



The Reading Hospital
and Medical Center

PART I

Graduate Medical Education

and

Resident Policies

Interns and Residents

2012 – 2013

Graduate Medical Education And Resident Policies

TABLE OF CONTENTS

| | |
|---|-----------|
| Graduate Medical Education | 1 |
| Allocation of Institutional Resources | 2 |
| Appointment of Teaching Staff | 3 |
| Apportionment of Resident Positions among Programs..... | 3 |
| Institutional Agreements | 3 |
| Accreditation for Patient Care..... | 4 |
| Resident Eligibility | 4 |
| Resident Participation in Educational Activities | 5 |
| Resident Support, Benefits and Conditions of Employment | 5 |
| Overview of Resident Responsibilities | 10 |
| Resident Supervision and Work Environment | 11 |
| Supervision of Residents | 11 |
| Work Environment | 12 |
| Evaluation and Promotion | 12 |
| Due Process | 14 |
| Non-Renewal | 16 |
| Delay of Advancement | 16 |
| Resident Grievance | 16 |
| Resident Council | 17 |
| Internal Review Process | 17 |
| Quality Care and Improvement Programs/JCAHO Compliance..... | 26 |
| Compliance with HIPAA Requirements..... | 27 |
| Licensure and Certification | 27 |
| Graduate License | 27 |
| License to Practice Medicine without Restriction | 27 |
| Testing and Treatment of Medical Conditions for Residents in Training | 29 |
| Resident Policies | 30 |
| Background Check Policy for Residents | 30 |
| Cafeteria Food Availability after Hours | 30 |
| Cell Phone Policy | 31 |
| Use of Chaperones during Physical Examinations..... | 34 |
| Counseling and Support Services | 34 |
| International Clinical Experiences for Residents | 35 |

| | |
|---|----|
| House Staff Management of Mental Health / D&A Services | 38 |
| Duty Hours | 39 |
| Leaves of Absence / Effects | 42 |
| Moonlighting and Other Outside Work for Pay | 43 |
| PDA & Protected Health Information | 44 |
| Pharmaceutical Representative/ Conflict of Interest | 45 |
| Physician Well-Being | 45 |
| Addressing Accreditation Letters/Citations Requiring Immediate Action | 46 |
| Program Reduction/Closure..... | 47 |
| Disaster Response Policy | 47 |
| Program Requests for Exception to Weekly Duty-Hour Limit..... | 49 |
| Recording of Patient Care | 50 |
| Right to Know/Hazard Communication | 53 |
| Sexual Harassment | 53 |
| Substance Abuse | 53 |
| Residents with Disabilities | 54 |
| Resident Transfer Policy | 55 |
| Use of “Flex Rooms” by Residents Policy..... | 56 |
| TRHMC Policies and Procedures..... | 59 |
| APPENDIX A | 60 |
| APPENDIX B | 62 |
| APPENDIX C | 64 |
| APPENDIX D | 66 |

Abbreviations

| | |
|--------------|---|
| ACGME | = Accreditation Council for Graduate Medical Education |
| AOA | = American Osteopathic Association |
| CAO | = Chief Academic Officer |
| COCA | = Commission on Osteopathic College Accreditation |
| COM | = College of Osteopathic Medicine |
| ECFMG | = Educational Commission for Foreign Medical Graduates |
| GME | = Graduate Medical Education |
| GMEC | = Graduate Medical Education Committee |
| JCAHO | = Joint Commission on Accreditation of Healthcare Organizations |
| LCME | = Liaison Committee on Medical Education |
| NRMP | = National Residency Matching Program |
| RRC | = Residency Review Committee |
| TRHMC | = The Reading Hospital and Medical Center |

THE READING HOSPITAL AND MEDICAL CENTER

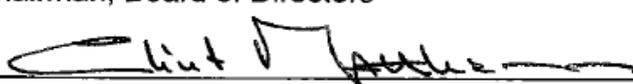
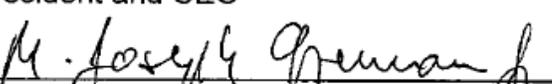
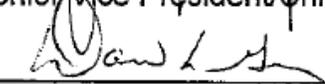
INSTITUTIONAL STATEMENT OF SUPPORT

The Reading Hospital and Medical Center (TRHMC) has a firm commitment and dedication to the training programs in graduate medical education. Driven by the Mission of TRHMC, graduate medical education plays an integral role in providing compassionate, accessible, high-quality, cost-effective health care to the community.

The Graduate Medical Education Committee (GMEC), along with the department of Academic Affairs, provides oversight and direction for all Accreditation Council for Graduate Medical Education (ACGME)- and American Osteopathic Association (AOA)-accredited graduate medical education training programs at TRHMC, to ensure that all programs meet or exceed all institutional and program accreditation requirements.

TRHMC's graduate medical education programs provide, through their faculty, comprehensive, coordinated, cost-effective graduate medical education that is responsive to the trainee and embodies the ethical and humanistic qualities necessary for all health care professionals.

TRHMC has a long history of financial, educational and human resources investment in the essential components of a successful graduate medical education program. This tradition of support is carried forward as a commitment to the future of TRHMC's provision of graduate medical education. This commitment is supported by TRHMC's Board of Directors, its Medical Staff, GMEC, the Vice President and Chief Academic officer, and its graduate medical education Program Directors.

| | Date |
|---|-----------------|
|  _____ Chairman, Board of Directors | <u>12-02-11</u> |
|  _____ President and CEO | <u>12/02/11</u> |
|  _____ Senior Vice President/Chief Medical Officer | <u>12/2/11</u> |
|  _____ Vice President and Chief Academic Officer / DIO | <u>12/2/11</u> |

Allocation of Institutional Resources

The Board of Directors of TRHMC is ultimately responsible for all educational programs conducted by the Hospital. Recommendations are made to the Board by the Chief Medical Officer (CMO), with advice from the Director of Medical Education, the Program Directors, and the GMEC.

Financing needed to expand programs, initiate new programs, provide educational resources and any other approved expense is provided by TRHMC's general operating budget, which is coordinated by the President of TRHMC, under the direction of TRHMC's Board of Directors.

TRHMC's GMEC meets monthly, and maintains minutes of its meetings in the central Graduate Medical Education office. It will communicate with the Medical Staff and the Board by providing minutes to the Medical Executive Committee monthly and an summary statement to the Board yearly.

Voting and committee membership on the GMEC includes:

- CAO (Chief Academic Officer (CAO));
- Chief Medical Officer (CMO);
- Director of each residency Program and Transitional Year;
- Director and Coordinator of Graduate Medical Education;
- Director of Osteopathic Medical Education;
- Residents selected by their peers;
- Faculty members;
- The accountable institutional designee.

The GMEC makes every effort to function in compliance with ACGME and AOA requirements, acknowledging their dedication and contribution to improving health care by assuring and improving graduate medical education.

TRHMC's GMEC is responsible for:

- establishment and implementation of policies affecting its residency programs;
- oversight and direction of and liaison with the residency Program Directors regarding their respective program responsibilities;
- regular reviews of all residency programs to determine their compliance with Institutional Requirements of the ACGME and/or AOA;
- assurance of an appropriate educational environment;
- directing appropriate funding for resident positions, benefits, and support services;
- assuring appropriate hours of duty and work environment for residents;
- overseeing residents' curriculum to assure provision of a regular review of critical issues;
- assurance that all programs develop and follow formal policies and processes for selection, evaluation, promotion, and dismissal of residents in accordance with appropriate program requirements;
- assuring an environment for residency education that promotes safe, high quality patient care.

Appointment of Teaching Staff

In order to maintain an environment that encourages continued acquisition of knowledge and improvement in skills, all newly appointed physicians to the staff are required to be board eligible or board certified. Each physician on the staff of a department that conducts a residency is considered a potential member of the teaching staff, and only those physicians who demonstrate continued interest and aptitude are selected for this privilege by the residency Program Directors.

Apportionment of Resident Positions among Programs

Quotas are established for each year of each residency as approved by the ACGME and/or the AOA. Adequacy of teaching patients, faculty, space, and equipment for the volume of trainees is assured.

Institutional Agreements

TRHMC currently participates in Inter-Institutional Agreements with:

- Thomas Jefferson University / Jefferson Medical College;
- Philadelphia College of Osteopathic Medicine
- Drexel University College of Medicine and Medical College of Pennsylvania Hospital;
- Pennsylvania State University College of Medicine;
- Temple University of the Commonwealth System of Higher Education

Agreements Dealing with TRHMC Resident Experiences at Affiliate or Non-Affiliate Medical Sites

TRHMC continues to have responsibility for the quality of education and retains authority over residents' activities when residents are involved with the institutions with which TRHMC has Inter-Institutional Agreements.

An Inter-Institutional Agreement will be developed when TRHMC residents receive training at another institution. This agreement shall:

- identify the officials at the participating institution or facility who will assume administrative, educational, and supervisory responsibility for residents;
- outline the educational goals and objectives to be attained;
- specify the period of assignment of residents to the participating institution, financial arrangements, and details for insurance benefits;
- determine the participating institution's responsibilities for teaching, supervision, and formal evaluation of the residents' performance;
- and establish with the participating institution the policies and procedures that govern the residents' education while rotating to the participating institution.

Accreditation for Patient Care

TRHMC is committed to providing quality health care to the community it serves. It is accredited by JCAHO, and strives to maintain the highest standards as outlined by the JCAHO accreditation process.

Resident Eligibility

Applicants with one of the following qualifications and who are eligible for a Graduate Training License in the Commonwealth of Pennsylvania are eligible for selection:

1. Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education;
2. Graduates of colleges of osteopathic medicine in the United States accredited by the AOA and graduates of COCA-accredited COM;
3. Graduates of medical schools outside the United States and Canada who meet one of the following qualifications:
 - have received a currently valid ECFMG certificate,
 - or have a full and unrestricted license to practice medicine in a United States licensing jurisdiction
4. Graduates of medical schools outside the United States and Canada who have completed a Fifth Pathway program provided by an LCME-accredited medical school.

Resident Selection

Residents are selected from among eligible applicants on the basis of their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities, such as motivation and integrity. Non-eligible residents will not be considered for enrollment at TRHMC. TRHMC does not discriminate on the basis of race, color, religion, creed, sex, age, national origin, disability, sexual preference, or veteran status.

All candidates must complete an application for the appropriate program. Written documentation of a completed application is to be provided through ERAS (Electronic Resident Application Services).

Enhancing criteria for selection include: election to honorary academic organizations (Phi Beta Kappa, Alpha Omega Alpha); positive evaluations for experiences during medical school; high scores on USMLE Steps 1 and 2, or the corresponding osteopathic examinations; strong letters of endorsement from deans and/or department chairs; and documentation of academic success (i.e., class standing, research publications, student awards).

All candidates must complete a successful personal interview with the appropriate Program Director or a designated faculty member and a senior resident. A faculty-resident group contributes to final rankings for selection to the NRMP or AOA after review based on consideration of the above criteria.

TRHMC strongly supports the Match programs. At the discretion of the Program Director, however, some positions may be filled outside the Match, based on the above-listed criteria and established NRMP and AOA guidelines.

To determine the appropriate level of education for residents who are transferring from another residency program, the Program Director must receive written primary source verification of previous educational experiences and a statement regarding the performance evaluation of the transferring residents, including assessment of competence in the six competencies (seven competencies for AOA-sponsored programs) prior to acceptance into the program.

A Program Director is required to provide verification of residency education for residents who may leave the program prior to completion of their education.

Residents shall not be accepted for advanced standing from programs not accredited by ACGME or AOA. Exceptions may be permitted for physicians with at least three years of verified internal medicine training abroad or other training that has been approved by the American Board of Internal Medicine.

Resident Participation in Educational Activities

In accordance with ACGME and AOA guidelines, TRHMC training programs assure that residents are at the center of an educational process that allows them to develop a personal program of growth under careful staff supervision in order to assure competence in their chosen fields.

The resident will participate in a program that will develop skills and define competence in the areas of Patient Care, Medical Knowledge, Interpersonal Skills and Communication, Professionalism, Practice-Based Learning, Improvement, and Systems-Based Practice and Osteopathic Manipulative Medicine (for AOA-sponsored programs). Program reviews serve to evaluate and assure that each resident is involved in safe, effective, and compassionate care under appropriate supervision for his or her level of competence. The educational program includes active involvement of the resident in scholarly activity and in the process of teaching and supervising others. In order to develop an understanding of the care of patient groups, residents are involved in institutional committees that have an impact on the care they provide their patients, as well as on their education. As a part of the process of continuous improvement, each program obtains from its residents a formal evaluation of the faculty and educational experiences at least yearly.

Resident Support, Benefits and Conditions of Employment

Overview of Resident Benefits

TRHMC provides all residents with a written contract in compliance with ACGME and AOA requirements. The contract includes the following resident benefits:

1. **Salary:** On an annual basis the salaries of residents are reviewed to determine if an increase is appropriate and if so, what the increase should be (under no circumstances can this salary be reduced).

- 2. Vacations and Holidays:** Two or three weeks of vacation, depending on residency program and year of training. In addition, a one-workweek Christmas or New Year break will be provided in lieu of personal days and compensatory time for holiday work. Residents should contact their Program Director to determine vacation eligibility, as well as to receive approval for proposed vacation schedule.

With the approval of the Program Director and Vice President/Human Resources, residents may choose to substitute a religious holiday of choice in lieu of one of the traditional six holidays. Residents should make this request through their Program Director.

- 3. Leaves of Absence:** Professional/Personal/Sick/Other: In lieu of vacation, a resident may wish to consider a leave for a variety of reasons. Such leave requires advance planning and approval by the respective Program Director and Vice President. This program is not normally available to residents in one-year programs, but may be available through extension of the training year.

Residents who have worked at The Reading Hospital and Medical Center for at least 12 months are eligible for Family Medical Leave Act (FMLA) benefits. Residents would be eligible for up to 12 work weeks of unpaid leave during any 12-month period for one or more of the following reasons: for the birth and care of a newborn child to the employee; for placement with the employee of a son or daughter for adoption or foster care; to care for an immediate family member (spouse, child, or parent) with a serious health condition; or to take medical leave when the employee is unable to work because of a serious health condition.

Definition of serious health condition may be found at the website:

www.dol.gov/esa/regs/compliance/whd/printpage.asp?ref=whdfs28.htm

Absence beyond six months would routinely result in termination based upon Hospital policies and procedures. Because educational requirements of Residency Review Committees vary in the amount of time a resident may have off in a given year without extending the length of the program, it is essential that a candidate for a leave of absence for any reason speak with his or her respective Program Director in order to understand the impact of such a leave on his or her training. Details for each department are available through that Program Director's office.

