



ST. VINCENT HOSPITALS & HEALTH CARE CENTER, INC.
Medical Education Department

House Staff Handbook

2017 -2018

Mission of 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	7
DEA Number	7
Licensure	8
NPI Number	8
III. Benefits	
Pay Days and Salary Information	8
Choice Spending Account	8
ID Badges	9
Lockers	9
Lab Coats / Laundry	9
Malpractice Insurance	10
Pagers / Parking	10
IV. Resident Responsibilities	
Attendance	10
Conferences and Lectures	10
Confidentiality	10
Death Certificates	11
Medical Records Completion	11
Night Call / Emergency Back-Up	11
Personal Changes	11
Pre-employment	11
Primary Care Center	11
Work-Related Injury	12
V. Resources	
House Staff Council	12
Library	12
Institutional Review Board (IRB)	12
Office of Research and Clinical Trials	12
Physician Portal	12
VI. Safety	
Emergency Communication	13
Disaster Plan	13
Emergency Phone Number	13
Hand Washing	13
High Reliability Principles	13
Event Reporting System	14
Patient Experience	14
Policies	
I. Employment / Recruitment Policies	
Agreement of Appointment	15
Resident Evaluation	16
Resident Reappointment	17
Resident Recruitment	18

Resident Selection	19
Resident Transfer	20
Moonlighting (Non-academic employment)	20
II. Academic/Supervision/Grievance Policies	
Academic/Corrective Actions	22
Grievance Procedure	25
Fellow Supervision	26
Resident Supervision	27
Workplace Harassment	28
III. Patient Care Policies	
Transitions of Care	29
IV. Vacation and Leave Policies	
Bereavement	30
Leave of Absence	30
Parent Leave	31
Paid Time Off	31
V. GME Policies	
Closing of Teaching Facilities or Residency Program	32
Dress Code/Lab Coat	33
Duty Hours	33
Fatigue/Stress	34
GME Disaster Plan and Interruption of Education and Patient Care	34
Off-Campus Rotations	36
Vendor Interactions with House Staff	37
FORMS	
Moonlighting Disclosure	38
Off-Campus Rotation Request	39

GME ADMINISTRATION

Name	Title
Jeffrey M. Rothenberg, MD, FACOg	Executive Director, Medical Education; ACGME DIO
Curt Ward, MD	Associate Director, Medical Education
Alan Bercovitz, MD	Medical Director, Joshua Max Simon Primary Care Center and Assistant Director, Medical Education
Beth Harrison	Manager, Medical Education
Jane Mikosz	CME Consultant
Beth Drago	Medical Education Student Coordinator
Darlenia Thomas	Medical Education Program and Student Coordinator
Martha Fahrback	Medical Education GME Coordinator
Peggy Morris	Medical Education Administrative Assistant

GME PROGRAMS – ACGME ACCREDITED

Residency Program	Director	Associate Director	Coordinator
Internal Medicine	Lannie Cation, MD	Robert Love, MD Laurel Fick, MD Stephen Knaus, MD	Hannah Ramirez
Transitional Year and Preliminary	Laurel Fick, MD		Tammie Horkay
Family Medicine	Heidi Harris, MD		Diane Eastman
Combined IM/FM	Elizabeth Roth, MD		Krissy Davis
Obstetrics/Gynecology	Peter Marcus, MD	Sarah Morgan, MD	Carrie Pacifico
Pediatrics	Sheila Stewart, MD	Shivika Jain, MD	Janet Hedlund
Surgery	Jonathan Saxe, MD		Lisa Stuart
Oculoplastics	Harold Lee, MD		

FELLOWSHIP PROGRAMS – ACGME ACCREDITED

Fellowship Program	Director	Coordinators
General Cardiology	Eric Prystowsky, MD	Diana Carey/Lisa Pogue
Interventional Cardiology	James Hermiller, MD	Diana Carey/Lisa Pogue
Electrophysiology	Eric Prystowsky, MD	Diana Carey/Lisa Pogue
Advanced Heart Failure & Transplant	Mary Walsh, MD	Diana Carey/Lisa Pogue
Geriatrics	Patrick Healey, MD	Diane Eastman
Procedural Dermatology	William Hanke, MD	Darlenia Thomas/Linda Akins
Sports Medicine	Tim Von Fange, MD	Krissy Davis

