed thirty (30) days, the program director, Clinical Competency Committee, Director of Medical Education and the DIO must determine whether the resident should be reinstated to the Program or dismissed.

“Renewal without Promotion” means the decision of the training program to not advance the resident to the next level of training (usually, but not always, set out as an academic curricular year).

“Nonrenewal” means the decision of the program to not offer a contract to the resident for the next academic year or training period. Nonrenewal results in dismissal from employment at St. Vincent Hospital.

“Dismissal” means the permanent dismissal by the program director of the resident from the educational program and employment at St. Vincent Hospital for failing to maintain academic and/or other expectations (including but not limited to moral, ethical, employment and professional standards) required to progress in or to complete the program. This can occur at any point other than the end of the academic year or end of stated contract period. In most cases, dismissal occurs after a formal period of probation, but this is not required.

PROCESS

If the performance or behavior of a resident is found to be unsatisfactory for, but not limited to, any of the CPME or ACGME general competencies, program policies, GME policies, hospital policies, or expectations of the program’s specialty board, the program director must notify the resident of the specific deficiencies in writing. The performance improvement plan or corrective action should contain the following:

1. The specifics of the academic problem or misconduct discussed with the resident
2. An outline of what corrective action is required of the resident
3. Time stamps (timeline) for when the correction(s) are to occur
4. How performance will be monitored and measured
5. Expected outcome(s) that will indicate successful completion of the performance improvement plan
6. Signature by both the resident and the program director

The signature of the resident is mandatory and acknowledges that he/she has received a copy of the report. The resident may be placed into a remediation status, or placed on a formal probation (which includes remediation). If the resident will be placed on probation, the performance improvement plan will define the specified period of time of probation.

The program director may assign a mentor for the resident and will designate a period of remediation during which the resident must either correct the deficiencies or receive further intervention (such as probation) or be

dismissed. The probationary and remedial period together should not be less than thirty (30) days in length and should not normally exceed six (6) months, but may last as long as twelve (12) months if appropriate (such as a case of academic probation for yearly board exams, etc.). For ethical/behavioral misconduct or substance abuse, a resident may be placed on probation indefinitely, through the remainder of the training program. The mentor and program director shall meet with the resident at least monthly during the probationary period to formally review the resident's progress. Meetings may be held more frequently if deemed necessary.

During and at the end of the probationary period, the program director will review the resident's progress and determine whether satisfactory improvement has been made based on information obtained from various sources and results relating to terms of remediation outlined in the performance improvement plan. Information may be solicited from faculty, staff, patients and peers of the resident, as well as clinical documentation and other sources. If improvement has been unsatisfactory during the probationary period, the resident may be continued on probation for a specific period of time not to exceed an additional six (6) months or be dismissed. Any resident who is placed on probation for a third time for any reason may be continued on probation indefinitely, through the remainder of the training program, or dismissed without further notice (either immediately or through contract non-renewal). In the case of a resident who has been placed on probation for substance abuse or ethical misconduct, if that resident's performance again becomes unsatisfactory for either of the above reasons during the length of the residency/fellowship period, the resident can be dismissed without an additional probationary/remedial period. Examples of ethical misconduct include, but are not limited to, sexual harassment, patient abandonment, abuse of prescribing privileges and unlawful discrimination. Certain programs may have stricter standards regarding substance abuse which supersede this policy. See Resident Impairment GME policy for guidance related to substance abuse.

Information on Dismissal - If the resident's deficiencies are not satisfactorily corrected or if other deficiencies arise during the remedial/probationary period, the program director will notify the Director of Medical Education and the DIO of the intent to dismiss the resident from the residency training program. In consultation with Human Resources, the DIO will review the department's intended action prior to any notification being sent to the resident. After such a review, the program director must notify the resident in writing of the decision to dismiss him/her. If the notification is mailed, certified mail is required. The letter must identify the deficiencies that have not been adequately corrected. In cases of suspension from the program, dismissal, nonrenewal or renewal without promotion of a contract, it is expected that the appropriate probationary and remedial periods will have occurred as described in this policy. However, there may be instances where immediate suspension or dismissal from the program without probation or remediation will occur. In all instances where a program is considering immediate dismissal, without providing probationary and remedial periods, the Program Director must first obtain the approval of the Manager of Medical Education and the DIO.

Grievance Procedure

Department:	Medical Education	Reviewed and Approved by GMEC:	June, 2020
Origination Date:	March 1999	Next Review Date:	June, 2021

PURPOSE: Ensure that residents have a method to grieve academic or other performance actions taken.