- 4. Professional Liability Insurance:** Professional liability insurance is provided by TRHMC for all work performed as part of TRHMC's Graduate Medical Education program. The professional liability policy is an "occurrence" policy, and is consistent with professional liability insurance coverage provided for other TRHMC medical/professional practitioners. (See Part III – Contracts and Agreements, Graduate Medical Education Agreement, Attachment A.)
- 5. Medical Benefits:** The resident may choose between two health insurance options through the TRHMC-sponsored health benefits plan, or decline coverage, TRHMC plan requires an employee premium. The resident may pay for self and dependent coverage through payroll deduction. Resident premiums are approximately 15% of the total cost; TRHMC pays the remaining 85% of the premium. If the resident chooses TRHMC-sponsored plan, prescriptions can be obtained at no charge at Esterbrook Pharmacy located in the Doctors Office Building. If the resident chooses to go to Esterbrook Pharmacy to fill a non-maintenance prescription then TRHMC will pay the co-pay for the

2011 – 2012 academic year. All maintenance prescriptions must be obtained through CVS or mail service as described below. In order to be reimbursed for these co-payments, the residents will need to copy their receipts and mark out all personal information pertaining to the prescription and then submit them to Cathy Caron, Academic Affairs – M1 building. Reimbursements will be submitted to Accounts Payable on the following dates; June 15, 2011 , Sept 30, 2011 , Dec 15, 2011 , March 30, 2012 and June 23, 2012. Copayments will not be covered after June 24, 2012.

Maintenance Drugs

We'd like to tell you about some important changes to your prescription benefit plan that will start **April 1, 2011**. These changes are designed to help you and your employer keep drug costs down and to offer you convenience and choice.

New plan choices

Now you have more options to choose from when filling your prescriptions. This chart shows your copay/coinsurance* for each option. Keep this letter so you can refer to it when you decide where to fill your prescriptions.

| Your Copay/Coinsurance Summary | | |
|---|--|--|
| | Any network pharmacy Up to a 30-day supply | Maintenance Choice: CVS/pharmacy or mail service Up to a 90-day supply |
| Generic drugs | \$10 maximum | \$20 |
| Preferred brand drugs | 25% \$25 minimum/ \$50 maximum | 20% \$50 minimum/ \$100 maximum |
| Non-preferred brand drugs | 40% \$50 minimum/ \$100 maximum | 40% \$100 minimum/ \$200 maximum |
| Fill limit for long-term medications | Coverage for 1 fill only | No limit |

Delivery or pick-up: introducing Maintenance Choice®

If you are taking a long-term** medication, now you can choose to receive your 90-day+ supplies by mail or pick them up at a CVS/pharmacy** near you. Whether you choose delivery or pick-up, you will pay the same copay. This choice is being offered to you by your employer as a way to help you save money.

To learn how to get started with Maintenance Choice, please see the enclosed program summary.

Fill limit for long-term medications

Your plan allows one 30-day fill of long-term medications at any pharmacy in our network. After that, your plan will cover long-term medications only if you have 90-day supplies filled through mail service or at a CVS/pharmacy. If you continue to have 30-day supplies of long-term medications filled after one time, your plan will not pay for them.

With Maintenance Choice, you can avoid paying more for your long-term prescriptions. All you need to do is have 90-day supplies filled through mail service or at a CVS/pharmacy.

Questions? Visit www.caremark.com or call us toll-free using the number on the back of your Prescription Card. We are here to help you save on your prescriptions.

6. **Dental Insurance:** Dental insurance coverage is available for residents and their dependents, and may be purchased through payroll deductions at the resident's expense. (See TRHMC Intranet, Hospital Policies and Procedures, Personnel, Benefits, Dental Plan, Personnel Policy No. 318:1.)
7. **Life Insurance:** Life insurance is provided at no charge by TRHMC in the amount of the resident's annual salary, and is in effect as of the date of employment.
8. **Long-Term Disability Insurance:** Long-term disability insurance is provided to residents at no charge by TRHMC as of the date of employment. (See TRHMC Intranet, Hospital Policies and Procedures, Personnel, Benefits, Long-Term Disability, Personnel Policy No. 350:1.)
9. **On-Call Room:** An on-call room for residents is provided by TRHMC. On-call quarters are for scheduled on-call duty, and are not to be used as a residence.
10. **Meals:** All residents receive financial support for meals obtained through the employee cafeteria.
11. **Lab Coats:** Each first-year resident is provided three lab coats. Each second-year resident is provided two lab coats. These lab coats must be worn when providing services in the Hospital.
12. **Laundry:** Laundry service is free for lab coats and Hospital attire.
13. **Parking:** Restricted parking is available without charge. Residents are permitted to park in any Reading Hospital parking garages and are encouraged to park in the physician designated areas, however, if they are filled then they can park in any non-physician areas in the garages. Residents who live in the K building are required to use the Spruce Garage as their main parking area.
14. **Education Fund:** First year residents will receive up to \$3000 and upper year residents will receive up to \$4500; the incremental \$1500 is to be utilized for board review courses or specialty meetings. Details can be found in the individual Department Manuals.
15. **Credit Union:** Membership in the Hospital-based Diamond Credit Union is available upon employment, with loans available after six months of credit union membership. (See TRHMC Intranet, Hospital Policies and Procedures, Personnel, Benefits, Credit Union, Personnel Policy No. 315:1.)
16. **Exercise Facilities:** Residents have access to on-site exercise facilities and to the weight training room at Wyomissing Area High School. They may also receive reduced institutional rates to other local exercise facilities. Details may be obtained through the Human Resources Department.
17. **Fees:** TRHMC pays the resident's annual graduate training license fee.
18. **Funeral Leave:** Three days of funeral leave are provided to residents for members of their immediate family, and one day for other relatives. (See TRHMC Intranet, Hospital Policies and Procedures, Personnel, Benefits, Funeral Time, Personnel Policy No. 325:1.)
19. **Housing:** Information regarding apartments available in the community may be obtained from the Program Director's office or the GME office. Twenty low-rent, Hospital-owned apartments are also available as resident housing. A small number of dormitory-style rooms are available on campus in K-Building. Additional details regarding TRHMC's Delta Apartments and K-Building rooms are available through the Program Directors.

A \$100 (less taxes) housing allowance is paid each month to residents who do not rent a TRHMC apartment or dormitory room.

Upon initial appointment only, the housing allowance may be requested in one payment of \$1,200 (less taxes) to be included in the first paycheck to the resident. Should a resident move into a TRHMC-owned apartment or dormitory room, or terminate residency early, the \$1,200 will be prorated to cover only those months of entitlement, and any overpayment will be deducted from the resident's paycheck.

Note: After 12 months of residency, the housing allowance reverts to the \$100 monthly payment.

20. **Jury Duty:** TRHMC will pay the difference in salary between the resident's regular pay and that received for serving as a juror if TRHMC is unable to have the resident excused from this duty.
21. **Pension Plan:** Residents become members of the TRHMC-paid pension plan after one year of service. If a resident remains employed by TRHMC for five years, he or she would become vested, which would entitle the resident to a pension benefit at age 65. (See TRHMC Intranet, Hospital Policies and Procedures, Personnel, Benefits, Retirement, Personnel Policy No. 363:1.)
22. **Salary Advance:** Upon initial appointment, a resident may take a salary advance of \$2,600; \$200 will then be deducted from each paycheck for 13 pay periods.
23. **Social Security:** 7.65% of the resident's gross salary is contributed by TRHMC to Social Security.
24. **Workers Compensation:** Financial assistance is available to a resident who may be injured while on the job. (See TRHMC Intranet, Policy Manager, Organizational Administrative Manual ~ *Workers Compensation Policy*)
25. **Child Development Center:** Childcare services are rendered to hospital employees for children age 8 weeks to age 5 years at a subsidized rate. Residents may opt to pay tuition through an optional Dependant Care Spending Account via payroll deduction using pre-tax dollars. Admission to the Child Development Center is competitive and based on availability at the time of request. If interested, contact with the Center should be made immediately at (610) 988-5140 after you have received and signed your letter of agreement. If you know you are pregnant after you have successfully matched with TRHMC then please inform the program you matched with as soon as possible. The program will then notify the CDC of your pending employment and add your name to the waiting list. Space is not guaranteed. **Under no circumstances will the CDC take an infant under the age of 8 weeks of age.**
26. **Hospital rules, regulations and policies:** All employee policies are posted on the internet by the Human Resources Department at <https://trh.ellucid.com/manuals>.
27. **Resident file retention:** All residency programs will store all resident files after the completion of his/her residency. Requests for access to his/her files can be made to the residency programs to the Program Directors.
28. **Finding a provider for yourself:** We realized that when you started your residency, many of you would need a new primary care provider to meet your health care needs.

Here is how you can find a provider that both meets your needs and is close to your home.

- Search for a provider by going to their website at www.trhmg.org
- Once you have found a provider you can then call the call center and an operator will assist you in setting up an appointment.

Overview of Resident Responsibilities

The goal of the residency program is to provide the resident with an extensive experience in medical education in order to achieve excellence in the diagnosis, care, and treatment of patients. To achieve this goal, the resident agrees to do the following:

1. Accept the responsibilities, hours of duty, and on-call schedules consistent with ACGME's or AOA's conditions for his or her respective residency program.
2. Accept all reasonable assignments and perform all duties at a satisfactory level of competence as determined by his or her respective Program Director, the CAO, and the President of TRHMC.
3. Act in compliance with all applicable policies, procedures, rules, and regulations of TRHMC and its Resident Manual.
4. Complete all medical records on a weekly basis, unless there is an acceptable reason (i.e., illness, vacation, off-site rotation) for not doing so. Resident's record-keeping performance will be considered when contracts are renewed. Recurrent failure to meet regular record-keeping requirements may result in non-renewal of contract. (See TRHMC Intranet, Hospital Policies and Procedures, Medical Records, Regulations for Completion of Medical Records, Policy No. 310:3, and Record Completion Requirements, Policy No. 310:5.)
5. Maintain a valid graduate license to practice medicine in the Commonwealth of Pennsylvania while performing duties and responsibilities under his or her contract with TRHMC.
6. Understand and adhere to ACGME general requirements, the so-called "Essentials of Accredited Residencies," and the "Special Requirements" for his or her respective residency training, as well as the requirements for Board certification. A copy of the ACGME "Special Requirements" for a residency will be provided at the orientation to the respective residency program. DO interns should familiarize themselves with all applicable AOA requirements.
7. Return all TRHMC property, such as books, equipment, and completed records, and settle his or her professional and financial obligations prior to termination and departure from TRHMC.
8. Develop a personal program of self-study and professional growth, with guidance from TRHMC's teaching staff.
9. Provide safe, effective, and compassionate patient care under supervision commensurate with his or her level of advancement and responsibility.

10. Participate fully in the educational activities of his or her respective residency program and assume responsibility for teaching and supervising other residents and students.
11. Participate in institutional committees and councils, especially those that relate to patient care review activities and quality improvement activities.
12. TRHMC monitors the implementation of these terms and conditions through its respective Program Directors. A form of contract is included in this Manual in Part III – Contracts and Agreements.
13. TRHMC does not require its residents to sign a non-competition guarantee.

Resident Supervision and Work Environment

Supervision of Residents

Each Program Director has established written policies regarding appropriate responsibility for each level of residency training as required by ACGME, AOA and JCAHO. The Program Director for each department is responsible for determining that each resident has supervision. The CAO and GMEC coordinate the activities of all programs. When in the clinical setting, all residents are supervised by the attending physician who is ultimately responsible for patient care.

Provisions for supervision include the following:

- All resident supervisors must hold Hospital staff privileges or have assigned agreements;
- First-year residents must have an on-site supervisor available at all times;
- A staff obstetrician/gynecologist must be on site at all times to supervise ob/gyn residents as required by their Residency Review Committee;
- For other departments, if attending physicians are readily available in person when needed, the on-site supervising physician can be an individual who is in an upper year of graduate training (“Readily available” for this purpose is interpreted to mean within 20 to 30 minutes.);
- Assessment and authorization of the abilities of each trainee to perform specific treatments and procedures must occur. Residents are approved to perform specific treatments and procedures only after submitting documentation of prior experience, or observation and assessment of their skill by a credentialed resident or faculty member;
- Staff physicians must review all residents’ Hospital admissions, round with the residents, review Progress Notes, discuss and review all discharge plans, and sign Discharge Summaries written by residents. Patient progress and treatment plans must be reviewed during daily Hospital rounds with residents;
- Each Program Director is responsible to create a written description of supervisory lines of responsibility for the care of patients when there is resident involvement;

- Supervisors shall foster a learning environment with graded responsibility as defined by department policies and curriculum.

Work Environment

TRHMC provides residents and all physician staff with ancillary support to facilitate patient care. This support includes 24/7 availability of phlebotomy, IV, arterial blood gas, and transport teams.

Computer facilities allow patient information, including all laboratory, radiology, non-invasive vascular and cardiovascular studies, dictated history and physicals, consultations, and discharge summaries, to be accessed from all sites and from home. They also offer ready access to medical information resources including Medline, search on EBSCO, Micromedex, Cochrane Library, UpToDate, MD Consult, full-text journals through EBSCO Host and others.

In addition, TRHMC's Library Services Department is a comprehensive, multi-sourced learning facility, offering 9,600 volumes and 216 periodical subscriptions. A Resident Library is also available in the Department of Medicine.

TRHMC provides 24-hour security team support throughout the campus.

Evaluation and Promotion

Written evaluations are provided by the individual faculty member responsible for the immediate supervision of each resident during a given segment of time. Written evaluations are required on differing bases as specified by each Program Director. A copy of these evaluations is kept in the Program Director's office. The resident will receive a formal evaluation with the Program Director at least two times per year, or in accordance with the special requirements of the particular program, whichever is more frequent.

The Program Director and resident will develop a personalized training program that will encompass all of the following competencies:

1. **Patient Care:** "Residents are expected to provide patient care that is compassionate, appropriate, and effective for the promotion of health and illness, treatment of disease, and at the end of life."

Components

- caring and respectful behavior
- interviewing skills
- informed decision making
- developing and carrying out effective management plans
- counseling and educating patients and families
- performing appropriate physical examination and procedures
- preventive health service/working effectively within a team

2. **Medical Knowledge:** “Residents are expected to demonstrate knowledge of established and evolving medical, clinical, and social sciences, and the application of their knowledge to patient care and the education of others.”

