



Graduate Medical Education Handbook 2019



All activities planned and executed within the performance improvement plan are governed by an organized committee of the hospital medical staff having the responsibility for reviewing and evaluating the quality of medical or hospital care and is absolutely privileged and confidential pursuant to Ark. Code Ann. § 16-46-105

TABLE OF CONTENTS

VISION	4
GRADUATE MEDICAL EDUCATION MISSION STATEMENT.....	4
INTRODUCTION.....	5
GRADUATE MEDICAL EDUCATION CONTACT INFORMATION	6
ROLE OF SPONSORING INSTITUTION.....	7
STATEMENT OF COMMITMENT TO GME.....	8
BENEFITS.....	9-11
MEALS.....	9
ON-CALL ROOMS	9
TELEPHONES.....	9
PARKING.....	10
MALPRACTICE.....	10
PTO	10
TIME OFF FOR ILLNESS.....	10
CME.....	11
LEAVE POLICY.....	11
THE EVALUATION PROCESS.....	11-12
REQUIREMENTS FOR ADVANCEMENT.....	12-22
GENERAL REQUIREMENTS FOR MEDICAL TRAINEES.....	22-23
REQUIREMENTS FOR RESIDENTS.....	23-24
SCHEDULES	24-25
CONTRACTS.....	25
PROMOTION.....	26
RESOURCES.....	26-27
FACULTY RESPONSIBILITY	27
PROFESSIONAL BEHAVIOR.....	27
SUBSTANCE ABUSE POLICY.....	27-28
PROBATION/RESIGNATION/DISMISSAL.....	28
RESIGNATION.....	28
RESIDENT HOURS.....	28
RESEARCH ACTIVITIES.....	29-32
OCCURRENCE REPORTS/PATIENT SAFETY.....	32
PROCEDURE CERTIFICATION.....	33
GRADUATION AND DIPLOMAS.....	32-33
APPENDIX: POLICIES.....	33-73
ACCESS TO KNOWLEDGE – LIBRARY SERVICES	
CALL RESPONSIBILITIES	
CELL PHONE POLICY	
CODE PROCEDURE POLICY	
EVALUATION COMPLETION	
GRADUATE MEDICAL EDUCATION COMMITTEE RESPONSIBILITIES	
RESIDENT FATIGUE	
RESIDENT FILES AND RETENTION	
RESIDENT LOG REQUIREMENT	
RESIDENT RESPONSIBILITIES	
RESIDENT TRAVEL POLICY	
LEAVE POLICY	
MEDICAL RECORDS	

TABLE OF CONTENTS

APPENDIX: POLICIES (CONT'D)	33-73
RESIDENT IMPAIRMENT	
POSTDOCTORAL LEADERSHIP RESPONSIBILITIES	
PRESCRIPTION WRITING FOR RESIDENTS	
PERFORMING PROCEDURES	
PROCEDURES FOR REMEDIATION AND ADVERSE EVENTS	
RESPONSIBILITIES TO RESIDENTS	
SCRUBS POLICY	
SELECTION OF RESIDENTS	
STORAGE OF DRUGS IN THE CALL ROOM	
SUPERVISION OF RESIDENTS	
WORK HOURS POLICY	
HIPAA	
VENDOR RELATIONS	
SIGNATURE PAGE	74

VISION

We strive to be the best choice in clinical education for Osteopathic and Allopathic residents by providing a quality, comprehensive learning experience. Our graduates will provide superior medical care to the communities of Northeast Arkansas, Southeast Missouri, and beyond. They will ultimately become extremely competent, compassionate, and responsible providers for the communities they serve in their careers. Our vision is graduating the academically based, broadly trained, self-sufficient physician who can move directly into practice or fellowship with confidence.

GRADUATE MEDICAL EDUCATION MISSION STATEMENT

Our mission is to support and educate tomorrow's leaders with the goal of providing skilled, compassionate care to their community and foster a drive for lifelong professional development.

INTRODUCTION

St. Bernards Medical Center (“SBMC”) started a Graduate Medical Education Program in 2016. SBMC began a new tradition by sponsoring an Osteopathic Residency Training Program in an effort to better meet the needs of the communities that it serves. With the transition into the Single Accreditation System, SBMC’s Internal Medicine Residency Program received initial ACGME accreditation in 2017. SBMC’s commitment is to provide the educational, financial, and other resources necessary to achieve its Mission. In continued support of the Graduate Medical Education program, SBMC received initial accreditation as an Institutional Sponsor for existing and potential future residency programs, effective July 1, 2018.

SBMC provides an internal medical residency program (“Program”) committed to training the highest level physicians. SBMC is a suburban community hospital in the northeast corner of Arkansas. SBMC was first formed in 1900 to meet the needs of the community during an infectious epidemic. Expanding into graduate medical education further supports SBMC’s heritage and history of excellent healthcare. SBMC provides leadership and resources necessary for the Program to achieve compliance with its accrediting association.