PROCESS

1. The first step is to discuss concerns with the program director. This must occur within 10 working days of the resident's notification of the action taken. If concerns are with the program director, the resident may bring the concern to the attention of the Director of Medical Education, Designated Institution Official (DIO) or an HR representative.
2. If the issue is not resolved following this first step, either party may request in writing a hearing before the program's Clinical Competency Committee. The committee must meet within 20 working days of receipt of the request for hearing. The Committee will hear testimony from the resident (maximum 1 hour) and program director (maximum 1 hour), review other relevant information, and vote without the resident and program director in attendance. The outcome of the vote will be conveyed verbally to both parties, in writing to the DIO, and also to the resident by certified U.S. Mail, within 5 business days of the vote.
3. Within 10 working days of the date of the letter of notification of the Clinical Competency Committee's decision, the resident or the program director may petition the DIO to schedule an ad hoc grievance committee of the GMEC to resolve the matter. The GMEC grievance committee must include two residents (who are Chief Residents or Housestaff Council Officers and who are not in the same program as the grieving resident), four program directors and the DIO. The resident may choose an additional program director and/or faculty member to be on the committee. The ad hoc committee may request and consider any additional information as the members deem necessary. The resident may present any relevant information or testimony from any colleague or faculty member. The committee must meet within 60 working days from receipt of request for a hearing before the GMEC grievance committee. The DIO will serve as the chair of this committee.
4. The process will typically include the following steps:
 - a. Statement of purpose by the committee chair
 - b. Introduction of the committee members
 - c. Opening statement by the program director, not to exceed 30 minutes
 - d. Opening statement by the resident, not to exceed 30 minutes
 - e. Relevant information/testimonies by those invited by the resident
 - f. Relevant information by the program director
 - g. Questions/clarifications asked of the resident and program director by the committee
 - h. Closed session deliberation by the committee
5. The resolution to the conflict will be decided by majority vote with the DIO abstaining. In case of a tie, the DIO will cast the deciding vote. Within 10 working days after the hearing, the committee will provide a written decision. The decision of the ad hoc committee of the GMEC is final and there is no further appeal for the resident.
6. All findings and actions of the committee will be documented. The outcome of the vote will be conveyed verbally to both parties, and also to the resident by certified U.S. Mail, within 10 business days of the vote.

Fellow Supervision

Department:	Medical Education	Reviewed and Approved by GMEC:	June, 2020
Origination Date:	October 2009	Next Review Date:	June, 2021

PURPOSE: To specify the mechanism by which fellows are supervised by members of the teaching staff, safeguard patient care and enhance Medical Education, and to comply with ACGME and program specific RRCs.

POLICY

This policy applies to all fellowships using St. Vincent Hospital facilities, regardless of length of training, accreditation, affiliation and sponsorship. Each fellowship program must have its own policy on supervision.

Fellows training at St. Vincent must be provided supervision for all program-related patient care activities and are expected to defer to their supervisor. The level of supervision and responsibility will vary based on the level of training and the individual's ability and experience. If appropriate and safe, procedural supervision may be limited (e.g., attending in the room but not scrubbed in), and only present for the key portions of the service (e.g., attending could skip supervising an experienced fellow closing an incision), but supervision must be readily accessible in person (not long-distance, such as attending out of hospital) except in extremely unusual circumstances (e.g., severe blizzard does not allow attending to come in for an urgent case). For some procedures (typically high volume and/or low risk), the fellow can be certified by their program director as "competent to perform without supervision" once they have achieved a pre-determined number of successful, supervised procedures. The number of these procedures will be mutually agreed upon by the program director, department chair and chief of service (e.g., Chief of Surgery).

Each fellow will know and understand that there is a supervising physician who is available for education and who is responsible for patient care activities. If there is any question concerning who is supervising patient care activities, request a call schedule or supervisory schedule. If there is nothing provided, or the fellow is concerned about supervision they should report this to the program director immediately or to the DIO if the program director is unavailable. There can be no reprisal for reporting a legitimate concern about supervision. If the concern involves the program director then the department chair, chief of service (e.g., Chief of Surgery) and/or the DIO should be notified. Staff concerns about adequacy of supervision should be reported to their manager/team leader and then to the program director, department chair, chief of staff (e.g., Chief of Surgery) and/or the DIO.

Medical Affairs may provide additional credentialing for unsupervised services or procedures that would be considered appropriate for the fellow's scope and level of competence after completing a categorical residency. To practice in their primary specialty (e.g., moonlighting), the fellow must obtain medical staff privileges. The fellow may need additional malpractice coverage and insurance provider credentials, depending on the arrangement. Confirmation of malpractice coverage must be provided to Medical Affairs. Any services provided as a member of the medical staff (not as a trainee) must be mutually agreed to by the program director and department chair. Fellows functioning as a member of the medical staff are subject to all usual and customary policies, procedures and bylaws of the medical staff, including but not limited to departmental peer review and Focused Professional Practice Evaluation (FPPE) for new privileges.

All teaching patients admitted to St. Vincent must have the name of a teaching physician on the chart as the admitting physician. He/She is considered to be the responsible physician of record. The house staff will look

to this person or their designee as the supervising physician responsible for the care provided. If an instance occurs when there is no responsible physician, the program director must be notified immediately. Except during an emergency, fellows should never assume responsibility for patients who do not have a teaching physician of record as the primary care provider or as a consultant.

All house staff rotations have a designated physician who is both responsible for the education of the fellow and serves as the acting supervisor during that course of study, even if not directly involved in an individual patient's care. A fellow will never assume responsibility for the service during the faculty member's time away. The faculty must designate a physician with privileges in the area of responsibility as the fellow's supervisor when leaving for vacation or time away.

Fellows will have significant responsibility for the educational activities and instruction of trainees at a less advanced training level. In all cases, however, the attending physician or preceptor will be available to supervise patient care activities and will assume responsibility for the decisions and activities related to patient care.