Components

- knowledge and application of basic sciences
- open minded, analytic approach to acquire new knowledge
- access and critically evaluate current medical information and scientific evidence
- apply this knowledge to clinical problem solving

3. **Interpersonal Skills and Communication:** “Residents are expected to demonstrate interpersonal communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of the healthcare team.”

Components

- creation of therapeutic relationship with patients
- listening skills
- effective interaction with consultants
- comprehensive medical record

4. **Professionalism:** “Residents are expected to demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, and understanding and sensitivity to diversity, and to maintaining a responsible attitude toward their patients, their profession, and society.”

Components

- demonstrate respect, compassion, integrity, trustworthiness, and altruism in relationships with patients, families, and colleagues
- commitment to excellence in practice
- sensitive to cultural, age, gender, and disability issues
- adhere to high ethical and moral standards and to principles of confidentiality
- academic integrity
- informed consent

5. **Practice-Based Learning and Improvement:** “Residents are expected to be able to use scientific evidence and methods to investigate, evaluate, and improve patient care practices.”

Components

- utilize practice experiences and implement strategies to continually improve the quality of patient care
- maintain a willingness to learn from and use errors to improve the system or processes of care

- use information technology and other methodology to access medical information
- support patient care decisions and enhance both patient and physician education
- facilitate learning of others

6. **Systems-Based Practice:** “Residents are expected to demonstrate both an understanding of the context and systems in which health care is provided and the ability to apply the knowledge to improve and optimize health care.”

Components

- understand, access, and utilize the resources, providers, and systems necessary to provide optimal care
- knowledge of practice and delivery systems
- apply evidence-based, cost-conscious strategies to prevention, diagnosis, and disease management
- collaborate with other members of the healthcare team to assist patients in dealing effectively with complex systems and to improve systematic processes of care
- advocate for patients within the healthcare system

7. **Osteopathic Manipulative Medicine:** “Residents are expected to know and understand the distinctive practice of osteopathic manipulative medicine which includes the development of visual, palpatory, and biomechanical evaluation techniques that are conducted to improve physical assessments of body disturbances expressed clinically in the neuromusculoskeletal system and in other fundamentally related systems.”

Components

- demonstrate competency in the understanding and application of OMT appropriate to the medical specialty
- integrate osteopathic concepts and OMT into the medical care provided to patients as appropriate
- understand and integrate osteopathic principles and philosophy into all clinical and patient care activities

Residents experiencing deficiencies will be expeditiously counseled, and a plan to correct such deficiencies will be developed.

All residents whose performance is deemed satisfactory will be notified of advancement in the eighth month of the current contract year.

Upon completion of the Graduate Medical Education program, each resident will receive a certificate from TRHMC.

Due Process

Remediation

Residents who are not performing satisfactorily based on the standards and evaluation procedures must be immediately notified, and a written plan describing deficiencies and expectations must be developed. Examples of corrective actions include special assignments, direct supervision, repeating rotation(s), or, in severe cases, academic supervision. The Program Director in each program has the authority to initiate corrective actions, and develop and monitor the plan. The plan of action should be specific and include measurable objectives.

Academic Supervision/Suspension

If remediation efforts have been unsuccessful, the Program Director has the authority to place individuals on academic supervision or suspend them. A letter of academic supervision will be provided to the resident that will include the following:

- the specific reason for academic supervision;
- duration of the academic supervision (not generally less than 60 days, or more than six months);
- expectations;
- what will be done to assist the individual in meeting expectations;
- mechanism of evaluation to determine improvement;
- and consequences if expectations are not met.

Written feedback must be provided at least monthly to the resident during the academic supervision period.

Dismissal

Dismissal may be considered for residents who have been unsuccessful in correcting the deficiencies that prompted academic supervision. A recommendation for dismissal may be made by the Program Director, and requires the support of the appropriate departmental committee (Medicine – Clinical Competence Committee; Family Medicine – Fulltime Faculty Committee; Obstetrics/Gynecology – Faculty Committee; or Transitional Year – Transitional Year Coordinating Committee).

Prior to dismissing a resident except for cause as outlined below, a Program Director must verify that the resident was notified in writing of his or her performance problems, was given the opportunity to remediate his or her deficiencies, and was provided feedback on his or her efforts.

Automatic dismissal or suspension may be considered for the following causes:

- misrepresentation of facts or falsification of employment documents;
- conviction of a felony while enrolled in the residency program;
- failure to comply with or satisfactorily complete terms outlined in the Resident Manual;
- or for just cause as defined in TRHMC's Personnel Policy No. 143 – Dismissal.

If termination is recommended, the resident will be informed both verbally and by certified mail return receipt requested. Within 10 days of written notification, the resident may request a hearing with representation, if so desired, by a person of the resident's choice.

The hearing will be scheduled as promptly as possible. The Hearing Committee will be comprised of the Program Director, CAO, Department Chair (if different from Program Director), CMO, and Assistant Vice President/Human Resources. The decision of the majority will be considered binding and conclusive.

A resident who is terminated will receive his or her stipend up to the day on which notice of termination was sent. Any unused vacation to that date shall be paid. At termination, the resident forfeits all rights to any other benefits from TRHMC. If the decision to terminate the resident is rescinded or modified following review of written comments or a hearing, the decision shall also state which rights, including compensation, shall be restored.

If the resident incurs incapacitating illness or disability and is unable to perform assigned duties for a period of three months, the CMO may terminate the appointment by notifying the resident in writing, or, at the recommendation of the Program Director, the resident may be placed on a leave of absence.

Non-Renewal

Non-renewal must be based on the criteria established for dismissal. With rare exception, the Program Director will provide the resident with a written notice of intent not to renew a current contract no later than four months prior to the end of the contract.

Delay of Advancement

The resident must meet all criteria outlined by the respective specialty boards for advancement to the next year of training. Occasionally, the Program Director may believe that a resident has the potential for advancement, but requires more time than that usually allotted for attaining that level of competency. The resident and Program Director may then establish a longer timeline to accomplish the necessary competencies. Planning should be consistent with specialty board policies. Areas of deficiency and means to overcome these deficiencies should be documented in the resident's file.

Every effort will be made by Program Directors to provide up to four months notice of intent to delay advancement in those situations when delay of advancement is considered appropriate.

Resident Grievance

In the event of a concern regarding any aspect of his or her TRHMC experience, the resident should first address the concern with his or her mentor or Program Director. If the resident does not perceive that the issue has been adequately addressed, the resident should present the concern to the Chief Academic Officer. Major concerns that cannot reach resolution may be brought to the Hearing Committee, comprised of a Program Director, CAO, and CMO, that will serve as the final arbiter of the grievance.

The Program Director serving on the Committee would routinely be the resident's Program Director. If the grievance involves an issue that may present a conflict of interest for the resident's Program Director, then a Program Director from another department would be appointed by the CMO to serve on the Hearing Committee.

Resident Council

The Resident Council provides an organized system for residents to communicate and exchange information about their working environment and educational programs. One representative from each program is elected by his or her peers to serve a one-year term. The Resident Council holds quarterly meetings.

Internal Review Process

TRHMC's GMEC is responsible for setting policy regarding internal reviews of its residency programs. Each accredited residency program will undergo an internal review at the accreditation midpoint of the accreditation cycle. The accreditation cycle is calculated from the date of the meeting at which the final accreditation action was taken to the time of the next site visit.

The internal review will be coordinated by the DIO, and will be conducted as follows:

1. The DIO will notify the residency Program Director three months in advance of the internal review.
2. An Internal Review Committee, appointed by the DIO two months prior to the internal review, will be comprised of the following:
 - Program Director from within the institution but outside the program being reviewed; this person will serve as the Committee Coordinator;
 - Residents from other accredited residency programs within the institution but outside the program being reviewed;
 - At least one faculty member within the institution but outside the department being reviewed;
 - And members of Hospital Administration, including a vice president.
3. The Internal Review Committee will assess the following:
 - I. In particular, the Committee will assess the knowledge, skills, and attitude required and the educational experience provided in order to attain the competencies.
 - II. There should be evidence that the program uses evaluation tools to assure competence in the six areas.
 - III. The review should appraise the development and use of dependable outcome measures by the program for each of the competencies.

- IV. The review should appraise the effectiveness of each program in implementing a process linking educational outcomes to program improvement.
- V. Effectiveness of educational outcomes in the ACGME (AOA) general competencies.
- VI. Effectiveness in using evaluation tools and outcome measures to assess a resident's level of competence in each of the ACGME (AOA) general competencies.
- VII. Annual program improvement efforts in resident performance using aggregated resident data, faculty development, graduate performance including performance of program graduates on the certification examination and program quality.
- VIII. Compliance with institutional GME policies and procedures.
- IX. Educational objectives of each program.
- X. Instructional plans formulated to achieve these objectives and effectiveness in meeting them.
- XI. Adequacy of available educational and financial resources to meet program objectives.
- XII. Effectiveness in following recommendations for or concerns from previous internal reviews or ACGME or AOA citations.
- XIII. Compliance with ACGME (or AOA) Institutional, Common Program Requirements, and Specialty Specific Program Requirements including an assessment of the program's ability to demonstrate resident competency in:
 - A. Patient care ~ Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health;
 - B. Medical knowledge ~ Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social behavioral sciences, as well as the application of this knowledge to patient care;
 - C. Interpersonal skills and communication ~ Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.
 - D. Professionalism ~ Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

- E. Practice-based learning ~ Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.
- F. Systems-based practice ~ Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.
- G. Osteopathic Manipulative Medicine (AOA-sponsored residencies)

Residents are expected to demonstrate and apply knowledge of accepted standards in Osteopathic Manipulative Treatment (OMT) appropriate to their specialty. The educational goal is to train a skilled and competent osteopathic practitioner who remains dedicated to life-long learning and to practice habits in osteopathic philosophy and manipulative medicine.

- IX. Compliance with ACGME (or AOA) Institutional, Common Program Requirements, and Specialty Specific Program Requirements also include an assessment of the program's ability to demonstrate:

- A. Professionalism, Personal Responsibility, and Patient Safety

Programs and sponsoring institutions must educate residents and faculty members concerning the professional responsibilities of physicians to appear for duty appropriately rested and fit to provide the services required by their patients.

The program must be committed to and responsible for promoting patient safety and resident well-being in a supportive educational environment.

The program director must ensure that residents are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs.

The learning objectives of the program must:

- be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events; and,
- not be compromised by excessive reliance on residents to fulfill non-physician service obligations.

The program director and institution must ensure a culture of professionalism that supports patient safety and personal responsibility. Residents and faculty members must demonstrate an understanding and acceptance of their personal role in the following:

- assurance of the safety and welfare of patients entrusted to their care;
- provision of patient- and family-centered care;
- assurance of their fitness for duty;
- management of their time before, during, and after clinical assignments;
- recognition of impairment, including illness and fatigue, in themselves and in their peers;
- attention to lifelong learning;
- the monitoring of their patient care performance improvement indicators; and,
- honest and accurate reporting of duty hours, patient outcomes, and clinical experience data.

All residents and faculty members must demonstrate responsiveness to patient needs that supersedes self-interest. Physicians must recognize that under certain circumstances, the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider.

B. Transitions of Care

- Programs must design clinical assignments to minimize the number of transitions in patient care.
- Sponsoring institutions and programs must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety.
- Programs must ensure that residents are competent in communicating with team members in the hand-over process.
- The sponsoring institution must ensure the availability of schedules that inform all members of the health care team of attending

C. Alertness Management/Fatigue Mitigation

The program must:

- educate all faculty members and residents to recognize the signs of fatigue and sleep deprivation;
- educate all faculty members and residents in alertness management and fatigue mitigation processes; and,
- adopt fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning, such as naps or back-up call schedules.

Each program must have a process to ensure continuity of patient care in the event that a resident may be unable to perform his/her patient care duties.

The sponsoring institution must provide adequate sleep facilities and/or safe transportation options for residents who may be too fatigued to safely return home.

D. Supervision of Residents

In the clinical learning environment, each patient must have an identifiable, appropriately-credentialed and privileged attending physician (or licensed independent practitioner as approved by each Review Committee) who is ultimately responsible for that patient's care.

- This information should be available to residents, faculty members, and patients.
- Residents and faculty members should inform patients of their respective roles in each patient's care.

The program must demonstrate that the appropriate level of supervision is in place for all residents who care for patients.

Supervision may be exercised through a variety of methods. Some activities require the physical presence of the supervising faculty member. For many aspects of patient care, the supervising physician may be a more advanced resident or fellow. Other portions of care provided by the resident can be adequately supervised by the immediate availability of the supervising faculty member or resident physician, either in the institution, or by means of telephonic and/or electronic modalities. In some circumstances, supervision may include post-hoc review of resident-delivered care with feedback as to the appropriateness of that care.

Levels of Supervision

To ensure oversight of resident supervision and graded authority and responsibility, the program must use the following classification of supervision:

- Direct Supervision – the supervising physician is physically present with the resident and patient.
- Indirect Supervision:
 - with direct supervision immediately available – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.
 - with direct supervision available – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.
 - Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members.

- The program director must evaluate each resident's abilities based on specific criteria. When available, evaluation should be guided by specific national standards-based criteria.
- Faculty members functioning as supervising physicians should delegate portions of care to residents, based on the needs of the patient and the skills of the residents.
- Senior residents or fellows should serve in a supervisory role of junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.

Programs must set guidelines for circumstances and events in which residents must communicate with appropriate supervising faculty members, such as the transfer of a patient to an intensive care unit, or end-of-life decisions.

- Each resident must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.
 - In particular, PGY-1 residents should be supervised either directly or indirectly with direct supervision immediately available. [Each Review Committee will describe the achieved competencies under which PGY-1 residents progress to be supervised indirectly, with direct supervision available.]

Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each resident and delegate to him/her the appropriate level of patient care authority and responsibility.

E. Clinical Responsibilities

The clinical responsibilities for each resident must be based on PGY-level, patient safety, resident education, severity and complexity of patient illness/condition and available support services.

[Optimal clinical workload will be further specified by each Review Committee.]

F. Teamwork

Residents must care for patients in an environment that maximizes effective communication. This must include the opportunity to work as a member of effective inter-professional teams that are appropriate to the delivery of care in the specialty.

[Each Review Committee will define the elements that must be present in each specialty.]

G. Resident Duty Hours

Maximum Hours of Work per Week

- Duty hours must be limited to 80 hours per week, averaged over a four week period, inclusive of all in-house call activities and all moonlighting.

Duty Hour Exceptions

- Review Committee may grant exceptions for up to 10% or a maximum of 88 hours to individual programs based on a sound educational rationale.