The goal of this Program is to enable physicians to enter the work place with a well-balanced experience across different medical and surgical specialties and use this knowledge in a compassionate and thorough manner. One can expect a diverse and dynamic education at SBMC. SBMC is dedicated to providing a quality education to the residents. We enable the highest performance through ongoing growth and development with a commitment to quality, openness to new ideas, accountability to standards, and working together to achieve goals.

Osteopathic manipulative medicine will be integrated throughout the training period for the osteopathic and allopathic physicians alike. All core competencies will be met and exceeded by our residents. We provide resources, research opportunities, and osteopathic educational opportunities through our collaborative efforts with New York Institute of Technology’s College of Osteopathic Medicine (Jonesboro campus). Additional research opportunities are available through our Translational Research Lab, which is a cooperative effort between Arkansas State University’s research department and SBMC, in addition to the various ongoing research projects already underway with many of the SBMC physicians.

The Program is designed to provide training that meets the needs of those graduates who intend to become board-certified osteopathic or allopathic physicians. The exclusivity of the Program ensures that our residents have the opportunity to learn the art of medicine. Residents of the Program will also be able to develop and perfect their procedural skills.

This handbook and the information herein supersedes any prior handbook versions. The date of this revision is July 1, 2019.

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ROLE OF SPONSORING INSTITUTION

SBMC, as sponsoring institution for residency and fellowship programs accredited by the ACGME, has ultimate authority and oversight over the Program. This extends to all participating sites, as well. The Sponsoring Institution must be in substantial compliance with the ACGME Institutional Requirements and must ensure that each of its ACGME-accredited programs is in substantial compliance with the ACGME Institutional, Common, and speciality-/subspecialty-specific Program Requirements, as well as with ACGME Policies and Procedures. This oversight is demonstrated through an Annual Institutional Review (AIR). The DIO then annually submits a written executive summary of the AIR to the Governing Body of SBMC.

SBMC, as the Sponsoring Institution, must maintain its ACGME institutional accreditation, as failure to do so will result in loss of accreditation for its ACGME-accredited program(s). SBMC must ensure that it, as the Sponsoring Institution, as well as each of the ACGME-accredited programs, residents are only assigned to learning and working environments that facilitate patient safety and health care quality. SBMC, as Sponsoring Institution that is also a hospital, must maintain accreditation to provide patient care, as well.

SBMC must meet requirements of the ACGME as noted in their Institutional Requirements regarding Institutional Resources, which include GME Infrastructure and Operations. Additional resources include those related to educational tools, support services and systems, the learning and working environment, quality improvement, transitions of care, supervision and accountability, clinical experience and education, professionalism, and well-being.

SBMC must have written policies and procedures for resident/fellow recruitment and appointment and must monitor each of its ACGME-accredited programs for compliance. Once matched, SBMC must then ensure that residents/fellows are provided with a written agreement of appointment/contract outlining the terms and conditions of their appointment to a program. SBMC must also have a policy that requires each program to determine the criteria for promotion and/or renewal of a resident's/fellow's appointment.

Further details of the requirements of SBMC as a Sponsoring Institution can be found at <https://www.acgme.org/Portals/0/PFAssets/InstitutionalRequirements/000InstitutionalRequirements2018.pdf?ver=2018-02-19-132236-600>.

A written statement documenting the Sponsoring Institution's commitment to GME by providing necessary financial support for administrative, educational, and clinical resources, including personnel, is provided herein. This statement is updated every five years, dated, and signed by the DIO, a representative of the Sponsoring Institution's senior administration, and a representative of the Governing Body.

STATEMENT OF INSTITUTIONAL COMMITMENT TO GRADUATE MEDICAL EDUCATION (GME)

St. Bernards Medical Center hereby declares its commitment to supporting Graduate Medical Education (GME) in compliance with the Institutional Requirements of the Accreditation Council for Graduate Medical Education (ACGME).

The institution has established an Office of GME with a Designated Institutional Official (DIO) for GME. The DIO has the authority and responsibility for the oversight and administration for all approved GME programs. The office has a fully functional Institutional Graduate Medical Education Committee (GMEC) to monitor, oversee, and advise regarding all sponsored residency programs. The institution will provide guidance and supervision of residents while facilitating their professional, ethical, and personal development and will further ensure that the patient care provided by residents is safe and appropriate. The institution is committed to providing the necessary financial support for administrative, educational, and clinical resources including personnel, necessary to assure excellence in its GME programs.

This statement of commitment, approved by the GMEC, is supported by the governing authority, the administration, and the faculty.