Any other questions or problems relating to fellow supervision not addressed above should be directed to the appropriate program director, or in his or her absence, a member of the Medical Education staff. Unresolved issues will be discussed and resolved by the St. Vincent Graduate Medical Education Committee.

Resident Supervision

Department:	Medical Education	Reviewed and Approved by GMEC:	June, 2020
Origination Date:	March 1999	Next Review Date:	June, 2021

PURPOSE: To specify the mechanism by which residents are supervised by members of the teaching staff, safeguard patient care and enhance Medical Education and comply with CPME, ACGME and program specific RRCs.

POLICY

All residents, fellows and medical students in training at St. Vincent Hospital are provided supervision for all patient care activities and are expected to defer to their supervisor. The level of supervision and responsibility will vary based on the level of training and the individual's ability and experience toward progressive responsibility. Individual programs must have their own supervision policy and may choose to provide more specific guidelines related to supervision. However, at the institutional level, each resident, student and fellow will know and understand that there is a supervising physician who is available for education and patient care activities. If there is any question concerning who is supervising patient care activities, the resident should ask the instructor for a call schedule or supervisory schedule. If there is nothing provided, or the resident is concerned about supervision it should be reported to the program director (or to the DIO if the program director is not available) immediately. Under no circumstances can there be any reprisal for a resident reporting a concern about supervision.

PROCESS

All teaching patients admitted to St. Vincent must have the name of a teaching physician on the chart as the admitting physician. He/She is considered to be the responsible physician of record. The house staff will look to this person or their designee as the supervising physician responsible for the care provided for this patient. If an instance occurs when there is no responsible physician, the program director must be notified immediately. Except during an emergency, residents should never assume responsibility for patients who do not have a teaching physician of record as the primary care provider or as a consultant.

All house staff rotations have a designated physician who is both responsible for the education of the residents and serves as the acting supervisor during that course of study. The faculty must designate a physician with privileges in the area of responsibility as the resident's supervisor when leaving for more than 24 hours consistent with Medical Staff by-laws.

Each member of the house staff will have significant responsibility for the educational activities and instruction of residents, interns and students participating at a less advanced training level. In all cases, however, the attending physician or preceptor will be available to supervise patient care activities and will assume responsibility for the decisions and activities related to patient care. Every resident and medical student on call will have a designated individual (senior resident, faculty member, attending physician, program director) who will be available to assist in all matters relating to patient care. In the case where senior residents are responsible for supervision of students and/or interns, there will be a designated faculty member or attending physician available to the senior resident. A description of the lines of responsibility is described in the following section. Questions or problems relating to resident supervision should be directed to the appropriate program director, associate director or in his or her absence, a member of the Medical Education staff. Unresolved issues will be discussed and resolved by the St. Vincent Graduate Medical Education Committee. St. Vincent Hospital's policies regarding resident supervision will be in accordance with the AAMC "Compact Between Resident Physicians and Their Teachers" and with the CMS "Guidelines for Teaching Physicians, Interns and Residents".

Workplace Harassment

Department:	Medical Education	Reviewed and Approved by GMEC:	June, 2020
Origination Date:	March 1999	Next Review Date:	June, 2021

PURPOSE: To ensure commitment to high professional standards and a work environment in which all individuals are treated with dignity and respect.

POLICY

St. Vincent prohibits discrimination and harassment that is based on race, color, religion, gender, disability, protected veteran status, sexual orientation, gender identity, national origin, age or any other lawfully protected class. Harassment is a form of misconduct that undermines the integrity of the employment relationship. No associate should be subjected to unsolicited and unwelcome overtures or conduct, whether verbal or physical.

PROCESS

If subjected to harassment, residents should report the problem immediately to their director, DIO, Director of Medical Education, or an HR representative. All complaints will be examined impartially and confidentially and will be resolved promptly. The processes followed to address concerns of harassment are outlined in the St. Vincent Health policy, 5.3, "Workplace Harassment Procedure."

In addition, anonymous reports may be submitted to the Ascension St Vincent CareLine 317-338-2273

III. Patient Care Policies

Transitions of Care			
Department:	Medical Education	Reviewed and Approved by GMEC:	June, 2020
Origination Date:	August 2013	Next Review Date:	June, 2021
<p>PURPOSE: Establish a protocol and standards within St. Vincent Hospital Medical Training programs (residencies and fellowships) to ensure the quality and safety of patient care when transfer of responsibility occurs during duty hour shift changes, during transfer of the patient from one level of acuity to another, and during other scheduled or unexpected circumstances.</p> <p>POLICY</p> <p>Faculty and residents must be aware of their program policy. Individual residency programs will:</p> <ul style="list-style-type: none"> ● have a policy addressing transitions of care; ● provide instruction to and review program processes with residents regarding handoff of care; ● design schedules and clinical assignments to maximize the learning experience for residents as well as to ensure quality care and patient safety, and adhere to general institutional policies concerning patient safety and quality of healthcare delivery; and, ● evaluate trainees in their capacity to perform a safe, effective, and accurate transition of care. <p>It is recommended that individual program transition of care policies take into account the following:</p> <ul style="list-style-type: none"> ● Minimal data elements including, at a minimum, principal diagnosis and problem list, medication list, contact information for transferring to another physician or institution, test results including pending, code status and cognitive status. ● Requirements regarding timeliness of transition of care ● Accessibility of communication among care providers that is secure and HIPAA compliant ● Development of standardized metrics for the monitoring and improvement of transitions in order to lead to continuous quality improvement. ● Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency and structure. ● Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety. ● Programs must ensure that residents are competent in communicating with team members in the hand-over process. ● Programs and clinical sites must maintain and communicate schedules of attending physicians and residents currently responsible for care. ● Each program must ensure continuity of patient care, consistent with the program’s policies and procedures referenced in VI.C.2, in the event that a resident may be unable to perform their patient care responsibilities due to excessive fatigue or illness, or family emergency. <p>Information on Transitions of Care: A transition of care (“handoff”, “changeover”, etc.) is defined as the communication of information to support the transfer of care and responsibility for a patient/group of patients from one service and/or team to another. The transition/hand-off process is an interactive communication process of passing specific, essential patient information from one caregiver to another. Transition of care occurs regularly under the following conditions:</p>			