- In preparing a request for an exception the program director must follow the duty hour exception policy from the ACGME Manual on Policies and Procedures.
 - Prior to submitting the request to the Review Committee, the program director must obtain approval of the institution's GMEC and DIO.
4. The DIO will provide the Committee with ACGME Institutional Requirements, Common and Specialty Program Requirements of the Essentials of Accredited Residency Programs (AOA Basic and Specialty), accreditation letters from previous ACGME (AOA) reviews, internal review reports from previous internal reviews, and the program's progress reports and response to the GMEC regarding ACGME or AOA citations/concerns, together with recommendations from previous internal reviews. Questionnaires will be provided for interviews with the Program Director, residents from each level of training, and faculty members. Other individuals deemed appropriate by the Committee may also be interviewed. Additional questions entitled "ACGME (AOA) Competencies" have been included in all questionnaires. These questions include:
- Does the curriculum include goals and objectives used for teaching the six general competencies? Ask the Program Director to show all of these. Ask the faculty and residents for examples.
 - Are there tools to evaluate these competencies? Provide a list of the tools being used for each of the six competencies.
 - Have measures been developed and implemented to assess resident competence? Show these.
 - What is the process by which educational outcomes are linked to program improvement?
5. The Committee will receive from the Program Director being reviewed the following:
- educational objectives of the program, including rotation objectives;
 - statistical data regarding experience of residents;
 - relevant data and information obtained from institutional patient care quality assurance and monitoring activities;
 - sample resident file;
 - program manual if available;
 - program faculty and time commitments to teaching;

- board/in-training exam results from the past five years;
 - results of graduate surveys;
 - results of annual program evaluations and faculty evaluations;
 - results of internal and external (post graduate) resident surveys;
 - residency conference schedules;
 - faculty and resident rosters;
 - status report on resident competency measures;
6. The Committee will conduct interviews of the residents, faculty and program director, whose program is being reviewed, two months before the internal review midpoint date. All interviews should be completed a month before the midpoint date.
- After reviewing available materials, the Committee Coordinator will meet with the Program Director whose residency is being reviewed. Materials as noted above are reviewed and the standardized survey questionnaire is presented verbally.
 - The resident representatives will meet with five or six volunteer residents from the program being reviewed. In the categorical residency programs, residents from each year of training should be represented. The residents will review the standard resident survey. The reviewing residents will return the individual questionnaires along with a summary report to the Committee Coordinator.
 - Similarly, faculty or administrative members of the Committee will interview four representative faculty including both full-time and volunteer staff. The standardized survey questionnaire will be reviewed. These specific questionnaires and a summary report will be forwarded to the Committee Coordinator.
 - The Committee Coordinator will have 4 weeks to collate the summary surveys and document review, and will create a full report to be presented to the GMEC at the program's internal review midpoint date. The complete report should summarize in detail the areas reviewed, including appendices with examples of required documents. In addition, the internal review report will document education in the clinical competencies as follows:
 - ✓ verification of the existence of a curriculum with goals and objectives provided for the six general competencies;
 - ✓ the summary or list of the types of evaluation tools used by the program for each competency (in table format);
 - ✓ comments on the program's status and the development and use of dependable measures to assess resident competency in the six areas;
 - ✓ comments on program improvements made through the use of educational outcomes;

- ✓ verification or confirmation from the residents as to the existence of a curriculum with goals and objectives for teaching the six competencies, their involvement in the curriculum, and the kinds of tools used by the program to evaluate them.
7. An internal review report will be created which contains ACGME or AOA -required information.
 8. The Committee Coordinator will collate the information obtained from the interviews and document review, and will prepare a summary report for presentation to the GMEC within three months of the internal review midpoint date. The report should be available to members of the GMEC prior to the GMEC meeting when it is scheduled for presentation. The GMEC will review the summary report, and provide a formal opinion regarding an appropriate action plan for continuous improvement as needed. A follow-up report will be expected from the Program Director within a maximum timeframe of 6 months. If there are numerous or more serious concerns, an interim report may be requested in three months to ensure that progress has begun before six months elapses. The progress report that the program director prepares in response to the Internal Review Committee's request is shared with and discussed and approved by the GMEC.

A complete copy of TRHMC's Internal Review Policy and Protocol are available in the central GME office, including internal review report check list and all internal review questionnaires.

Quality Care and Improvement Programs/JCAHO Compliance

Residents receive instruction and participate in appropriate components of TRHMC's performance improvement programs. This is an important component of the Practice-Based Learning competency. Such programs support patient safety and prepare residents for their key role in quality improvement in their future careers. Complications and deaths are reviewed, and medical records are evaluated as part of this process. Whenever possible and appropriate, autopsies representing an adequately diverse spectrum of diseases are performed. Medical records are available at all times and document the course of each patient's illness and care.

GMEC will review each residency training program's processes for quality improvement, including tools and measures for improvement in the educational program, and in the quality and safety of patients who are cared for by resident trainees. It is recognized that TRHMC's governing board assures support for quality surveillance of GMEC. Effective communication between the GMEC and the board of directors occurs. All GMEC minutes are reviewed by the Medical Staff Executive Committee, and an annual report of GMEC functions is provided to the board's Joint Conference Committee. In addition, the responsibilities for supervision of resident trainees are provided to all Medical Staff members.

In compliance with JCAHO requirements, the mechanisms by which residents are supervised by Medical Staff members in carrying out patient-care responsibility are specified. Staff supervision is described in the section Supervision of Residents. In

addition, specific departmental regulations regarding staff supervision and resident job descriptions are available for review on TRHMC intranet (Resident Competencies.)

Compliance with HIPAA Requirements

Residents in training are characterized under the federal Health Insurance Portability and Accountability Act (HIPAA) requirements as “members of the work force of the covered entity.” As such, The Reading Hospital has the obligation to assure compliance with HIPAA regulations.

All new residents receive HIPAA training during their orientation program. The resident is expected to learn and apply the principles of patient privacy as defined under HIPAA regulations. The resident has ongoing access to information on HIPAA privacy regulations, and may contact the Hospital's HIPAA Compliance Officer at any time. Access to this information is available on the Hospital's Intranet.

Details of the Hospital's HIPAA Policies and Procedures are available on the Intranet under the section on Policies and Procedures. Program Directors are responsible to regularly assess the resident's understanding of HIPAA privacy regulations.

The Reading Hospital maintains Business Associates Contracts with cooperating private ambulatory training sites as required by the ACGME and AOA.

Licensure and Certification

Graduate License

- All persons enrolled in graduate medical training in Pennsylvania must hold a graduate license even if an unrestricted license to practice medicine is also held.
- A graduate license empowers the licensee to participate in graduate medical training within the complex of the hospital to which the licensee is assigned and any satellite facility or other training location utilized in the graduate training program.
- The license is valid for 12 consecutive months. If training is to continue after 12 months, the graduate license must be renewed.
- The Commonwealth of Pennsylvania issues a standard application form for processing graduates of US and Canadian medical schools. The application is self-explanatory. There is a separate form for graduates of foreign (unaccredited) medical schools. There is also a form to renew a license.
- TRHMC pays the fee for the graduate and the renewal licenses. Copies of the forms are available in each Program Director's office. All forms must be completed and the license issued before commencing resident education.

License to Practice Medicine without Restriction

Following are some of the eligibility requirements for a “license to practice medicine without restriction” for graduates of Accredited and Unaccredited Medical Schools as required by the Commonwealth of Pennsylvania State Board of Medicine. Osteopathic physicians must meet similar requirements of the State Board of Osteopathic Medicine. Refer to the specific application for forms and further details.

Requirements for Accredited and Unaccredited Medical Schools

1. Graduation from a medical college.
2. Application and application fee. (The applicant is responsible for the fee.)
3. If your name on any part of the application or any other document submitted in connection with the application is different from your present name, submit a copy of the document indicating the name change (i.e., a marriage certificate).
4. Certification of moral character by two physicians who hold unrestricted licenses in the United States.
5. Verification of ACGME or AOA-Approved Graduate Medical Training.
6. Verification of Medical Education to be forwarded by the medical school directly to the State Board of Medicine or the State Board of Osteopathic Medicine.
7. For allopathic physicians: graduates of accredited medical colleges (US and Canadian) must have two years of approved graduate medical training; graduates of unaccredited medical colleges (foreign) must have three years of approved graduate medical training. For osteopathic physicians: an approved DO internship is required.
8. Proof of a passing score on an examination acceptable to the Board, one or a combination of the following (see application for specifics):
 - a) National Board Examination;
 - b) Flex;
 - c) United States Medical Licensing Examination;
 - d) Qualifying Examination LMCC;
 - e) A state board examination.
9. Letter of good standing from all states where you have ever held a license to practice medicine. A letter is required whether the license is current or has expired, and must be sent from state board to state board.
10. If you hold or have held a license without restriction to practice medicine in another state, provide an official notification of information from the National Practitioner Data Bank.
11. Curriculum Vitae of all activities since graduation from medical school.

Additional Requirements for UNACCREDITED Medical Schools

12. Proof of completion of four academic years totaling at least 32 months and 4,000 hours of instruction in medical curriculum, as well as 72 weeks of clinical rotations in an institution which has a graduate medical training program in the clinical area for which credit is sought — or, if the institution is not within the United States, is either part of a medical college or has a formal affiliation with a medical college. Documents must be in English

or an official translation, and must be submitted to the State Board of Medicine directly from the medical school.

13. Verification of ECFMG Certification must be current and valid.
14. If you completed an approved Fifth Pathway Program, a notarized copy of the certificate must be submitted.

Testing and Treatment of Medical Conditions for Residents in Training

Self-diagnosis and prescription or “curbside” medical assessment of colleagues and friends does not constitute optimal health care. The Reading Hospital training programs support a lifelong approach to the receipt and practice of medical care. Therefore, the GME Committee dissuades resident physicians from participating in such activities.

The GME Committee encourages all residents to obtain a primary care provider soon after beginning their training. If an acute medical condition arises and the resident has not yet acquired a primary care provider, or the provider is not readily available, the resident may use Employee Health Services at The Reading Hospital, or seek attention from a faculty member in the Family Health Care Center.

Resident Policies

The Hospital's Graduate Medical Education Committee reviews GME policies on a regular basis in compliance with ACGME recommendations. Revisions are made to existing policies as needed.

When a GME policy is revised, the revised policy will be e-mailed to residents by the GME Coordinator, and the subsequent Resident Manual will be updated accordingly. Residents with questions about the currency of a policy should contact the appropriate Program Director or GME Coordinator.

Background Check Policy for Residents

It is the responsibility of The Reading Hospital and Medical Center to abide by Federal regulations established to protect children and the elderly in medical institutions. As with all employees of The Reading Hospital and Medical Center, background checks will be performed for all new residents accepted to the Hospital's training programs. The institution also acknowledges its responsibility to protect the rights and privacy of its employees.

The following procedure will be followed for all residents admitted to the Hospital's training programs:

- The individual's name and date of birth will be processed with the state databank, which will provide a record of any felonies and misdemeanors committed.
- All individuals who have not been Pennsylvania residents* in the past two years must undergo an FBI background check. Fingerprints will be obtained through the local State Police office and will be forwarded to the Harrisburg State Police office where they will be reviewed against FBI files. If there are no findings, the card would be destroyed and there will be no permanent record of these fingerprints.
- If an offense is discovered which had not been reported to the Electronic Residency Application Service (ERAS) and the Pennsylvania State Licensing Board, potential grounds exist for dissolution of the employment contract and dismissal of the resident. Resident's rights would be protected through the Resident Grievance Policy.

*Pennsylvania residents — renting, leasing, or owning property in Pennsylvania which one uses as primary residence, paying Pennsylvania state and local taxes, having registered property including an automobile in Pennsylvania, possessing a current Pennsylvania driver's license, registered to vote in Pennsylvania. An individual would be considered a Pennsylvania resident if he/she is a student in a Pennsylvania university and has a Pennsylvania mailing address.

Cafeteria Food Availability after Hours

The Hospital's Cafeteria is open daily from 0630 to 1900 hours and "Starbucks" facilities are open during the night shift hours from 0600 – 0400 hours.

A small variety of snacks and beverages (such as fruit, crackers, pretzels, water, and soda) are available in the R3 Resident Lounge daily. Vending machines are located near the Cafeteria/Education Center and outside the public snack bar on E-Ground.

Cell Phone Policy

This policy applies to employees of The Reading Hospital and Medical Center (TRHMC), Reading Professional Services (RPS) and Berkshire Health Partners (BHP).

- A. TRHMC, RPS and BHP have a network in place which includes but is not limited to computers, pagers (beepers), smartphones, fax machines, copy machines, DVD players, printers, modems, compact disk players, e-mail systems, data communication links, Internet access, intranet access, and various operating systems, applications, and utility software (collectively, "Information Systems"). All of these components make up our electronic information systems, which are essential for the efficient operation of our business. This policy applies to all users (employees and non-employees) of TRHMC Information Systems. Unless otherwise indicated, this policy applies to both internal TRHMC e-mail and e-mail sent over the Internet.

For purposes of this policy, the term "communications" includes all forms of electronic communications, including but not limited to, e-mails, voicemail messages (whether or not stored), intranet and Internet use, letters, notes, text messages, instant messages ("1M"), audio and music files, voicemail messages, audio or other voice messages, still or video photographs and files, pictures, graphics and other images, and all other files of any nature or description. When TRHMC's Information Systems are utilized for electronic communications, the electronic communications become the property of TRHMC, and employees have no expectation of privacy in any such communication.

- B. All TRHMC Information Systems and all communications and information transmitted by, received from, or stored in these systems are the property of TRHMC and, as such, are to be used for business use. No employee may permit any non-employee (such as former employees, family members, friends, clients, etc.) to access or use any of TRHMC's Information Systems for any purpose, regardless of location. For example, if an employee is permitted to use a Hospital-issued computer or electronic device at home, no family members or persons other than that employee are permitted to use that computer. User IDs and passwords assigned to gain access to TRHMC's information systems are the equivalent of a legal signature. Users are accountable for all work done under their designated user ID and password. Individuals will not disclose user IDs and passwords or attempt to obtain the user IDs and passwords of others unless required by IMS personnel in the course of their business. If a user has any reason to believe that the confidentiality of his or her password has been compromised, the password should be changed immediately and reported immediately to their manager. An employee may not access another employee's computer, voicemail or e-mail account without prior, written authorization from management.