NON-ACGME ACCREDITED PROGRAMS

Program	Director	Accrediting Agency	Coordinators
Head and Neck Surgical Oncology	Stephen Freeman, MD	American Board of Otolaryngology	Darlenia Thomas/ Mollee Skelly
Advanced GI Surgery, Laparoscopy, Endoscopy & Ultrasound	Kirpal Singh, MD	The Fellowship Council	Darlenia Thomas/ Dawn Stinnett
Podiatry	Christopher Winters, DPM	Council of Podiatric Medical Education	Darlenia Thomas

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.

Treatment (or non-treatment) Principles, Including Artificial Nutrition and Hydration

Sometimes difficult decisions must be made concerning providing or foregoing medical treatment. Our principles teach us that life is sacred and a basic good, always to be cared for and protected. However, physical life need not always be prolonged to the extent technically possible, when doing so is futile or disproportionately burdensome. Decisions are to be made in light of the whole person, especially his or her spiritual and psycho social spheres, and in terms broader than life in this world.

Traditional principles establish the presumption that life ordinarily should be prolonged. Death may never be directly intended as an end in itself. Nor should it even be sought as a means to a genuine good. Death may only be allowed to occur as the side-effect of pursuing another good; e.g., freedom from burden.

In medical decision-making the focus of concern is first of all, and always, on the benefit and will of the individual patient. But concern for others is also appropriate and so the effects of a decision on others may also be legitimately considered.

These same basic principles apply whether the decision is about a heart transplant, or code status, chemotherapy or artificial nutrition.

The patient is the presumed first, best judge of benefit/burden, followed by close family members. But patient autonomy, while always important, is also not absolute. Health care providers and institutions act in the interest of the patient, but also serve other persons and interest values which transcend the individual patient. Since they are not merely agents of their patients, they cannot be compelled to act in ways that violate their consciences.

It is important to communicate early, consistently and well, since what sometimes appear to be ethical disagreements are caused by, or mask communication problems. Legally it is also important to thoroughly document communication and decision processes in the patient's chart.

Some issues are particularly problematic and have specific policies addressed to them.

Ethics Committee

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.

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:

- To request care that respects your individual cultural, spiritual and social values, regardless of race, color, creed, nationality, age, gender, disability, or source of payment.
- To receive respectful, considerate, compassionate care that promotes your dignity, privacy, safety and comfort and that manages your pain as well as possible.
- To receive physical and spiritual support during times of illness and through the dying process. To be as free from pain and in as much control of your environment as possible.
- To expect that efforts will be made to provide you with the best of care during and after your hospitalization, including appropriate arrangements for durable medical equipment, home care and other alternatives to hospitalization. To be informed - in understandable language - of the nature of your illness and treatment options, including potential risks, benefits, alternatives and costs. To participate fully in your health care decisions.
- To know the identity of your caregiver. To request a second opinion or change physicians.
- To accept or refuse recommended tests or treatments, to the extent the law permits. To refuse to sign a consent form if there is anything you don't understand or agree to. To change your mind about any procedure to which you have consented. To be informed of the medical consequences of refusing tests or treatments.
- To be informed of any proposed research or experimental treatment that may be considered in your care, and to consent or refuse to participate in this treatment.
- To formulate advance directives. To expect that your advance directives will be followed when applicable. Advance directives are witnessed documents that say what you desire in the event you are unable to communicate your wishes. Advance directives such as living wills or life prolonging procedures declarations help you express your wishes about the extent to which you want treatments to prolong your life when death is inevitable within a short time. Directives such as the appointment of a health care representative or a durable power of attorney specify who should speak in your name if you cannot express your own wishes, either temporary or permanently. If you'd like someone to discuss advance directives with you, ask your caregiver to contact one of the hospital's chaplains or social workers.
- To expect that appropriate decision-makers will be sought in case you lack decision-making ability and have no advance directive.
- To raise ethical issues concerning your care with your care providers and/or with the hospital's ethics committee. To participate in the resolution of those issues.
- To be assured that medical and personal information will be handled in a confidential manner. To have access to the information in your medical record. It's up to you whether we lease any information at all, other than that required by your physicians and insurance company. Your caregivers can explain this option.