- Change in level of patient care, including inpatient admission from the ambulatory setting, outpatient procedure, or diagnostic area.
- Inpatient admission from the Emergency Department
- Transfer of a patient to or from a critical care unit
- Transfer of a patient from the Post Anesthesia Care Unit (PACU) to an inpatient unit when a different physician will be caring for that patient
- Transfer of care to other healthcare professionals within procedure or diagnostic areas
- Discharge, including discharge to home or another facility such as skilled nursing care
- Change in provider or service change, including fellow/resident sign-out, inpatient consultation sign-out, and rotation changes for fellows/residents.

IV. Vacation and Leave Policies

Bereavement			
Department:	Medical Education	Reviewed and Approved by GMEC:	June, 2020
Origination Date:	March 1999	Next Review Date:	June, 2021
Hospital policy to be followed.			

Leave of Absence

Department:	Medical Education	Reviewed and Approved by GMEC:	June, 2020
Origination Date:	March 1999	Next Review Date:	June, 2021

PURPOSE: To provide a process for medical or personal time off from training

POLICY

Each program’s Residency Review Committee, certification board, or other governing body has specific rules regarding absences from residency or fellowship training as it pertains to program completion and/or board eligibility. Leave of Absence (LOA) requests should be written and submitted to program directors as soon as the need to for such leave is recognized. Program Directors, with assistance of the Designated Institutional Official and/or governing body, if necessary, may grant or refuse a LOA request on a case-by-base basis. Proper documentation of the general circumstances of the LOA as well as a plan for resumption of training should be included in the resident’s file. All associates are permitted all the rights allowed under the Family and Medical Leave Act of 1993. Details of this policy are contained in St.Vincent Health Procedures, Category 11, Leave Management.

Parent Leave

Department:	Medical Education	Reviewed and Approved by GMEC:	June, 2020
Origination Date:	March 1999	Next Review Date:	June, 2021

PURPOSE: To provide leave for parents to provide care for their newborn or adopted child.

POLICY

Time away from training may affect program length, completion, or board eligibility. As such, residents should review requirements as outlined by each program’s Residency Review Committee, certification board, or other governing body. Residents should discuss the need for upcoming family and/or medical leave of absence as soon as the need is recognized and submit, in writing, a request for leave to the program office as soon as the circumstances (i.e. dates, etc.) are more clearly known.

All associates of St.Vincent Hospital are permitted all the rights allowed under the Family and Medical Leave Act of 1993. Details of this policy are contained in Ascension Personal Leave Policy. Depending on the reasons for requesting a LOA, residents may be eligible for Short Term Disability and should contact the Ministry Service Center at 1-844-847-4747.

Front Loaded Time Off

Department:	Medical Education	Reviewed and Approved by GMEC:	June, 2020
Origination Date:	March 1999	Next Review Date:	June, 2021

PURPOSE: To ensure that residents have appropriate time to rest and enjoy time away from work.

POLICY

The term paid time off (FLTO) is used by the hospital to designate paid vacation and holiday time allowed away from work. House staff are granted fifteen (15) days of paid vacation/sick leave. The Hospital also recognizes the legal holidays: New Year's Day, Martin Luther King Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day. As a general rule, time away from residency training in excess of four (4) weeks per year must be made up at the end of the academic year before proceeding to the next level of training. FLTO can be used within the following guidelines. It is important to understand individual program policies concerning time away from work.