The Office of GME is responsible for the oversight of:

- ACGME accreditation status of the sponsoring institution and its ACGME-accredited programs;
- The quality of the GME learning and working environment within the sponsoring institution, its ACGME-accredited programs, and its participating sites;
- The quality of educational experiences in each ACGME-accredited program;
- The ACGME-accredited program's annual evaluation and improvement activities;
- All processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the sponsoring institution;
- The sponsoring institution's accreditation Annual Institutional Review (AIR);
- Identifying institutional performance indicators for the AIR and maintaining liaison with program directors;
- Providing written criteria for selection, evaluation, promotion, and dismissal of residents;
- Fair and due process;
- Appropriate funding and support services including technological resources;
- Monitoring duty hours and the learning/work environment;
- Ensuring appropriate letters of agreement with each participating institution are maintained;
- Ensuring HIPAA training and compliance for all residents is kept up to date;
- Ensuring all programs implement the core competencies: Patient Care, Medical Knowledge, Practice-Based Learning and Improvement; Interpersonal and Communication Skills, Systems-based Practices, and Professionalism.

BENEFITS

All Residents are provided with salary and benefits as outlined in the SBMC Resident Benefit Handbook.

SALARY

Residents are paid on a bi-weekly basis. The annual salary will be competitive with the market and adjusted annually as needed to remain competitive with the market. Salary commences on July 1; orientation living expenses are covered via the stipend received prior to arrival.

MEALS

Meals are provided to the resident while he/she is on duty, free of charge, through the Doctors' Dining Room or via the hospital cafeteria. Residents should sign-in at checkout as verification of status. The coffee shop is not included in this benefit. Payroll deduction via badge swipe is an accepted form of payment for the coffee shop, however.

ON-CALL ROOMS

Residents are provided access to male/female on-call rooms located in SBMC. The location of the Program-specific call room will be reviewed during orientation. The call rooms are equipped with a television, bed, and telephone. No pharmaceutical products of any kind may be stored in call rooms.

LACTATION ROOMS

There are two rooms available for lactation needs in SBMC. The lactation area is private and equipped with refrigeration. The location will be reviewed during orientation.

TELEPHONES

SBMC telephones and cellular devices may be utilized for SBMC business only as outlined in the SBMC Employee Handbook. Each resident will be issued a cell phone for use while enrolled in the Program. This must be surrendered upon completion or departure from the Program. SBMC telephones and cellular devices are expected to be accessible at all times when on duty. The cell phone contains an encrypted text messaging system that is to be used for all work-related texts and is the only acceptable text messaging service for discussing Protected Health Information, as defined in the Health Insurance Portability and Accountability Act ("HIPAA"). Additional applications must be approved by GME office and IT.

BENEFITS (cont'd)

PARKING

Residents may park in the physician parking lot. All local zoning and traffic laws must be obeyed. The Department of Medical Education will not reimburse resident for violations or infractions of said laws. Parking permits for *NYIT-COM/ASU* campus will not be provided. Please plan accordingly when scheduled to be there, as visitor parking is limited. Resident will not be reimbursed for parking fines.

MALPRACTICE INSURANCE

The sponsoring institution shall provide residents with professional liability coverage and with a summary of pertinent information regarding this coverage. Liability coverage must include legal defense and protection against awards from claims reported or filed after the completion of the program if the alleged acts or omissions of the residents are within the scope of the program.

All residents enrolled in the Program will receive malpractice liability coverage (\$1 million per occurrence/\$3 million in aggregate per year) provided under the SBMC malpractice policy. This policy provides coverage to residents only while they are involved in supervised patient care activities within the defined curriculum of their Program. Residents must complete and execute any required documentation specified in SBMC's insurance policy to obtain coverage. This malpractice policy does not cover the resident for patient care activities outside of the prescribed Program, including any moonlighting activities.

All residents shall report all alleged and actual incidents and claims to their Program Director(s), Vice President of Medical Affairs, Director of Medical Education/Designated Institutional Official, and Director of Quality. In the event that a legal investigation takes place, residents have the responsibility to be cooperative with the legal counsel of SBMC. Failure to cooperate with this section may result in the loss of indemnification and/or hospital-retained legal representation.

PAID TIME OFF (PTO)

Residents will receive paid time off ("PTO") in the amount of twenty (20) business days (four weeks) per year. This cannot be taken during ICU months during the first year, nor can it be taken during night float month(s) in any year. Prior approval must be obtained using the PTO request forms. If the form is not submitted forty-five (45) days prior to the PTO date(s) being requested, the resident will be responsible for securing coverage for his/her clinic days during that period. Every effort will be made to accommodate PTO requests; however, there may be times where requests cannot be granted. SBMC may, in its sole discretion, deny any PTO request. Further details regarding PTO off requests will be reviewed during orientation.