- C. To ensure compliance with this policy, the Hospital has exclusive control over the use of its Information Systems and has the right to monitor the access to and use of its Information Systems at any time, with or without notice. No electronic communications created, sent, transmitted, received, displayed, downloaded, stored or accessed from or on the Hospital's computer, voicemail, e-mail and other electronic systems, are "private" or free from monitoring, despite any such designation by the sender or the recipient. Even so, these communications still should be treated as confidential Hospital information and accessed only by the intended recipient. The Hospital reserves the right to review, accept, monitor, intercept, delete and/or disclose, without further notice or permission, any communications created, sent, transmitted, received or stored in its computer, voicemail and email systems - including an employee's "personal" storage directory, files or e-mail - at its discretion in the ordinary course of business. At any time Hospital may, in its sole discretion, review and/or delete any "personal" files from its Information Systems, without notice.
- D. No iPods, iPads, personal pagers (beepers), cellular/portable telephones of any kind, personal computers, blue tooth devices, cameras, video cameras, all picture-taking devices, or other non-Hospital-issued electronic devices are permitted while on duty at any time. Further, employees who choose to bring any personal electronic device onto TRHMC, RPS or BHP property do so with the express understanding that their personal electronic devices are subject to search by the Hospital at any time. Bringing a personal electronic device onto TRHMC, RPS or BHP property represents an employee's understanding of and consent to this policy. It is also the policy of the Hospital that all employees are to abide by all national, state and local laws regarding cell phone usage while using Hospital-owned vehicles.
- E. Any unauthorized use of the Internet is strictly prohibited. Unauthorized use includes, but is not limited to, connecting, posting, or downloading pornographic, obscene or offensive material; computer "hacking" and other related activities, or attempting to disable or compromise the security of information contained on TRHMC's Information Systems. As much as possible, the Hospital has blocked access to websites that contain pornographic material. However, the World Wide Web changes on a daily basis. Users who find new sites that the Hospital has not yet blocked are required to refrain from using such sites and report such sites to the appropriate individuals in TRHMC's Information Management Services Department. Additionally, employees cannot place or post on the Internet (including social media websites), or otherwise access or transmit, any copyrighted materials, confidential, proprietary or trade secret information of TRHMC, RPS or BHP, including, but not limited to, information concerning TRHMC, RPS or BHP's finances, business operations, patients, vendors, services, and product development efforts. Employees cannot place or post on the Internet (including social networking websites), or otherwise access or transmit, any information that would violate the Hospital rules regarding patient confidentiality and/or HIPAA.

All content posted on the Internet is to be viewed as public information. Because postings and participation in "chat rooms" or discussion groups may display TRHMC, RPS or BHP's name, address or other identifying information, employees cannot post

messages or engage in discussions on the Internet while using TRHMC's Information Systems. Additionally, use of TRHMC, RPS or BHP's brand or logo is prohibited on personal webpages/websites without the prior written consent from the Chief Executive Officer (CEO)/designee.

The content of all recruiting efforts, business and financial postings, press releases, changes to the Hospital's website(s), and the posting of any other Hospital information, may be done only by authorized personnel and must be pre-approved by the appropriate management individual.

Reproduction of information posted or otherwise available over the Internet or the World Wide Web may be done only by express permission from the owner of such rights. A copy of such consent or associated license shall be forwarded immediately upon receipt to TRHMC's Information Management Services Department. Employees also should understand that information posted or viewed on the Internet may be owned by another party and protected by patent, copyright, trade secret or other intellectual property rights. As a general rule, if an employee did not create material, does not own the rights to it, or has not gotten authorization for its use, the employee is prohibited from using or storing such materials on TRHMC's Information Systems. Employees also should ensure that any person sending any material over the Internet has the appropriate distribution rights. Employees are permitted to print out Web pages and to download material from the Internet for informational purposes as long as the purpose for such copying falls into the category of "fair use." Employees should not copy or disseminate material that is copyrighted. Employees having any questions regarding such materials should contact TRHMC's Privacy and Security Coordinator.

- F. The Hospital strives to maintain a workplace free of harassment and sensitive to the diversity of its employees. Use of TRHMC's Information Systems must comply with all other Hospital policies. This includes, but is not limited to, Hospital policies prohibiting unlawful discrimination and harassment, retaliation, inappropriate conduct, etc. In particular, harassing, offensive, obscene or sexually explicit, defamatory, demeaning or disruptive messages or content may not be created, sent, transmitted, received, accessed, downloaded or stored by any employee. Similarly, engaging in any unauthorized transactions that incur a cost to Hospital or initiate unwanted Internet services or transmissions violates this policy.
- G. Employees may not access TRHMC's Information Systems to solicit others for commercial ventures, religious or political causes, outside organizations, or other non-business matters.
- H. A violation of any portion of TRHMC's Information Systems Policy will result in discipline, up to and including termination. Additionally, the employee may be subject to litigation, personal liability and possible criminal action. If an employee has knowledge of any misuse of TRHMC's Information Systems or violations of this policy, he or she must notify management immediately.

Use of Chaperones during Physical Examinations

The presence of a chaperone during appropriate aspects of the physical examination offers reassurance to the patient of the professional character of the exam, and demonstrates respect for the concerns and vulnerability of the patient.

The following approaches are recommended at The Reading Hospital and Medical Center:

- Appropriate use of gowns, private facilities for undressing, sensitive use of draping, and clear explanations of various components of the physical examination.
- Information should be transmitted to patients in each healthcare setting that patients are free to make requests for a chaperone.
- An authorized health professional should serve as a chaperone whenever possible. This individual should have received instruction in patient privacy and confidentiality issues.
- Offering information of a sensitive nature should be minimized during the time in which the chaperone is present. A separate opportunity for private conversation between patient and physician should be allowed.
- A female chaperone should be used in all cases of pelvic examination.
- A female chaperone should be used in all cases of breast examination performed by any physician.
- A chaperone may be offered in all cases of testicular or rectal examination in men.

Counseling and Support Services

TRHMC offers a Resident Assistance Program to support resident physicians and their families who develop stress-related problems during residency training. The purpose of the program is to assure confidential support to the resident through such difficult situations. In addition, the program will assure that those who develop such problems present no immediate danger to themselves, their co-workers, their patients, or the institution. Assessment and counseling services are available to address: emotional concerns; alcohol and drug abuse; marital, family, and financial problems; and legal problems (by referral). The resident may access the system by contacting the departmental Program Director; Chair, Physicians Health Committee; Department of Psychiatry, his or her mentor or faculty advisor; the Director of the Resident Assistance Program (Dr. Larry Rotenberg, Director, Department of Psychiatry, 610-988-9041); or the CAO (Dr. David George, 610-988-8470).

Other areas of non-academic resident assistance, including goal setting for future career, job opportunities, contracts, and financial management are structured within the curriculum of each program, and are under the direction of the individual Program Director

International Clinical Experiences for Residents

November 1, 2012

Residents in training may wish to participate in an educational experience outside of the United States. This experience may offer the opportunity for the development of curricular competencies which would not be readily available during an experience at Reading Health System or within the continental United States. In addition, residents and staff may wish to participate in clinical experiences that support populations who are medically underserved and in dire need of care.

1. International clinical experience is an elective component of the residency training curriculum, and Reading Health System faculty member serves as supervisor.

LEVEL I ~ Curricular credit and continuation of all program benefits

- a. Resident and Program Director should review the opportunity and establish the educational value of the experience. In addition, they should establish that there is not undue risk to the resident, relative to the value of the experience.
- b. A curriculum should be established.
- c. A letter of agreement should be created, using the standard format for away rotations. This agreement establishes the dates, nature of experience, supervisor, and financial arrangements including source of salary and malpractice during the experience.
- d. Malpractice coverage should be established – The resident may request coverage through Reading Health System, but this will need to be approved by the Chief Executive Officer (see details below*). Alternatively, the program may offer malpractice coverage or waive any possibility of a malpractice suit. This should be outlined in the letter of agreement.
- e. Prior to signing the agreement, the plans for the experience should be reviewed with the Chief Academic Officer (CAO), and the experience should be approved by the Chief Executive Officer (CEO).
- f. Time away would routinely be considered a part of the resident's work experience. However, the resident must work with the program director to ensure that all other requirements of the program can be met.
- g. Prior to the rotation, the resident should review with Human Resources the benefits for personal health insurance when outside of country.
- h. Because this is part of the training experience and because the resident and staff are serving as representatives of Reading Health System, in providing "good will" efforts to those in need, workman's compensation would be extended to resident and staff during the the work component of the international training experience.
- i. If not provided by the sponsoring agency, Reading Health System will arrange insurance coverage for emergency evacuation[#]
- j. The trainee and program director will assure that any licensure requirements for the international site have been met. This information will be included in the agreement between the host site and Reading Health System_program.

2. International clinical experience is not a component of the residency training curriculum, but resident joins Reading Health System faculty member on an international experience to provide medical care to an underserved population.

LEVEL II ~ No curricular credit but continuation of all program benefits

- a. Resident and Program Director should review the opportunity and establish that the experience is appropriately supervised and does not create undue risk to the resident, relative to the value of the experience. Faculty member will provide a significant oversight role in the resident experience.
 - b. Because a TRHMC faculty is supervising the clinical experience, the resident may be able to claim educational experience (procedural skills and or clinical encounters), at the discretion of the Program Director and TRHMC faculty.
 - c. Malpractice coverage should be established – The resident may request coverage through TRHMC, but this will need to be approved by the CEO (see details below*). Alternatively, the program may offer malpractice coverage or waive any possibility of a malpractice suit. This should be outlined in the letter of agreement.
 - d. Plans for the experience should be reviewed with the CAO, and the experience should be approved by the CEO.
 - e. Time away would routinely be taken from “PTO time” (vacation or IPA), although resident may use conference or other time not required to meet requirements of Reading Health System, specialty board, or accrediting, at the discretion of the program director; if elective time is utilized, the program director must ensure that total work time and experience for the resident meets requirements by all appropriate accrediting bodies.
 - f. Prior to the rotation, the resident should review with Human Resources the benefits for personal health insurance when outside of country.
 - g. If not provided by the sponsoring agency, Reading Health System will arrange insurance coverage for emergency evacuation[#]
 - h. The trainee will assure that any licensure requirements for the international site have been met. This information will be established by the program director before requesting malpractice coverage from Reading Health System
3. International clinical experience is a component of the residency training curriculum, but the resident is not accompanied by a faculty member.

Level III ~ Curricular credit and continuation of all program benefits; given absence of Reading Health System faculty, the resident and program director must meticulously defend the value of the rotation, credentials and reliability of the supervisor in assuring that curricular goals and objectives are met.

- a. Resident and Program Director should review the opportunity and establish that the experience is appropriately supervised and does not create undue risk to the resident, relative to the value of the experience. A clear rationale for the experience should include the import of the experience for the resident’s future career goals and the limitations of experiences at Reading Health System and in the continental United States.

- b. A curriculum should be established.
 - c. A letter of agreement should be created, using the standard format for away rotations. This agreement establishes the dates, nature of experience, supervisor, and financial arrangements including source of salary and malpractice during the experience.
 - d. Malpractice coverage should be established – The resident may request coverage through Reading Health_System, but this will need to be approved by the CEO (see details below*). Alternatively, the program may offer malpractice coverage or waive any possibility of a malpractice suit. This should be outlined in the letter of agreement.
 - e. Because this is part of the training experience, workman’s compensation would routinely be extended to resident during the work component of their international training experience, but this must also be approved.
 - f. Plans for the experience should be reviewed with the CAO, and the experience should be approved by the CEO.
 - g. Time away would routinely be considered a part of the resident’s training experience. However, the resident must work with the program director to ensure that all other requirements of the program can be met in the established residency timeframe.
 - h. Prior to the rotation, the resident should review with Human Resources the benefits for personal health insurance when outside of country.
 - i. If not provided by the sponsoring agency, Reading Health System will arrange insurance coverage for emergency evacuation#
 - j. The trainee and program director will assure that any licensure requirements for the international site have been met. This information will be included in the agreement between the host site and Reading Health System program.
4. International clinical experience is not a component of the residency training curriculum, and the resident is not accompanied by a faculty member.

LEVEL IV ~ No curricular credit and no institutional or program benefits

- a. The experience is at the sole discretion of the resident and it should be clearly established that the experience is in no way related to the resident’s relationship with Reading Health System. The resident is strongly advised to review the risk/benefit of the experience with his/her mentor or program director.
- b. There will be no malpractice or workman’s compensation coverage through Reading Health System; if the resident believes that there are extenuating circumstances that would warrant such support, he/she should review with the program director and provide a formal request to the CAO and CEO.
- c. Time away will be assigned to “PTO time” (vacation or IPA)
- d. Prior to the rotation, the resident should review with Human Resources the benefits for personal health insurance when outside of country.
- e. It is advised that the resident carefully review any licensure requirements and support for emergent situations, which may be provided by the host organization.

*The Hospital is self insured for malpractice. The program provides coverage of the volunteer activities if the professional services are rendered after first obtaining the prior written approval for coverage of the volunteer activities from the Chief Executive Officer of the Hospital or his designee. If volunteer activity is considered, approval of that activity (whether outside the United States or not) should be obtained in writing from the Hospital's Chief Executive Officer or designee.

#Note that for 2012-2013 training year, there are no budgeted dollars for the emergency evacuation insurance, which is estimated to be approximately \$3.30 per day. Residents may receive funding support through their Education Fund allotment.

House Staff Management of Mental Health / D&A Services

As a general principle, we provide emergency intervention for any interns or residents who are members of the House Staff of The Reading Hospital and Medical Center. We do so without regard to any discriminatory issues, including the availability of funds.

All House Staff, however, are covered by Quest and by the EAP benefits available to members of Quest, and that needs to be taken into consideration.

When a member of the House Staff is either referred, or refers himself/herself for services, they are to call 610-988-8070 and ask in order for the following in terms of availability: the Director of the Department; the Clinical Director of the Center for Mental Health; Director of the Group Center; the Director of Behavioral Health (currently Dr. Good, Dr. MacDonnell, Mr. Heilenman, or Ms. Werner). Any one of those clinicians, who are senior within the department, will then take the appropriate measures to make certain that the House Staff person is given the level of care needed. If, on the rare occasion, none of those individuals are available, the House Staff person or the person making the referral may call the administrator for the Center for Mental Health (currently Mr. Hehn) who will then make the most suitable arrangements for services.

When individuals refer themselves for services, complete confidentiality will pertain, as with any other patients who present themselves.

When an individual is referred by a supervisor or by the Director of a department because of administrative reasons, feedback to the referral source will be made after appropriate informed consent has been given by the House Staff person.

The House Staff person will be eligible for three sessions under EAP and subsequently 20 sessions per year under Quest.