PROCESS

- A. The designated holidays are paid days off unless a resident has scheduled call between the hours of 8:00 a.m. and 8:00 p.m. When call is scheduled during these hours residents will be granted another day off to be taken anytime during the academic year with the permission of his/her Program Director. These "compensatory" days must be used within 90 days or they will be forfeited. Call from 12:00 midnight to 8:00 a.m. the day before or 8:00 p.m. to 12:00 midnight the day of, does not constitute holiday call.
- B. Most house staff will be granted time off, usually 5 working days and a weekend during the Christmas/New Year's time period. The purpose of this additional time off is to be sure that all house staff have time, without any responsibilities, during the holidays to spend with their families. This time off is also considered compensation for December 25th and January 1st holidays. There can be no scheduled vacations between December 20th and January 4th each year. Generally this time away from work is scheduled by the program director in a way that best serves the program and patient care responsibilities.
- C. Vacations should generally be taken in accordance to program specific guidelines. One week of vacation consists of 5 days of PTO and one weekend (Saturday and Sunday). The other 2 weekend days are given at the discretion of the Program Director and as required by workforce demands.
- D. Vacation time should be scheduled at least 6 weeks in advance of the time away. Residents who have scheduled patients in the clinic should provide 6 weeks notice. This period of time allows for proper notification of all the individuals affected by the resident's/fellow's vacation including the primary care patient scheduling office. Each residency may have other qualifying requirements for time off and vacation time away from duties.
- E. Vacation may not be taken during certain required months as dictated by each residency policy handbook.
- F. As a general rule, vacation should be taken on elective rotations or as dictated by the individual residency handbook.
- G. Vacation time, FLTO, is to be used during the academic year that it is provided. As a general rule, vacation (FLTO) cannot be carried over to the next year.
- H. Additional professional leave will be provided at the discretion of the program director in the following instances 1) to take the USMLE step 3 exam, 2) present a paper or poster or some other academic accomplishment at a state or national meeting, 3) attend a reasonable number of interviews for residency, fellowship or practice, or 4) other academic responsibilities.

V. GME Policies

Closing of Teaching Facilities or Residency Program			
Department:	Medical Education	Reviewed and Approved by GMEC:	June, 2020
Origination Date:	March 2007	Next Review Date:	June, 2021

PURPOSE: To ensure continuation of graduate medical programs at the institutional level.

POLICY: Ascension St. Vincent Hospital and Ascension Indiana have had successful and high quality medical training programs since 1893 and are committed to resident and fellow education. The Accreditation Council for Graduate Medical Education (ACGME), which accredits residency and fellowship programs, requires a formal policy stating the institution's intention and commitment to residents should the hospital or residency and fellowship programs be required to close.

PROCESS: In the event that either Ascension St. Vincent Hospital or any of the residency programs or fellowships were required to close, the residents and fellows involved would be notified at the earliest possible time. Unless there are unusual circumstances, every effort will be made to phase out the program so that all residents can complete the training they started. If it is necessary to close the hospital or programs during the training year, the residents/fellows will receive written notice of termination of employment and receive compensation pursuant to the terms of their employment agreement. If the hospital or program closes before the resident completes his program requirements, but at the end of the contracted training year, each resident can expect assistance in finding a new program in which to complete the residency. The Ascension St. Vincent program will be responsible for the transfer of all academic records and documents pertaining to the previous education to the new program. The hospital will be responsible for all notifications required by the ACGME, Indiana Licensing Board, and other institutions or facilities.

Dress Code/Lab Coat			
Department:	Medical Education	Reviewed and Approved by GMEC:	June, 2020
Origination Date:	March 1999	Next Review Date:	June, 2021

PURPOSE: Recognize the importance of a professional appearance and to promote hospital standards of professional dress code.

POLICY: All residents and fellows are expected to dress professionally when in the hospital, the primary care office or private physician preceptor's office. The expectation is that residents follow the hospital's dress code policies. In addition, clothes must be clean, neat and considered professional attire. Residents and fellows are provided two lab coats at the start of residency. Lab coats should be laundered regularly. When working in a private physician's office, it is appropriate to seek advice regarding appropriate dress for that office environment.

Hospital scrub clothing is the property of Ascension St. Vincent Hospital. Scrubs are to be worn in accordance with hospital policy. This policy states that they are not to be worn out of the hospital or removed from the hospital. The use of hospital scrubs is at the discretion of the residency program and the dress requirements for the job. Scrubs are not to be used as a substitute for professional attire, unless approved by the Program Director.

Clinical and Educational Work Hours

Department:	Medical Education	Reviewed and Approved by GMEC:	June, 2020
Origination Date:	March 1999	Next Review Date:	June, 2021

PURPOSE: To comply with ACGME and RRC requirements.

POLICY

Clinical and Educational Work hours are defined as all clinical and academic activities related to the training program, i.e. patient care, the provision of transfer of care, time spent in-house during call and scheduled or required academic activities such as conferences or scholarly activity. Clinical and Educational Work hours do not include reading and preparation time spent away from the duty site.

PROCESS

Ascension St. Vincent Hospital and all ACGME residency programs and fellowships will abide by the ACGME Clinical and Educational Work Hours Policy in its entirety effective July 1, 2019.

Each Residency Program will have written policies and procedures that describe or explain Clinical and Educational Work hour rules, but these must be consistent with the Institutional and ACGME requirements for resident Clinical and Educational Work hours and the working environment. Either this policy or a consistent program policy must be distributed to the residents and the faculty. Monitoring of Clinical and Educational Work hours is required. Residents and Fellows must use the New Innovations application for recording these hours.

The Graduate Medical Education Committee has agreed that at present there will be no exceptions made to the above Ascension St. Vincent and ACGME policy. If it is necessary for the GMEC to consider an exception to the Clinical and Educational Work Hour Policy, the Committee shall, at that time, create a protocol to handle a request for an exception.

Fatigue/Stress

Department:	Medical Education	Reviewed and Approved by GMEC:	June, 2020
Origination Date:	March 2011	Next Review Date:	June, 2021

PURPOSE: Communicate the institution's acknowledgement that residents will experience fatigue and stress during their course of their residency program and commitment to providing residents with methods for addressing it.