- To receive a prompt and courteous response to your complaints about the quality of care or service.
- To request and receive information regarding the patient’s bill, including payments, insurance status and charge explanation. To receive information regarding financial assistance and help in determining financial needs.

Patient’s Responsibilities:

- To provide all required personal and family health information.
- To participate as best you can in making decisions about your medical treatment and carry out the plan of care agreed upon by you and your caregivers.
- To ask questions of your physician or other caregivers when you do not understand any information or instructions.
- To inform your physician of other care provider if you do not understand your diagnosis or treatment or if you desire a transfer of care to another physician, caregiver or facility.
- To be considerate of others receiving or providing care.
- To observe facility policies and procedures, including those on smoking, noise and visitors.
- To accept your financial obligations associated with your care, and request financial assistance if needed.
- To be reasonable in requests for medical treatment and other services.
- To advise your caregivers of any dissatisfaction you may have.

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		
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 and will be reimbursed the cost of the certification (up to \$70 for BLS, up to \$245 for ACLS). 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 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. Medical 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 – 2017-2018

PGY - 1	\$55,500 annually	PGY - 5	\$59,321 annually
PGY - 2	\$56,021 annually	PGY - 6	\$60,415 annually
PGY - 3	\$57,124 annually	PGY - 7	\$61,507 annually
PGY - 4	\$58,225 annually	PGY - 8	\$62,605 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. 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 or smart phone - reimbursed one time during 3-year residency programs, to a maximum of \$1,000
- Subscriptions for Medical Specialty Journals
- Medical License Application and/or Examination Fees
- Specialty Board Examination Fees
- On Call Meals

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 pro-rated to reflect the amount of training time. Funds may also be temporarily withheld due to poor academic performance or failure to complete certain administrative requirements such as TB tests or Web-Based Training (WBTs).

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 the north physician parking lot at the main 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. ([Click here to view St.Vincent policy regarding ID badges](#))

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 House Staff Council President or 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 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 to be used both in the hospital and during home call. Each house staff member is responsible for his/her pager. Minor repairs will be provided by the hospital at no charge. Abused pagers will be repaired at resident's expense. Residents will be expected to reimburse hospital for the cost of a lost pager.

Parking

Parking for residents at the main St. Vincent facility on 86th Street is available in the north physician parking lot. Resident badges provide access to this parking lot. 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.

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.

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 also carefully review the hospital's policy, "Use of Social Media" found on PolicyStat. ([Click here for policy](#)) 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.

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.

Night Call and Emergency Back-Up (Jeopardy) Call Responsibilities

On call hours and rooms are indicated in the Resident Survival Guide (small pocket-sized booklet given to residents at the beginning of the academic year). 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.

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, the Ascension Health Ministry Service Center must be contacted at 1-855-992-4672 to update personal information. 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 Ascension Health Ministry Service Center.

Pre-employment Physical

St. Vincent Hospital requires all hospital associates, including house staff, to have a preemployment physical evaluation. Other yearly items, including TB tests, fit testing 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 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 tasklists 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. Students, shadowers or others who are injured or exposed may seek treatment at the hospital but must also know that they will receive a bill for hospital services. A student must contact their school regarding their injury. ([Click here for information about viaOne express](#))

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. The House Staff Council has two votes on the GMEC.

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 physician and associates from 6am – 8am and 4pm – 6pm. 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 library@stvincent.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 806 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.