For those individuals who are not covered under Quest, who may be covered under other insurance such as the spouse's insurance, the appropriate limitations will apply. However, in those cases where more service is needed, the coverage issues associated with the case will be reviewed with Administration and the Department Chair for resolution.

On those rare occasions when a member of the House Staff needs more intensive care or hospitalization, all efforts will be made to respect the confidentiality of the individual, and, unless it is an extreme emergency, give that person the option of going to another hospital, preferably in the Quest system.

In those cases where the primary issue is drug and/or alcohol, the appropriate referral will be made. In addition, referral will be made to the Pennsylvania Medical Society Physicians

Health Committee for appropriate monitoring and testing. The reporting to PHP will be done through the CMO's office through the PHP Committee of the Hospital.

The above points refer to services within the Department of Psychiatry at The Reading Hospital and Medical Center. Clearly, there is also the option of being seen outside the department at places such as DGR, Spring Psychological, and other appropriate providers. It is anticipated that the issue of where the individual gets services will include not only the use of internal resources, but also the use of community providers.

Duty Hours

All TRHMC residency programs have adopted ACGME's Standards for Resident Duty Hours. The residents' on-call schedule is coordinated through the respective Program Directors.

Resident Duty Hours

- Maximum Hours of Work per Week

80 hours per week, averaged over a four week period, inclusive of all in-house call activities and all moonlighting.

- Mandatory Time Free of Duty

Residents must be scheduled for a minimum of one day (24 hours) free of duty every week (when averaged over four weeks). At-home call cannot be assigned on these free days.

- Maximum Duty Period Length

- Duty periods of PGY-1 residents must not exceed 16 hours in duration.
- Duty periods of PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital. (Programs must encourage residents to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m., is strongly suggested.)

- Transitions of Care

- It is essential for patient safety and resident education that effective transitions in care occur. Residents may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four hours.
- Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in house duty.

- In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family.
 - Under those circumstances, the resident must: appropriately hand over the care of all other patients to the team responsible for their continuing care; and
 - document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director.
- The program director must review each submission of additional service, and track both individual resident and program-wide episodes of additional duty.
- Minimum Time Off between Scheduled Duty Periods
 - PGY-1 residents should have 10 hours, and must have eight hours, free of duty between scheduled duty periods.
 - Intermediate-level residents [as defined by the Review Committee – see website for specialty specific definitions below] should have 10 hours free of duty, and must have eight hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.
 - Residents in the final years of education must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods.
 - This preparation must occur within the context of the 80- hour, maximum duty period length, and one-day-off-in seven standards. While it is desirable that residents in their final years of education (see http://www.acgme.org/acwebsite/dutyhours/Specialty-specific_DH_Definitions.pdf) have eight hours free of duty between scheduled duty periods, there may be circumstances [as defined by the Review Committee] when these residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty.
 - Circumstances of return-to-hospital activities with fewer than eight hours away from the hospital by residents in their final years of education must be monitored by the program director.

- Maximum Frequency of In-House Night Float

Residents must not be scheduled for more than six consecutive nights of night float. The maximum number of consecutive weeks of night float, and maximum number of months of night float per year for each training program should meet the expectations of the respective RRC.

- Maximum In-House On-Call Frequency

PGY-2 residents and above must be scheduled for in-house call no more frequently than every-third-night (when averaged over a four-week period).

- At-Home Call

- Time spent in the hospital by residents on at-home call must count towards the 80-hour maximum weekly hour limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks.
 - At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
 - Residents are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new “off-duty period”.

- Duty Hour Exceptions

A Review Committee may grant exceptions for up to 10% or a maximum of 88 hours to individual programs based on a sound educational rationale.

- In preparing a request for an exception the program director must follow the duty hour exception policy from the ACGME Manual on Policies and Procedures.
- Prior to submitting the request to the Review Committee, the program director must obtain approval of the institution’s GMEC and DIO.

Implementation:

It is The Reading Hospital’s responsibility to promote patient safety and education through duty-hour assignments and faculty availability. The institution will assure compliance to meet these needs in the following ways:

- Program Directors, faculty, and residents will be educated to recognize the signs of fatigue and instructed in the effects of sleep loss and fatigue.

- Program Directors and faculty will monitor resident assignments for those in which work-hour responsibilities or level of intensity are likely to produce sufficient resident fatigue to affect patient care or learning.
- Program Directors will monitor moonlighting and other outside work for pay activities, which will be included in the work-hour calculations.
- The GME office will independently evaluate duty hours. Resident Council members will be queried quarterly regarding rotations that may exceed the standards described above. Under the direction of the GME office, confidential time studies will be performed by residents on those services. Feedback will be provided to the Program Director, and follow-up actions will be requested.
- All residents will be required to sign an agreement supporting the Duty Hours Policy.
- CAO will report semi-annually (June and December) to GMEC on duty-hour compliance.
- An annual report will be provided by GMEC to the governing body on duty-hour compliance.

Leaves of Absence / Effects

In lieu of vacation, a resident may wish to consider a leave for a variety of reasons. Such leave requires advance planning and approval of the respective Program Director and Vice President. This program is not normally available to residents in one-year programs, but may be available through extension of the training year.

Residents who have worked at The Reading Hospital and Medical Center for at least 12 months are eligible for Family Medical Leave Act (FMLA) benefits. Residents would be eligible for up to 12 work weeks of unpaid leave during any 12-month period for one or more of the following reasons: for the birth and care of a newborn child to the employee; for placement with the employee of a son or daughter for adoption or foster care; to care for an immediate family member (spouse, child, or parent) with a serious health condition; or to take medical leave when the employee is unable to work because of a serious health condition.

Definition of serious health condition may be found at the website:

www.dol.gov/esa/regs

Absence beyond six months would routinely result in termination based upon Hospital policies and procedures.

Because educational requirements of Residency Review Committees vary in the amount of time a resident may have off in a given year without extending the length of the program, it is essential that a candidate for a leave of absence for any reason work closely with his or her respective Program Director in order to understand the impact of such a leave on his or her training. Details for each department are available through that Program Director's office.

Moonlighting and Other Outside Work for Pay

Moonlighting is defined as work outside the residency program duties that requires possession of a license without restriction or an interim limited license. Functions that are performed may replace those of another independent licensed practitioner in non-hospital locations.

Other outside work for pay is defined as non-curricular work that does not require possession of a physician license beyond the graduate-training license. An example of such work is performing History and Physical examinations for an independent licensed practitioner who assumes supervisory responsibility.

Moonlighting and other outside work for pay **are not required of any resident.**

All moonlighting and other outside work for pay must be approved by the Program Director.

The following conditions must be met before moonlighting or other outside work is initiated by the resident:

- The resident must be in his or her second or higher year of training.
- The resident must be performing in a satisfactory manner in the residency program as defined by the Program Director.
- The total of weekly resident duty hours and outside work/moonlighting hours must not exceed 80 hours per week.
- The resident must not have a J-1 Visa status, as such residents are prohibited by the Federal government from any form of moonlighting (Code of Federal Regulations – 22CFR 62.16).
- The outside work should be deemed of educational value by the Program Director.

In addition, moonlighting requires a license without restriction or an interim limited license in the state of Pennsylvania. (See <http://www.pacode.com/secure/data/049/chapter17/s17.1.html>)

Responsibilities

The resident must notify the Program Director of his or her intent to work outside the program and the nature of the responsibilities, as well as verify that total hours worked in curricular and outside work/moonlighting must not exceed 80 hours per week.

The Program Director must authorize in writing that he/she is aware that the resident is involved in outside work activity, and must provide appropriate documentation in the resident's file. A copy must be forwarded to the GME office.

The Program Director will monitor the performance of residents engaged in moonlighting/ outside professional activities for the effect of these activities upon resident performance. Adverse effects of these activities upon performance may lead to withdrawal of permission.

The resident and Program Director should clarify liability coverage and obtain approval from Hospital Administration for any institution-related activities. Liability coverage for non-Hospital related functions will be the responsibility of the resident and the institution hiring the resident.

The Reading Hospital accepts no responsibility for resident malpractice coverage for outside work not involving the institution or its active staff.

A resident found to be in violation of this policy may face disciplinary action up to and including dismissal from the training program.

PDA & Protected Health Information

In order to protect patient privacy, all physicians using personal digital assistant devices (PDA) will be expected to sign the Hospital's PDA Protected Health Information Agreement. This agreement is a reminder to the resident that patient healthcare, financial, and demographic data are confidential. User IDs and passwords should not be shared. Patient information should be provided to others only when it is important for the health care of that individual.

Security of Patient Information Policy for Residents ~ Effective November, 2012

No information that identifies a patient (see potential identifiers below) or identifies a patient with our health system or with a medical problem or procedure may be removed by a resident or otherwise leave the grounds and control of the health system. Residents may not download or upload to their personal technology (e.g., laptops, notebooks, smart phones) any of the foregoing patient information. If residents wish to store and access patient information for clinical or education-related reasons, they should place the information in a document within the health system's IT system and should remotely access the information when outside the health system through Citrix, which allows encryption protection. If a resident has any questions about this policy the resident should first contact the health system's Privacy Officer.

Potential identifiers that must be protected include:

1. Names
2. All geographical subdivisions smaller than a State, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code, if according to the current publicly available data from the Bureau of the Census: (1) The geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and (2) The initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000.
3. All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older
4. Phone numbers
5. Fax numbers

6. *Electronic mail addresses*
7. *Social Security numbers*
8. *Medical record numbers*
9. *Health plan beneficiary numbers*
10. *Account numbers*
11. *Certificate/license numbers*
12. *Vehicle identifiers and serial numbers, including license plate numbers*
13. *Device identifiers and serial numbers*
14. *Web Universal Resource Locators (URLs)*
15. *Internet Protocol (IP) address numbers*
16. *Biometric identifiers, including finger and voice prints*
17. *Full face photographic images and any comparable images*
18. *Any other unique identifying number, characteristic, or code (note this does not mean the unique code assigned by the investigator to code the data)*

Pharmaceutical Representative/ Conflict of Interest

The GMEC supports the AMA Code of Medical Ethics, Opinion 8.061, "Gifts to Physicians from Industry" (www.ama-assn.org/go/ethicalgifts). Incoming residents are provided with this information during orientation.

Pharmaceutical representatives will have access to The Reading Hospital only when specifically invited by a physician or Hospital administrator. The time, place, and purpose of pharmaceutical interaction with residents should be clearly defined. The purpose of the interaction should be restricted to topics that enhance resident education or patient care.

Educational sessions after work hours can be arranged at the discretion of the pharmaceutical representative and the individual resident.

Each program will define the process by which pharmaceutical representatives will make contact with residents and staff.

In order to avoid involvement in a conflict of interest, please refer to TRHMC's Conflict of Interest Policy. (See TRHMC Intranet site, Policies and Procedures, Hospital Policies and Procedures, Administrative Policy No. 10.2 Conflict of Interest.)

Physician Well-Being

The problem of impairment is complex, and the investigation and hearing process is not usually appropriate in this situation. The American Medical Association defines the impaired physician as "one who is unable to practice medicine with reasonable skill and safety to patients because of a physical or mental illness, including deterioration through the loss of motor skills, or excessive use or abuse of drugs, including alcohol." This policy and the steps to be taken are intended to provide some overall guidance and direction on how to proceed when confronted with a potentially impaired physician, and are taken from a template provided by the Pennsylvania Medical Society.

TRHMC Medical Staff believes that the key to a successful rehabilitation program is not only to provide an educational program for residents regarding physician impairment, including substance abuse, but also to structure its program in a non-coercive, non-disciplinary manner. At the same time, the Medical Staff recognizes its obligation to the patients it serves.

If the degree of impairment of the resident physician may affect the ability of the resident to practice safely, then the individual in question should voluntarily relinquish all privileges. These privileges should be relinquished until it has been determined that it is safe to restore them. The individual shall still be a member of the residency staff, but without privileges.

The CAO and the CMO, in consultation with the Medical Staff Health Committee, shall evaluate and investigate all reports regarding:

- impairment of the physician's ability to practice with reasonable skill and safety;
- serious mental, emotional, or physical problems;
- alcohol or drug abuse;
- unethical conduct.

If the validity of the complaint is substantiated, the CAO and the CMO shall attempt to obtain agreement by the resident physician about the nature of the problem and his/her consent to participate in a rehabilitation program tailored to meet the resident physician's specific situation.

If the resident physician agrees to participate in a rehabilitation program, the Medical Staff Health Program will then arrange for a suitable program.

If the resident does not agree to participate fully in the Physicians Health Program, the Program Director shall take action as described in the Resident Manual under Due Process.

Addressing Accreditation Letters/Citations Requiring Immediate Action

All ACGME program accreditation letters or copies shall be received by the Vice President/Administration serving on the GMEC, the CMO, the CAO, and the Program Director. A summary of the accreditation letter should be presented at the next GMEC meeting. A timeline for response to the citations should be established by the Program Director and approved by the GMEC.

If upon reviewing the citations, the Program Director, CAO, CMO, or Vice President/Administration believes that an issue should be addressed immediately, a special meeting of those individuals should be arranged. Alternatively, actions may be initiated and then presented for discussion and approval at the next GMEC meeting.

Program Reduction/Closure

TRHMC is fully committed to supporting its Graduate Medical Education programs in Family Medicine, Internal Medicine and Preliminary Medicine, Obstetrics and Gynecology, and Transitional Year Medicine. No reduction in program size or program closure is anticipated. In the event of unforeseen circumstances, such as major reductions in residency education funding or inability to support appropriate resident recruitment, consideration for program closure would prompt a formal GMEC review. Discussions with Medical Staff and administrative leadership would ensue prior to any recommendation by the CAO to the Vice President/CMO and the CEO.

In the unlikely event of a planned program closure or reduction of program size, affected residents would be notified immediately. All residents already in the program would be allowed to complete their training at this institution, or, if they prefer, residents would be assisted in enrolling in another ACGME- or AOA-accredited program as appropriate.

Disaster Response Policy

In the event of a disaster impacting the Graduate Medical Education programs sponsored by TRHMC, the GMEC establishes the policy to protect the well being, safety, and educational experience of residents enrolled in our training programs.

The definition of a disaster will be determined by the ACGME and AOA as defined in its published policies and procedures. Following declaration of a disaster, the GMEC working with the DIO and other sponsoring institutional leadership will strive to restructure or reconstitute the educational experience as quickly as possible following the disaster.

As quickly as possible and in order to maximize the likelihood that residents will be able to complete program requirements within the standard time required for certification in that specialty, the DIO and GMEC will make the determination that transfer to another program is necessary.