POLICY

Symptoms of fatigue and/or stress are normal and expected to occur periodically with the resident population, just as it would in other professional settings. During the course of training residents may, on occasion, experience some effects of inadequate sleep and/or stress. As an institution, the Graduate Medical Education Committee has adopted this policy to address resident fatigue and/or stress.

EDUCATION

Programs are responsible for developing their own policies and for enforcing them. Programs must educate all faculty members and residents to recognize the signs of fatigue and sleep deprivation. Programs must also educate faculty and residents on alertness management and fatigue mitigation. Programs must develop a process or strategy to ensure continuity of patient care in the event that a resident becomes excessively fatigued. Programs, in cooperation with the sponsoring institution must also provide adequate sleep facilities and safe transportation options for overly fatigued residents.

GME Disaster Plan and Interruption of Education and Patient Care

Department:	Medical Education	Reviewed and Approved by GMEC:	June, 2020
Origination Date:	March 2007	Next Review Date:	June, 2021

PURPOSE: To provide guidelines in the event of a local disaster that would impact residency and fellowship training.

POLICY

The purpose of a GME Disaster Preparedness policy is to:

1. Provide guidelines for communication with and assignment/allocation of house staff workforce in the event of a disaster,
2. Address administrative support for Ascension St. Vincent programs and house staff in the event of a disaster or interruption in normal patient care, and
3. Provide guidelines for communication with house staff and program leadership to assist in reconstituting and restructuring house staff's educational experiences as quickly as possible after a disaster or determining the need for transfer or closure if necessitated by events.

PROCESS

Communication

All programs will maintain contact information for all house staff. The contact information will contain, at a minimum, the address, pager number and all available phone numbers (home, cell, etc.), all available email addresses and emergency contact information.

In the event that the hospital, program, or graduate medical education ceases to function for a significant length of time (>24 hours), a recorded message will be provided on the medical education telephone line (338-2281) providing instructions on reporting and further information. In addition, recorded information will be left on each program's main telephone number. In the absence of a recorded message, the resident can use the paging system or St. Vincent operator to contact their preceptor and program leadership. In the event of a loss of the telephone system, the resident should a) check the St. Vincent Hospital Website and their hospital-sponsored e-mail account at least every 12 hours; or b) listen and watch for emergency broadcasts on local television and radio stations.

Compensation

During and after a disaster, house staff will be allowed, encouraged, and expected to continue their roles where possible and to participate in disaster recovery efforts. Unless otherwise instructed by the hospital board of directors, house staff will continue to accrue salary and receive benefits even if fund transfer is interrupted.

Workforce/Resource Allocation during a Disaster

In the event that the hospital's disaster plan is activated, refer to the Emergency Operations Plan policy as referenced in policy stat.

Decision-Making on Program and Institution Status and Resident Transfer

The program directors and DIO will communicate directly with the RRCs and the ACGME regarding the impact of the disaster. Working directly with the ACGME, the program directors and the DIO will monitor progress of both healthcare delivery and functional status of GME programs. Within 10 days after the declaration of the disaster the DIO will contact the ACGME to discuss due dates that ACGME will establish

for programs to submit program reconfigurations to ACGME and to inform each program's residents/fellows of resident transfer decisions. The due dates for submission shall be no later than 30 days after the disaster unless other due dates are approved by ACGME. Appropriate action will be taken to:

1. Maintain functionality of the program(s),
2. Temporarily transfer residents until program(s) is reinstated, or
3. Enact permanent resident transfer.

ACGME will provide on its website, phone numbers and email addresses for emergency and other communication with ACGME from disaster affected institutions and programs. Program directors will follow all ACGME policies in regard to managing the impact of the disaster on GME programs.

Off Campus Rotations

Department:	Medical Education	Reviewed and Approved by GMEC:	June, 2020
Origination Date:	March 1999	Next Review Date:	June, 2021

PURPOSE: To ensure appropriate documentation of off site rotations and to ensure that academic credit and supervision are provided.

POLICY

There will be occasions when residents will need to leave the Ascension St. Vincent campus to acquire an experience that is not available on campus, including international experiences. An off campus rotation is defined as any rotation at a medical facility and under the supervision of a teaching physician who is not officially related to Ascension and its GME Program Faculty. The opportunity to take off campus rotations is limited due to the cost to Ascension St. Vincent as off site rotations are not reimbursed by the Center for Medicare and Medicaid Services. Except under unusual circumstances, no more than three months of off-campus elective rotations will be allowed during the duration of a resident's training program.

PROCESS

In order to take an off campus rotation, residents must seek the approval of the program director by using the attached form. Final approval is given by the DIO. For institutions where a Master Affiliation Agreement exists, residents should seek approval at least 90 days prior to the planned experience. Residents must be aware that when there is not a Master Affiliation Agreement, more time may be needed.

A written letter of agreement on the terms and conditions that meet ACGME guidelines will include descriptions of faculty, duration and curricular content, responsibilities for teaching, supervision and evaluation, and applicable policies and procedures.

The Affiliation Agreement and/or Program Letter of Agreement (PLA) must be coordinated and executed prior to the onset of the rotation. Ascension St. Vincent policy requires that Affiliation Agreements be executed by the Legal Department and signed by the Hospital's President or COO. A PLA can be executed by the program director and site director at the facility when an active Affiliation Agreement exists with final approval from the DIO.