Office of Research and Clinical Trials

The St. Vincent Office of Research and Clinical Trials (ORCT) provides advice, guidance, and support to all researchers, including residents and fellows. Services include: protocol development advice, grant application and budgeting help, biostatistical analysis, study operational guidance, and study coordination. Residents and Fellows are strongly advised to seek assistance from the ORCT early in the research planning phase to ensure that projects are well-designed, may best fulfil their stated objectives, and can be completed in a timely manner. Protocol development and biostatistical analysis services are free-of-charge for all St. Vincent residents and fellows. Contact the ORCT at 317-338-2194 or research@stvincent.org.

Physician Portal

The Physician Portal on the St. Vincent intranet (DoveNet) provides remote access to patient care applications, the hospital library and other educational resources.

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.

The Web Based Training (WBT) module titled, “Emergency Communication Using Plain Language” must be completed and covers the following:

Medical Emergency/Code Blue	Fire	Infant Abduction
Rapid Response Team	Disaster	Security Alert
Stroke Team Activation	Severe Weather	Active Shooter
Trauma Team Activation	Missing Person	

Disaster Plan

In the event that the Disaster 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 Disaster 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 policy, “Disaster Plan”, located on PolicyStat. (Click here for policy)

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, small pox, 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**.

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.

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.

Patient Experience Overview

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

The purpose of Patient Experience is to improve the hospital experience for patients and families. 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.

GME Policies and Procedures

I. Employment/Recruitment Policies

Agreement of Appointment			
Department:	Medical Education	Reviewed and Approved by GMEC:	January 8, 2016
Origination Date:	March 1999	Next Review Date:	January 2019
<p>PURPOSE: To ensure receipt of a written agreement of appointment</p> <p>POLICY Each resident will receive a written agreement of appointment which outlines the terms and conditions of appointment to the program. 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.</p> <p>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.</p> <p>The House Staff Handbook also includes formal written policies and procedures concerning duty hours, moonlighting, physician impairment and harrassment.</p> <p>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.</p>			

Resident Evaluation

Department:	Medical Education	Reviewed and Approved by GMEC:	January 8, 2016
Origination Date:	March 1999	Next Review Date:	January 2019

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 skills including CPME or ACGME competencies. Residents are required to complete evaluations of rotations and teaching faculty as directed by their individual program.

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 a new 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:	January 8, 2016
Origination Date:	March 1999	Next Review Date:	January 2019

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. The resident will be reevaluated by the end of the tenth month when it will be determined if a residency agreement for the next year should be provided.
- B. 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 seek a position elsewhere. If the resident wishes to continue in the program, the academic remediation will be instituted. 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.
- C. If the resident, at any point in this process, feels that it has been unfair, he or she may initiate the grievance procedure.
- D. All residents with satisfactory performance will be notified between May and 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 a resident's agreement no later than two (2) months prior to the end of the resident's current agreement. 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:	January 8, 2016
Origination Date:	March 1999	Next Review Date:	January 2019

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 programs will use the ERAS application service to acquire and screen potential applicants for PGY-1 positions. All CPME programs will use CASPR

B. Applicants will be selected for the interview based on criteria established by the residency programs recruitment committee. 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 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 St. Vincent Medical Education website for residency training.

*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:	January 8, 2016
Origination Date:	March 1999	Next Review Date:	January 2019

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 St. Vincent Core 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.

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:	January 2016
Origination Date:	March 1999	Next Review Date:	January 2019

PURPOSE: Comply with ACGME regulations.

POLICY/PROCESS - If a program director of a 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 a St. Vincent program, the program director must provide timely verification of residency education and a summative performance evaluation.

Nonacademic Employment for House Staff (Moonlighting)

Department:	Medical Education	Reviewed and Approved by GMEC:	January 2016
Origination Date:	March 1999	Next Review Date:	January 2018

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 St. Vincent Indianapolis Hospital is to provide residents of its residency training programs education of the highest standards. It is the belief of 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 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 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 average. Residency program directors that allow moonlighting will be required to monitor residents to ensure all moonlighting hours are logged on the ACGME site.