Once the DIO and GMEC determine that the sponsoring institution can no longer provide an adequate educational experience for its residents, the sponsoring institution will to the best of its ability arrange for the temporary transfer of the residents to programs at other sponsoring institutions until such time as TRHMC is able to resume providing the experience. Residents who transfer to other programs as a result of a disaster will be provided by their Program Directors with an estimated time that relocation to another program will be necessary. Should that initial time estimate need to be extended, the residents will be notified by their Program Directors using written or electronic means identifying the estimated time of the extension.

If the disaster prevents the sponsoring institution from re-establishing an adequate educational experience within a reasonable amount of time following the disaster, then permanent transfers will be arranged.

The DIO will be the primary institutional contact with the ACGME, AOA and the Institutional Review Committee Executive Director regarding disaster plan implementation and needs within the sponsoring institution.

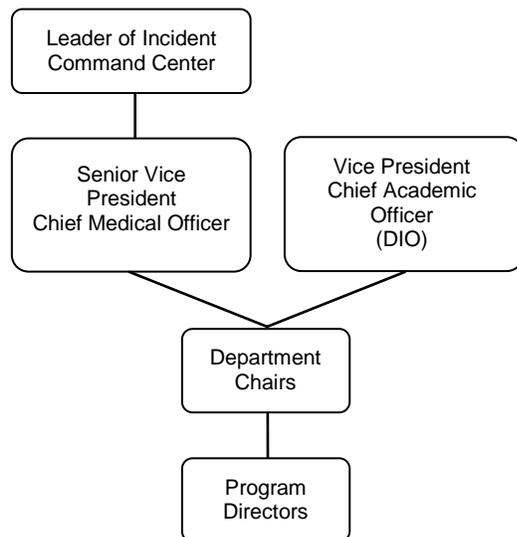
In the event of a disaster affecting other sponsoring institutions of graduate medical education programs, the program leadership at TRHMC will work collaboratively with the DIO who will coordinate, on behalf of the Hospital, the ability to accept transfer residents from other institutions. This will include the process to request complement increases with the ACGME and AOA that may be required to accept additional residents for training. Programs currently under a proposed or actual adverse accreditation decision by the ACGME or AOA will not be eligible to participate in accepting transfer residents.

Programs will be responsible for establishing procedures to protect the academic and personnel files of all residents from loss or destruction by disaster. This should include at least a plan for storage of data in a separate geographic location away from the sponsoring institution.

Timeline in the event of a disaster

A. Upon the occurrence of the emergency situation and immediately following up to 72 hours:

1. House staff will be deployed as directed by the leader of the Incident Command Center. Ongoing decision-making regarding deployment of house staff to provide needed clinical care will be based on both the clinical needs of the institution and the safety of the house staff.



2. Those involved in making decisions in this period are:
 - a. Leader of Incident Command Center
 - b. Department Chairs
 - c. Vice President for Medical Affairs
 - d. Designated Institutional Official (DIO)
3. To the extent possible within the constraints of the emergency, decision-makers shall inform and consult with the Legal Department representative and training program directors.

B. By the end of the first week following the occurrence of the emergency situation, if the emergency is ongoing:

1. An assessment will be made of:

- a. the continued need for provision of clinical care by house staff;
 - b. the likelihood that training can continue on site.
 2. The assessment will be made by:
 - a. DIO
 - b. VP for Medical Affairs
 - c. Leader of Incident Command Center
 - d. Legal Department representative
 3. The DIO will contact the ACGME and AOA to provide a status report
- C. By the end of the second week following the occurrence of the emergency situation, if the emergency is ongoing:
1. The DIO will request an assessment by individual program directors and department chairs regarding their ability to continue to provide training;
 2. The DIO will request suggestions for alternative training sites from program directors who feel they will be unable to continue to offer training at TRHMC;
 3. Those involved in decision making in this period are:
 - a. DIO
 - b. Individual Program Directors
 - c. Individual Department Chairs
 4. House staff who wish to take advantage of the Leave of Absence Policy or to be released from their Contract will be accommodated.
- D. During the third and fourth weeks following the occurrence of the emergency situation, if the emergency is ongoing:
1. Program directors at alternative training sites will be contacted to determine feasibility of transfers as appropriate;
 2. The DIO will submit program reconfiguration plans to the ACGME and AOA unless other due dates have been established;
 3. Transfers will be coordinated with ACGME and AOA;
 4. TRHMC Program Directors will have the lead responsibility for contacting other program directors and notifying the DIO of the transfers;
 5. The DIO will be responsible for coordinating the transfers with ACGME and AOA.
- E. When the emergency situation is ended:
1. Plans will be made with the participating institutions to which house staff have been transferred for them to resume training at TRHMC;
 2. Appropriate credit for training will be coordinated with ACGME and AOA and the applicable Residency Review Committees;
 3. Decisions as to other matters related to the impact of the emergency on training will be made.

Program Requests for Exception to Weekly Duty-Hour Limit

The ACGME regulations regarding work-hour limits have been adopted by the GMEC and all Program Directors at TRHMC. According to ACGME regulations, a Residency Review Committee may grant exceptions to a program for up to a 10% increase in the 80-hour limit

if there is “sound educational rationale.” Prior permission of the institution’s GMEC is required.

The procedure to obtain GMEC permission follows:

- The Program Director will present a summary of current work hours to the GMEC.
- The Program Director will present the limitations of the educational experience resulting from the ACGME-supported duty-hour restrictions.
- The Program Director will discuss alternatives considered to overcome the limitations without increasing duty hours.
- The Program Director will present the proposed request to its Residency Review Committee, including the educational rationale for the extension of duty hours, as well as the potential impact upon resident health, quality of patient care, and quality of the educational program.
- At least one resident representative of the residency program requesting exception to its weekly duty-hour limit must be present at the GMEC meeting where approval is considered, and should offer the resident opinion regarding the request.
- The request will be formally voted upon by the GMEC, and will require a majority affirmative vote for approval.

Recording of Patient Care

The Reading Hospital and Medical Center may have occasion to videotape, photograph, and/or record patients, visitors, staff, and the general public or to permit such action by others. Such action may be undertaken for the following reasons: education, teaching, quality assurance, security, marketing, communication, or to preserve records of events for Hospital patients or others. When videotaping, photographing, or recording activity on its premises or in which it has a legitimate interest, the Hospital seeks to respect the individual’s reasonable expectations of privacy. This Policy will outline the procedures and circumstances under which photographs, video, or audio recordings may be permitted.

Definitions:

A “Recording” shall mean photographing, videotaping, audiotaping, and any other type of audio or video recording of an individual’s image, activities, or speech.

“Patient” shall refer to inpatients, outpatients, and any other person who is present to receive treatment or diagnostic testing at the Hospital.

“Identifiable” refers to an individual who can be specifically identified by image or circumstances such that the identity of the person would be clear to one viewing the Recording. A person who is part of a group or an attendee at a public event, such as the Garden Party, or photograph of an individual who is masked or clothed so that his face is not identifiable, or whose face or speech is not recorded, is not identifiable for purposes of this Policy.

“Reasonable expectation of privacy” shall refer to circumstances where the person being Recorded objectively has reason to believe that the activity or speech being recorded is private or confidential.

“Consent” shall refer to an agreement to be recorded or a waiver of any objection to be recorded. Consent may be given by any competent adult. For a minor, consent must be given by a parent or adult guardian. Whenever it is clear from the circumstances that the individual recording of a patient could be harmful to the medical or psychological condition of a patient, the consent of a physician or other member of the Medical Staff must be obtained.

Consent to record will typically be recorded in writing, but it may be granted verbally and may be granted based on circumstances.

Applicable Forms:

Consent to Record (RH 4547) is the document on which to record the patient’s written approval to the Recording. The consent is available at nursing units and most clinical departments or through the Duplicating Center.

Physician, physician representative, or other Hospital staff member must specify the exact purpose of the recording in the “Purpose” section.

The signature of the patient or authorized representative must be affixed to the form.

A physician, physician representative, or other Hospital staff member may serve as a witness.

A completed consent form for a patient shall be placed in the patient’s medical record for a current inpatient and in a patient’s clinical file for outpatients.

This Policy does not apply to the following: recording in public areas or where there is no reasonable expectation of privacy; recording to secure the safety of patients, visitors, staff, or the property of the Hospital; recording in situations where there is a reasonable belief of child abuse, elder abuse, sexual assault, domestic violence, and other cases as required by local, state, or federal statutes or laws; recording where the purpose is to monitor patients at risk for harming themselves.

Specific Applications of This Policy:

Recording of Patient Care: A recording may be made of a patient’s care including surgery, testing, or other treatment for purposes of education, training, or other similar purpose.

Recording of patient care shall be initiated by a physician or other staff member or employee of the Hospital. Physician or other staff member or employee of the Hospital who initiates the request for recording will typically obtain the consent of the patient.

The patient should be informed of the nature and subject of the recording. Written consent shall be recorded on the Patient Consent form RH 2130.

The consent of a patient is not required where there is no possibility of identifying the patient or where the patient has no reasonable expectation of privacy.

The recording device shall be in plain sight and not turned on until the entire consent process is completed.

If the patient declines to participate in the recording, then, whenever possible, the recording devices should be removed from the area. If that is not possible, then the patient should be informed that the recording device is not turned on, and no recording is being made.

If staff members are involved in the recording, verbal consent of each person is to be obtained before the recording is begun.

If other individuals are involved (example: speaker at “grand rounds” program”), they are to be informed, consent obtained, and consent documented on the Consent for Recording form. It is to be clearly noted that these individuals are NOT patients.

The consent form shall be included in the patient’s Hospital chart and a copy shall be supplied to the physician. If consent is obtained other than in writing, the nature of the consent should be noted in the file.

Recordings may be used to provide education or training which will further the Hospital’s clinical, treatment or educational missions. Examples of such include resident training, demonstration of care techniques, demonstration of interview techniques, or otherwise recording treatment for review by staff at a future time.

A recording pursuant to this policy shall be the property of either the Hospital or the physician directing the recording as set forth more fully herein.

Consent to Record form shall be maintained in the chart of the patient or the chart of the physician directing the recording.

The Consent to Record form shall be retained in the Medical Record.

If the recording is made at the direction of the Hospital or its employee or agent, the Hospital shall retain possession of the recording. The recording shall be retained in accordance with the policies and procedures of the clinical department or practice that directed or made use of the recording.

If it is determined that the Hospital no longer has need of the recording, the recording may be offered to the physician or other staff involved in the recording or destroyed. The destruction shall be consistent with all other policies of the Hospital.

If the recording is maintained or used by a physician, the physician may destroy the recording if the Hospital has no further use of it. Destruction shall require disposal of the recording in a manner that it cannot be reviewed or reproduced. If a physician no longer has use of the recording, the physician may return the recording to the Hospital for storage or disposition in accordance with the Hospital’s policies.

If the recording is destroyed for any reason, the Department Chair shall authorize the action and sign the physician’s copy of Receipt of Patient Documentation Recording form. The signed form shall be maintained in the Department Office under the Direction of the Chair.

Other applications of this policy:

- Recording on Patient’s Behalf (Administrative Policy & Procedure 10.95)
- Recording/Surveillance for Safety or Security / Use of Electronic Video Surveillance Equipment (Administrative Policy & Procedure 460.10)

- Mission-Related Communications Initiatives, Including Historic Documentation (Administrative Policy and Procedure 10.96)

Right to Know/Hazard Communication

A copy of the Right to Know/Hazard Communication Standard Manual is kept in the office of the Director of Environmental Services. This manual contains essential regulations pertinent to the Right to Know Law and specific laws regulated by the Pennsylvania Department of Labor and Industry regarding the use of hazardous chemicals at TRHMC.

Sexual Harassment

Sexual harassment on the job will not be tolerated. Immediate action shall be taken against any individual who sexually harasses any person on TRHMC's campus. Some obvious examples of sexual harassment are when supervisors require sexual favors as a condition for favored treatment, such as promotions or raises, or when one resident, student, or employee persists in making unwelcome sexual propositions or lewd comments to a co-worker. Conduct that is less obvious can also be sexual harassment. This includes any conduct in the work environment that is sexual in origin and is unwelcome. It is not a question of what the supervisor or co-worker intended, but the individual's perception of what is offensive that determines harassment. What may be regarded as an innocent statement by some may be perceived as offensive by others.

Individuals who feel that they have been sexually harassed should immediately inform their Program Director, Department Chair, Vice President of Human Resources, or the appropriate Administrative Vice President of his/her Department. The Program Director, Chair, or Administrative Vice President must notify the Vice President of Human Resources with any complaint of possible sexual harassment. A complete, confidential investigation of any such charges will be conducted immediately.

If a third party becomes aware of a situation of sexual harassment, he/she should report this to the appropriate supervisor. Administration will assure that there will be no recrimination for such reporting.

TRHMC does not condone and will not tolerate any type of sexual harassment. Any individual employed by the Hospital who sexually harasses another individual employed by or affiliated with TRHMC will be subject to disciplinary action up to and including termination of employment. Visiting students or residents who engage in such activity will be reported to their supervisors for appropriate disciplinary action.

Substance Abuse

Substance abuse at the worksite places the individual and patients at risk, and cannot be tolerated. Therefore, drug screening is a condition of employment for all Reading Hospital employees, including residents in training. This screening will be performed during Orientation week and will involve urine testing for cocaine, marijuana, PCP, amphetamines, and opiates. Those individuals testing positive and without an appropriate medical explanation will not be accepted for employment.

Subsequent testing may be performed if behavior or performance, as rated by two supervisors, raises concern for substance abuse.

The resident is referred to TRHMC's Substance Abuse Policy on the Intranet for further details.

Residents with Disabilities

TRHMC complies with the Americans with Disabilities Act (ADA) of 1990, as amended, which protects qualified applicants with disabilities from discrimination in hiring, promotion, discharge, pay, training, fringe benefits, and other aspects of employment on the basis of disability. TRHMC provides disabled but qualified applicants and employees with reasonable accommodations that do not impose undue hardship on TRHMC.

Definition:

The ADA defines a person with a disability as an individual who:

- Has a physical or mental impairment that limits one or more of the individual's major life activities, such as caring for oneself, performing manual tasks, walking, speaking, seeing, hearing, breathing, learning, or working;
- Has a record of such impairment, even if the individual no longer has the impairment; or
- Is regarded as having a substantially limiting impairment even though that individual is not actually impaired.