The resident is responsible for providing all required documents that facility requests of visiting residents, including but not limited to, malpractice coverage and evidence of licensure (medical licensure must be obtained for out-of-state rotations). The resident must ensure that medical records are completed and clinic schedules are adjusted one month prior to beginning the rotation.

All expenses related to the off-campus rotation will be the responsibility of the resident and/or the corresponding residency program. The resident's salary will continue to be paid during the off-campus rotation. Choice Spending Account funds may be used for off-campus rotations as approved by the programs director.

The requirements for international rotations are in the International Medical Education Rotation policy, and supplemental funding is possible through the International Medical Education Fund.

Programs must maintain all Program Letter of Agreements in the program office and/or residency management software system and update them as needed.

Vendor Interactions with House Staff

Department:	Medical Education	Reviewed and Approved by GMEC:	June, 2020
Origination Date:	November 2009	Next Review Date:	June, 2021

PURPOSE: To establish an Institutional Policy to provide direction on appropriate relationships among house staff, vendors (to include pharmaceutical industry personnel) and their representatives.

POLICY - Relationships between healthcare professionals and industry representatives (Vendors) are intended to benefit patients and to enhance the practice of medicine. Interactions should be focused on informing healthcare professionals about products, providing scientific and educational information and supporting medical research and education.

Scope: This policy will apply to all house staff enrolled in a Graduate Medical Education (GME) training program at St. Vincent Hospital. All information contained in this policy shall be used as minimum criteria for house staff/pharmaceutical interactions. Each program director may establish more specific guidelines for house staff/pharmaceutical interactions within their department.

Definitions:

House Staff – refers to all interns, residents and fellows enrolled in a post-graduate training program.

Grant – a gift for a particular purpose

Vendor – someone who promotes or exchanges goods or services for money

PROCESS - Responsibilities/Requirements:

A. Recognizing that house staff will encounter medical industry vendors and literature throughout their careers, teaching about the interplay between physicians and vendors should be part of the formal curriculum, specifically for the purpose of providing information on potential conflicts of interest and the influence of marketing.

B. St. Vincent house staff should be guided by the American Medical Association Council on Ethical and Judicial Affairs (CEJA) published opinion 8.061 (reference <http://www.ama-assn.org>) for ethical guidance in identifying appropriate interactions with vendors.

C. The Department of Medical Education will not sponsor house staff related functions with vendors and their representatives.

D. Each program director, department chair and/or designated faculty member will develop the program curriculum based on educational requirements/topics set forth by the Accreditation Council for Graduate Medical Education and/or the program specific licensing board. Vendors and their representatives may not determine the conference and curriculum content.

E. All sponsored speakers supported by vendors must be approved and monitored by each program director, department chair and/or designated faculty member. Financial disclosures must be given prior to their presentation.

F. Speakers invited for the purpose of promoting a specific product and/or pharmaceutical, represented by a pharmaceutical company/vendor, are not permitted at any core educational conferences.

G. House staff may not accept any monetary grant or gift from a vendor or their representative. House staff may accept gifts of minimal value (such as pens, notepads and similar “reminder” items with company or product logos) or practice related gifts (educational books, penlights, etc.) that are not of substantial value.

Ascension St.Vincent Indianapolis
Graduate Medical Education – Moonlighting Disclosure

Interns, residents and fellows must complete this form annually, at the commencement of their Physician Agreement, or when there is a change in moonlighting status or location.

Date:	Name:	
Training Program Name:	Program Director Name:	PGY:
Are you working overtime shifts? YES NO Are you moonlighting? YES NO		
_____	_____	
Date	Your Signature	
<p>If you are NOT moonlighting, print a copy of this form and submit to your program coordinator. If you ARE moonlighting, please read and complete the below information.</p> <p><u>NOTE to resident:</u> If moonlighting occurs in an Ascension Health facility medical malpractice coverage is through Ascension Health’s malpractice carrier. If moonlighting does not occur in an Ascension Health facility, you are responsible for securing medical malpractice coverage.</p>		
Enter location of moonlighting:		
Moonlighting employer name (the entity that issues your paycheck):		
Name of supervisor at moonlighting location:		
Name of medical malpractice carrier (if not Ascension):		
Indiana permanent license#:	Federal DEA#:	
<i>License and DEA numbers must be provided to moonlight.</i>		

Print a copy of this form and submit to your program coordinator. You may moonlight only after you have received approval from your program director. Your program director will notify you of the process for submitting worked moonlighting hours to ensure timely payment. Failure to request authorization to moonlight from your program director could result in disciplinary action. **A copy of this form must be submitted to the GME Office.**

APPROVE DISAPPROVE

Date Program Director Signature

THIS SECTION FOR GME OFFICE USE ONLY

Date Received: _____ By: _____

**Ascension St. Vincent Indianapolis
Graduate Medical Education
Off Campus Rotation Request**

(Must be submitted 90 days in advance of rotation month)