State Licensure requirements - All residents engaged in moonlighting must be licensed for unsupervised medical practice in the state of Indiana. 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 Health 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 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 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 programs 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 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:	November 6, 2015
Origination Date:	March 1999	Next Review Date:	November 2018
<p>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.</p> <p>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.</p> <p>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.</p> <p>DEFINITIONS</p> <p>“Resident” means medical intern, resident or clinical fellow.</p> <p>“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.</p> <p>“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.</p>			

“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, Manager 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, Manager 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 Manager 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:	February 5, 2016
Origination Date:	March 1999	Next Review Date:	February 2019

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

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 to be grieved. If concerns are with the program director, the resident may bring the concern to the attention of the Manager 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, 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 attend the GMEC 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.

Fellow Supervision

Department:	Medical Education	Reviewed and Approved by GMEC:	January 8, 2016
Origination Date:	October 2009	Next Review Date:	January 2019

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:	January 8, 2016
Origination Date:	March 1999	Next Review Date:	January 2019

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:	November 6, 2015
Origination Date:	March 1999	Next Review Date:	November 2018

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, manager 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.” ([Click here to access policy](#))

III. Patient Care Policies

Transitions of Care			
Department:	Medical Education	Reviewed and Approved by GMEC:	March 2016
Origination Date:	August 2013	Next Review Date:	March 2018
<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. <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> <ul style="list-style-type: none"> • 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:	March 4, 2016
Origination Date:	March 1999	Next Review Date:	March 2018
<p>PURPOSE: Define parameters by which fellows/residents may receive time off work in the event of the death of a family member.</p> <p>POLICY Medical fellows/residents are eligible for leave with or without pay upon the death of a family member. The amount of time off work will be determined on a case-by-case basis.</p> <p>PROCESS The resident should notify the program director and coordinator so that bereavement time can be properly arranged.</p>			

Leave of Absence			
Department:	Medical Education	Reviewed and Approved by GMEC:	April 1, 2016
Origination Date:	March 1999	Next Review Date:	April 2018
<p>PURPOSE: To provide a process for medical or personal time off from training</p> <p>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. (Click here to access policy)</p>			

Parent Leave

Department:	Medical Education	Reviewed and Approved by GMEC:	April 1, 2016
Origination Date:	March 1999	Next Review Date:	April 2018

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 St.Vincent Health Procedures, Category 11, Leave Management. Depending on the reasons for requesting a LOA, residents may be eligible for Short Term Disability and should contact the Ministry Service Center at 1-855-992-4672. ([Click here to access policy](#))

Paid Time Off

Department:	Medical Education	Reviewed and Approved by GMEC:	April 1, 2016
Origination Date:	March 1999	Next Review Date:	April 2018

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

POLICY

The term paid time off (PTO) 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, Presidents' 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 school year before proceeding to the next level of training. PTO 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 10:00 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 school year with the permission of his/her supervisor. 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 supervisor and as required by manpower needs.

- 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. No two house staff can take time off at the same time while on the same rotation. The earliest dated request will receive preferential treatment.
- G. As a general rule, vacation should be taken on elective rotations or as dictated by the individual residency handbook.
- H. Interns and residents should be excused from 1 weeknight call during 1 week of vacation, if the vacation is taken during a month that has call.
- I. Vacation time, PTO, is to be used during the year that it is provided. As a general rule, vacation (PTO) cannot be carried over to the next year. Two (2) days of professional leave will be provided in the following instances to 1) take the USMLE step 3 exam, 2) present a paper or poster or some other academic accomplishment at a national meeting, 3) go to a reasonable number of interviews for residency, fellowship or practice, 4) recruit residents, or 5.) other time as approved by the Program Director.