Procedure:

Any house staff member who believes he or she qualifies as disabled based on the above definition must make the Program Director aware of the need for a reasonable accommodation if this is necessary to allow the member to perform the essential functions of his or her position. Failure to expeditiously request a reasonable accommodation may place in jeopardy the House Officer's rights to appropriate accommodations.

The Program Director shall determine which training functions are essential and then, in collaboration with the House Staff member, shall determine the potential reasonable accommodation(s) available. TRHMC reserves the right to select the accommodation it deems best suited to the House Staff member and to TRHMC. TRHMC also reserves the right to request documentation related to the disability, limitations, and requested accommodation.

The Program Director shall notify the appropriate administrative leader in writing of any accommodations requested by an employee. The Program Director shall consult with the administrative leader to determine and implement an available reasonable accommodation most effective for TRHMC and the employee. This accommodation shall not impose any undue hardship upon TRHMC. The Program Director and Executive Director may decide that a proposed accommodation is not reasonable if such an accommodation would result in lowering the academic standards, require substantial financial hardship for the program, or alter the nature of training.

Resident Transfer Policy

Before accepting a Resident who is transferring from another program, the Program Director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring Resident, in addition to completing the Resident Transfer Checklist. For Residents who have transferred into the program, written verification of prior educational experience and performance should be available in the Resident files for site visitors to review.

A Program Director must provide timely verification of residency education and summative performance evaluations for Residents who leave the program prior to completion.

The ACGME defines transferring Residents as Residents “moving from one program to another within the same or different sponsoring institution; when entering a PGY 2 program requiring a preliminary year even if the Resident was simultaneously accepted into the preliminary PGY1 program and the PGY2 program as part of the match (e.g., accepted to both programs right out of medical school).”

Meeting the requirement for verification before accepting a transferring Resident is complicated in the case of a Resident who has been simultaneously accepted into the preliminary PGY1 program and the PGY2 program as part of the match. In this case, the “sending” program should provide the “receiving” program a statement regarding the Resident’s current standing as of one-two months prior to anticipated transfer along with a statement indicating when the summative competency-based performance evaluation will be sent to the “receiving” program. In this case, an example of a verification statement that is acceptable to the ACGME is:

“(Resident name) is currently a PGY (level) intern/Resident in good standing in the (residency program) at The Reading Hospital and Medical Center. S/he has satisfactorily completed all rotations to date, and we anticipate s/he will satisfactorily complete her/his PGY(x) year on June 30, (year). A summary of her/his rotations and a summative competency-based performance evaluation will be sent to you by July 31, (year).”

Use of “Flex Rooms” by Residents Policy

Each Department is assigned sleep quarters, that may be used by residents on-call and may be available to residents who are in need of room for rest under other circumstances. (There are also lounge facilities on A3, R3, and C2 (Ob), that may be used by the residents.) These quarters may be utilized in situations where the resident is too fatigued to safely drive home at the end of duty hours, where inclement weather precludes travel, or when a resident must return to the Hospital for clinical reasons and is awaiting the performance of clinical duties (e.g., Family Medicine Resident providing care to a woman in labor.) Each Department defines policies for the use of sleep quarters assigned to that Department’s residents.

When these facilities are in use, 3 “Flex Rooms” are available. There is one Flex sleep room on A3 (room A3914) and there are 2 sleep rooms on M1 (rooms 1816 and 1823). In order to use one of these rooms, the resident should report to the 5th Avenue Lobby and sign out keys. (1 key for A3, 2 keys for M1 – for entry into the building and for the room.) The key should be returned promptly to the 5th Avenue lobby on the next day.

(Reminder: Taxi vouchers are also available in each Department if the resident wishes to return home but feels that he/she is too fatigued to drive safely.)

TRANSFER RESIDENT CHECK LIST
(please complete this form for each file you send to GME)

Name _____ MD _____ DO _____

Current Address _____

Current email: _____

Current Phone (_____) _____

TRHMC program to which you are applying _____
PGY Level _____

Desired Date of Hire ____/____/____

J1 Visa? Yes _____ No _____

REFERENCES:

Current **Associate Dean for GME/DIO** _____

DIO's email address _____
phone number _____

Current **Program Director** _____

Program Director's email address _____
phone number _____

Physician with whom you currently work _____

This physician's email address _____
phone number _____

Physician with whom you currently work _____

This physician's email address _____
phone number _____

Physician with whom you currently work _____

This physician's email address _____
phone number _____

Brief description of why you are applying to our program: _____

ORIGINAL DOCUMENTS REQUIRED

SENT TO GME?

Contracts will not be sent out until department provides:

- * **DEPARTMENT APPOINTMENT LETTER** _____
- * **ERAS APPLICATION** _____
- * **PRINTED FROM ERAS:**
 - Updated CV _____
 - Updated **Personal Statement** _____
 - **Deans Letter** _____
 - **Medical School Transcript** _____
 - **At least 3 current letters of recommendation** _____

* **DIPLOMA** (before residency begins) _____

* **HISTORY OF PREVIOUS TRAINING** _____

* **CERTIFICATION OF PRIOR RESIDENCY TRAINING** _____

* **VALID ECFMG CERTIFICATE** _____
(if Foreign Grad)

TRHMC Policies and Procedures

It is the resident's responsibility to act in accordance with the official policies and procedures of TRHMC which may be found on the Hospital's intranet at <http://home/policiesprocedures>, and are made part of this Resident Manual by reference.

APPENDIX A

THE READING HOSPITAL AND MEDICAL CENTER Graduate Medical Education

FAMILY MEDICINE RESIDENCY PROGRAM

Program Policy: **Duty Hours**

Effective: **April 5, 2004**

The Family Medicine Residency Program Duty Hours Policy is consistent with The Reading Hospital and Medical Center's Institutional Duty Hours Policy, which is as follows:

Policy:

- A. Residents will not be scheduled for more than 80 duty hours per week, averaged over a four-week period.
- B. One 24-hour period in seven will be free of patient care responsibilities, averaged over a four-week period.
- C. Call frequency will be no more often than every third night, averaged over a four-week period.
- D. There will be a 24-hour limit to on-call duty, with an added period of up to six hours for continuity and transfer of care, educational debriefing, and didactic activities; no new patients may be accepted after 24 hours. Exception: Because the Residency Review Committee for Family Medicine requires residents to follow continuity OB patients, members have allowed for a variance in the 30-hour limit (24 hours on-call plus six hours for continuity/transfer of care, etc.) when one of their continuity OB patients is in labor and delivery.
- E. A 10-hour minimum rest period (12-hour for osteopathic interns) will be provided between duty periods.
- F. When residents take call from home and are called into the Hospital, the time spent in the Hospital will be counted toward the weekly duty-hour limit.
- G. In addition, the Program Directors will assure adequate back-up support when patient care responsibilities are difficult and prolonged, and if unexpected needs create resident fatigue sufficient to jeopardize patient care.

Implementation:

It is The Reading Hospital's responsibility to promote patient safety and education through duty-hour assignments and faculty availability. The institution will assure compliance to meet these needs in the following ways:

- A. Program Directors, faculty, and residents will be educated to recognize the signs of fatigue and instructed in the effects of sleep loss and fatigue.
- B. Program Directors and faculty will monitor resident assignments for those in which work-hour responsibilities or level of intensity are likely to produce sufficient resident fatigue to affect patient care or learning.
- C. Program Directors will monitor moonlighting and other outside work for pay activities, which will be included in the work-hour calculations.

- D. The GME office will independently evaluate duty hours. Resident Council members will be queried quarterly regarding rotations that may exceed the standards described above. Under the direction of the GME office, confidential time studies will be performed by residents on those services. Feedback will be provided to the Program Director, and follow-up actions will be requested.
- E. All residents will be required to sign an agreement supporting the Duty Hours Policy.
- F. CAO will report semi-annually (June and December) to GMEC on duty-hour compliance.
- G. An annual report will be provided by GMEC to the governing body on duty-hour compliance.

APPENDIX B

THE READING HOSPITAL AND MEDICAL CENTER Graduate Medical Education

INTERNAL MEDICINE RESIDENCY PROGRAM

Program Policy: Duty Hours
2004

Effective: January 14,

Revised: May 2011

The Internal Medicine Residency Program Duty Hours Policy is as follows:

Policy:

- Residents will not be scheduled for more than 80 duty-hours per week, averaged over a four-week period.
- One 24-hour period in seven will be free of patient care responsibilities, averaged over a four-week period.
- Call frequency will be no more often than every third night, averaged over a four-week period.
- For upper years, there will be a 24-hour limit to on-call duty, with an added period of up to four hours for continuity and transfer of care, educational debriefing, and didactic activities; no new patients may be accepted after 24 hours.
- For interns, there will be a 16-hour limit to on-call duty.
- A 10-hour (12-hour for osteopathic interns) minimum rest between duty periods.
- In addition, the Program Director will assure adequate back-up support when patient care responsibilities are difficult and prolonged, and if unexpected needs create resident fatigue sufficient to jeopardize patient care.

Implementation:

It is The Reading Hospital's responsibility to promote patient safety and education through duty-hour assignments and faculty availability. The institution will assure compliance to meet these needs in the following ways:

- Program Directors, faculty, and residents will be educated to recognize the signs of fatigue and instructed in the effects of sleep loss and fatigue.
- Program Directors and faculty will monitor resident assignments for those in which work-hour responsibilities or level of intensity are likely to produce sufficient resident fatigue to affect patient care or learning.

- Program Directors will monitor moonlighting and other outside work for pay activities, which will be included in the work-hour calculations.
- The GME office will independently evaluate duty hours. Resident Council members will be queried quarterly regarding rotations that may exceed the standards described above. Under the direction of the GME office, confidential time studies will be performed by residents on those services. Feedback will be provided to the Program Director, and follow-up actions will be requested.
- All residents will be required to sign an agreement supporting the Duty Hours Policy.
- CAO will report semi-annually (June and December) to GMEC on duty-hour compliance.
- An annual report will be provided by GMEC to the governing body on duty-hour compliance.

APPENDIX C

THE READING HOSPITAL AND MEDICAL CENTER Graduate Medical Education

OBSTETRICS AND GYNECOLOGY RESIDENCY PROGRAM

Program Policy: **Duty Hours**

Effective: **July 1, 2011**

The Department of Obstetrics and Gynecology has adopted the ACGME's Standards for Resident Duty Hours as follows:

Policy:

- A. There is attending supervision and immediate availability 24 hours a day, 7 days a week.
- B. Residents will not be scheduled for more than 80 duty hours per week, averaged over a four-week period.
- C. One 24-hour period in seven will be free of patient care responsibilities, averaged over a four-week period.
- D. Chief call frequency will be no more often than every third night, averaged over a four-week period.
- E. There will be a 16-hour limit to on-call duty (for interns) and a 24-hour limit to on-call duty (for PGYII – IV), with an added period of up to four hours for continuity and transfer of care with no new patient care added. If a resident needs to stay longer for extraordinary circumstances involving continuity, humanistic, or educational value in the care of a single patient, a written document explaining the circumstances, reasons, and length of time must be submitted to the Program Director and Program Manager within 24 hours.
- F. A 10n 8-hour rest period should be provided between duty periods, however, this rest period must be at least 8-hours. (preferably 10-hour) will be provided between duty periods.
- G. When chief residents take call from home and are called into the Hospital, the time spent in the Hospital will be counted toward the weekly duty-hour limit.
- H. In addition, the Program Directors will assure adequate back-up support when patient care responsibilities are difficult and prolonged, and if unexpected needs create resident fatigue sufficient to jeopardize patient care.

Implementation:

It is The Reading Hospital's responsibility to promote patient safety and education through duty-hour assignments and faculty availability. The institution will assure compliance to meet these needs in the following ways:

- A. Program Directors, faculty, and residents will be educated to recognize the signs of fatigue and instructed in the effects of sleep loss and fatigue.

- B. Program Directors and faculty will monitor resident assignments for those in which work-hour responsibilities or level of intensity are likely to produce sufficient resident fatigue to affect patient care or learning.
- C. Program Directors will monitor moonlighting and other outside work for pay activities, which will be included in the work-hour calculations.
- D. The GME office will independently evaluate duty hours. Resident Council members will be queried quarterly regarding rotations that may exceed the standards described above. Under the direction of the GME office, confidential time studies will be performed by residents on those services. Feedback will be provided to the Program Director, and follow-up actions will be requested.
- E. All residents will be required to sign an agreement supporting the Duty Hours Policy.
- F. CAO will report semi-annually (June and December) to GMEC on duty-hour compliance.
- G. An annual report will be provided by GMEC to the governing body on duty-hour compliance.

APPENDIX D

THE READING HOSPITAL AND MEDICAL CENTER Graduate Medical Education

TRANSITIONAL YEAR RESIDENCY PROGRAM

Program Policy: Duty Hours
15, 2003

Effective: December

Revised: May 2011

The Transitional Year Residency Program Policy for Duty Hours conforms to the Institutional Policy as described below:

Policy:

- Residents will not be scheduled for more than 80 duty-hours per week, averaged over a four-week period.
- One 24-hour period in seven will be free of patient care responsibilities, averaged over a four-week period.
- Call frequency will be no more often than every third night, averaged over a four-week period.
- For upper years, there will be a 24-hour limit to on-call duty, with an added period of up to four hours for continuity and transfer of care, educational debriefing, and didactic activities; no new patients may be accepted after 24 hours.
- For interns, there will be a 16-hour limit to on-call duty.
- A 10-hour (12-hour for osteopathic interns) minimum rest between duty periods.
- In addition, the Program Director will assure adequate back-up support when patient care responsibilities are difficult and prolonged, and if unexpected needs create resident fatigue sufficient to jeopardize patient care.

Implementation:

It is The Reading Hospital's responsibility to promote patient safety and education through duty-hour assignments and faculty availability. The institution will assure compliance to meet these needs in the following ways:

- Program Directors, faculty, and residents will be educated to recognize the signs of fatigue and instructed in the effects of sleep loss and fatigue.

- Program Directors and faculty will monitor resident assignments for those in which work-hour responsibilities or level of intensity are likely to produce sufficient resident fatigue to affect patient care or learning.
- Program Directors will monitor moonlighting and other outside work for pay activities, which will be included in the work-hour calculations.
- The GME office will independently evaluate duty hours. Resident Council members will be queried quarterly regarding rotations that may exceed the standards described above. Under the direction of the GME office, confidential time studies will be performed by residents on those services. Feedback will be provided to the Program Director, and follow-up actions will be requested.
- All residents will be required to sign an agreement supporting the Duty Hours Policy.
- CAO will report semi-annually (June and December) to GMEC on duty-hour compliance.
- An annual report will be provided by GMEC to the governing body on duty-hour compliance.