Today's Date: _____ Month/dates of
rotation: _____

Resident Name: _____

Place of Rotation: _____ Specialty of Study: _____

Supervising Physician Information

Name: _____ Email: _____

Institution/Facility Name: _____

Address: _____ Phone#: _____

Program Coordinator Name: _____ Email: _____

~~~~~  
1. Indicate below why you wish to schedule this rotation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. List below your goals and objectives for this rotation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ Approved  
\_\_\_\_ Not Approved

Program Director: \_\_\_\_\_ Date: \_\_\_\_\_

**Program Coordinator:**

- 1. Scan and email this completed form to Medical Education and retain a copy for resident's program file**
- 2. Email the program's Goals and Objectives for the resident's rotation to be incorporated into the PLA to Medical Education.**

Updated: January 2020



## **St. Vincent Indianapolis and Seton Specialty Bloodborne Pathogen (BBP) Exposure SBAR**

**Situation:** At St. Vincent Indianapolis, healthcare personnel have had BBP exposures (e.g., needle sticks and other sharps-related injuries, splashes to eyes and/or mucous membranes, etc.). Several of these healthcare workers had an increased risk of injury due to failure of proper processes followed.

**Background:** Multiple BBP exposures have occurred and were not reported appropriately which delayed prophylaxis. (For effective response prophylaxis treatment must be initiated within the first 2 hours after exposure.)

**Assessment:** The following measures should be followed once a BBP exposure occurs:

- Immediately wash the area with soap and water. For splashes, flush the area with water.
- Contact shift supervisor.
  - Supervisor will contact the Administrative Representative as appropriate.
  - Supervisor will verify consent and obtain order for source patient testing.
- Report immediately (within the first 2 hours of exposure) to:
  - OAHF during office hours (M-F, 7a-4p) located at 8402 Harcourt Rd, Suite 501, Phone: (317) 338-2347
  - ED during OAHF non-office hours-to determine if prophylactic treatment is necessary which **must occur within the first 2 hours of exposure**
- St. Vincent Associates (after initial treatment) contact ViaOne at **1-866-856-4835** and report event.

\*For students and contingent workers, after initial treatment, please follow your organization's policy regarding additional health care follow-up.

### **Requirements:**

1. St. Vincent associates should seek treatment before reporting the event to ViaOne.
2. Source patient testing should always be done regardless if a healthcare worker refuses treatment.
3. Two new initiatives have been put into place to expedite process and inform healthcare workers of the processes
  - a. 338-OUCH-this phone number has a recorded message to provide the healthcare worker with initial steps to follow.
  - b. SharePoint Site-a new site has been set up in the Nursing Portal/Resources/Blood Borne Pathogen Exposure. This site will have this document, a BBP exposure checklist, and other resources. Associates who have a BBP exposure event will need to visit this site and print off the checklist.
2. Managers and Directors-during associate/staff meetings should review the importance of seeking care immediately following a potential exposure. For departments that have the responsibility of drawing source patient labs, the need to draw labs urgently should also be discussed.
3. The attached talking points and flow chart may be used as a guide and are available on the Patient Care Portal under Clinical Resources, Bloodborne Pathogen Exposure.
4. Contingent workers should always seek immediate initial assessment and potentially treatment at St. Vincent OAHF or ED (depending on hours) and then follow-up with their own organization's policies regarding follow-up.

# Bloodborne Pathogen Exposure?

(Needle/sharps sticks and/or splashes to mucus membranes)

**CALL**

**338-OUCH**

**and/or go to:**

Dovenet / Ministries / Indianapolis / Department /  
Quality and Patient Safety / **Bloodborne Pathogen Exposure**

### Healthcare Worker Bloodborne Pathogen Exposure Checklist

(needle/sharps stick, splash to eyes and/or mucous membranes, etc.)

Name of Healthcare Worker: \_\_\_\_\_ Discipline: \_\_\_\_\_

Date of Exposure: \_\_\_\_\_ Time of Exposure: \_\_\_\_\_

Location of Exposure: \_\_\_\_\_

Source MR#: \_\_\_\_\_

| Healthcare Worker Exposed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>• Immediately wash area with soap and water. For splashes flush the area with water.</li><li>• Contact shift supervisor</li><li>• <b>Within the first 2 hours of exposure</b> (for evaluation of need for prophylactic treatment) go to:<ul style="list-style-type: none"><li>• OAHF during office hours (M-F, 7a-4p) located at 8402 Harcourt Rd, Suite 501, Phone (317) 338-2347.</li><li>• ED during OAHF non-office hours</li></ul></li><li>• Associate call ViaOne, after initial treatment, to report event at <b>1-866-856-4835</b></li></ul> |
| Supervisor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <ul style="list-style-type: none"><li>• Verify source patient consent and obtain order for source patient testing</li><li>• Enter order into EMR "Needle stick panel, Source Patient"</li><li>• Obtain Source patient sample (4 Gold Tubes, 2 Lavender Tube)</li><li>• Send to Lab as "STAT"</li><li>• Contact the Administrative Representative<ul style="list-style-type: none"><li>• 86<sup>th</sup> street and ambulatory sites 338-1172</li><li>• Women's Hospital 415-7640</li><li>• Seton (Charge Nurse) 415-8383</li></ul></li></ul>                                               |

**Note: Source patient testing should always be done regardless of healthcare worker election to not pursue treatment.**

*Signature acknowledges that all above steps were followed*

Healthcare Worker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Give this completed checklist to the Unit (where exposure occurred) Manager/Director*