V. GME Policies

Closing of Teaching Facilities or Residency Program			
Department:	Medical Education	Reviewed and Approved by GMEC:	April 2016
Origination Date:	March 2007	Next Review Date:	April 2018
<p>PURPOSE: To ensure continuation of graduate medical programs at the institutional level.</p> <p>POLICY: St. Vincent Hospital and St. Vincent Health has had successful and high quality medical training programs since 1893 and are committed to resident education. The Accreditation Council for Graduate Medical Education (ACGME), which accredits residency programs, requires a formal policy stating the institution's intention and commitment to residents should the hospital or residency programs be required to close.</p> <p>PROCESS: In the event that either St. Vincent Hospital or any of the residency programs or fellowships were required to close, the residents 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 program during the training year, the residents could expect direct financial compensation to fulfill the terms of the contract year. 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. This assistance would consist of up to 2 weeks time off for interviews and travel expenses up to \$2,500. The 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.</p>			

Dress Code/Lab Coat

Department:	Medical Education	Reviewed and Approved by GMEC:	January 8, 2016
Origination Date:	March 1999	Next Review Date:	January 2018

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 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.

Duty Hours

Department:	Medical Education	Reviewed and Approved by GMEC:	April 2016
Origination Date:	March 1999	Next Review Date:	April 2018

PURPOSE: To comply with ACGME and RRC requirements.

POLICY

Duty 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. Duty hours do not include reading and preparation time spent away from the duty site.

PROCESS

St. Vincent Hospital and all ACGME residency programs and fellowships will abide by the ACGME Duty Hours Policy in its entirety effective July 1, 2014.

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

The Graduate Medical Education Committee has agreed that at present there will be no exceptions made to the above St. Vincent and ACGME policy. If it is necessary for the GMEC to consider an exception to the Duty 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:	January 2016
Origination Date:	March 2011	Next Review Date:	January 2018
<p>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.</p> <p>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.</p> <p>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 must also provide adequate sleep facilities and safe transportation options for overly fatigued residents.</p>			

GME Disaster Plan and Interruption of Education and Patient Care

Department:	Medical Education	Reviewed and Approved by GMEC:	April 2016
Origination Date:	March 2007	Next Review Date:	April 2018
<p>PURPOSE: To provide guidelines in the event of a local disaster that would impact residency and fellowship training.</p> <p>POLICY The purpose of a GME Disaster Preparedness policy is to:</p> <ol style="list-style-type: none"> 1. provide guidelines for communication with and assignment/allocation of house staff manpower in the event of a disaster, 2. address administrative support for 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. <p>PROCESS <u>Communication</u> 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.</p>			

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 Web site 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 and encouraged 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.

Manpower/Resource Allocation during a Disaster

In the event that the hospital's disaster plan is activated, refer to the Disaster Plan policy.

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 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:	March 2016
Origination Date:	March 1999	Next Review Date:	March 2018

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 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 St. Vincent and its Residency Program Faculty. The opportunity to take off campus rotations is limited due to the cost to St. Vincent as offsite 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 either using the attached form or providing a written request which must include a rationale for the rotation. Final approval is given by the DIO. Residents should seek approval at least 90 days prior to the planned experience.

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. 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.

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, although the resident's salary will continue to be paid during the off-campus rotation. However, Choice Spending Account funds may be used as well as International Mission funds for international rotations. The requirements for international rotations are in the International Medical Education Rotation policy.

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:	Under Review
Origination Date:	November 2009	Next Review Date:	Under Review

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.

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 moonlighting? YES NO		
<hr/> <div style="display: flex; justify-content: space-between;"> Date Your Signature </div>		
<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#:		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.**

APPROVED DISAPPROVE

Date _____ Program Director Signature _____

THIS SECTION FOR GME OFFICE USE ONLY

Date Received: _____ By: _____

Graduate Medical Education
Off Campus Rotation Request

Today's Date: _____ Month of rotation: _____

Resident Name: _____

Place of Rotation: _____

Specialty of Study: _____

Supervising Physician Information

Name: _____

Institution/Facility Name: _____

Address: _____

Phone#: _____ 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: _____

Send completed form to Medical Education and retain a copy for resident's program file