TIME OFF FOR ILLNESS

PTO will be deducted for any time off due to illness unless the resident is on a leave of absence. A physician note is required for any illness resulting in absence from scheduled duties greater than forty-eight (48) hours. The note must state that the resident was under the care of a physician for an illness that required the resident to be off work for a specified duration of time. It must also note when the resident is fit to return to work and what duty limitations, if any, will be required. This cannot be obtained from another resident in the Program. The note must be from an attending level physician who is directly responsible for care of that resident for the specific illness.

BENEFITS (cont'd)

CME

SBMC provides support via CME for pre-approved resident attendance at specific courses required by program-specific standards for board eligibility and courses identified by Program Director(s) to be essential for quality resident education. All travel arrangements must be pre-approved and made through the GME Administrator. Travel expenses include air, course registration, hotel, and ground transportation to and from the event. Expenses for spouses and other family members are not covered under this benefit. All CME purchases must be approved prior to purchase in order to qualify for reimbursement under the CME fund umbrella. If this approval is not obtained, reimbursement for the purchase cannot be guaranteed. If a resident is presenting his/her research, case report, poster, or similar scholarly materials on behalf of SBMC and as a representative of the IMRP, travel and lodging will be reimbursed if approved by the Program Director. Specific allowances for expenses are found in the CME policy in the SBMC Corporate Policies on MissioNet.

LEAVE POLICY

Regulations stipulate that residents cannot take more than twenty (20) business days off in an academic year without extending the Program. A resident may elect to take a leave of absence in accordance with the SBMC Employee Handbook, either via FMLA or personal leave, with approval from the Program Director and the Human Resources Department at SBMC. However, this will result in extension of the resident's Program.

THE EVALUATION PROCESS

Residents will be evaluated by preceptors, patients, ancillary staff, and faculty. The residents are expected to evaluate their attending physicians, the Program, the Program Director, and other administration when requested to do so, as well.

The Program stresses the concept of measurable outcomes to document competency over the entire training period. Using measurable outcomes to document competency is referred to by many as "competency-based education." This logical strategy is predicated on the concept that faculty will instruct residents on which competencies they need to master and then instruct the residents in those competencies. The faculty will then provide formative assessment/feedback to the resident as to his or her performance. This is expected to occur at regular intervals throughout each rotation. The resident is encouraged to be proactive in requesting this feedback from the faculty if feedback has been delayed. If a resident consistently has difficulty in receiving this feedback from a faculty member, he or she must notify the Program Director or Program Coordinator in order to allow the Program Director or Program Coordinator to assist them in obtaining this feedback. This will allow the Program the opportunity to further develop faculty skill with respect to feedback.

FACULTY EVALUATION PROCESS

Program(s) faculty shall be evaluated at the completion of each rotation by the residents. These evaluations shall be reviewed by the Program Director(s) and maintained on file in the Department of Medical Education. The Program Director(s) shall review each rotation evaluation monthly. The Program Director(s) shall determine the amount of work being required of the residents to ensure that they are not overburdened with routine responsibilities and that they have the opportunity to observe a sufficient variety of cases and to achieve all educational goals and objectives. These evaluations shall be

reviewed with the appropriate individual(s) or departments. These evaluations will be reviewed anonymously with the faculty at reasonable intervals to ensure the resident can speak freely without concern about the possible consequences of giving negative feedback.

EVALUATION OF RESIDENTS/SERVICES

At the completion of each rotation, the appropriate faculty member will evaluate the resident. The evaluation will be maintained on file in the Department of Medical Education and reviewed with the program director at each semi-annual evaluation. The faculty member is expected to review with the resident, face-to-face, at time of evaluation.

The Program Director(s) and the Graduate Medical Education Committee (“GMEC”) shall verify the satisfactory performance of every resident on a semi-annual basis to ensure that educational objectives are being met.

The Program Director(s) shall review resident performance quarterly with each resident unless required more frequently by the specialty affiliate. These reviews shall be documented semi-annually in writing and include performance assessment, recommendations, and acknowledgement by signature of the resident.

The assigned faculty member is responsible for documenting resident deficiencies and attempting to resolve concerns with the residents, including potential remediation for deficiencies.

At the completion of the Program, the Program Director(s) must complete the American Osteopathic Association/Accreditation Council for Graduate Medical Education (“AOA/ACGME”) Program Summary and the Final Resident Assessment for each resident. A copy must be maintained in the resident’s file and forwarded to the AOA/ACGME.

EVALUATION OF THE ROTATIONS/PROGRAM(S)

At the completion of each assigned rotation, the resident will be required to complete a rotation evaluation. These evaluations will be available to each resident on a monthly basis. **The resident will not receive credit for completion of a rotation until all evaluations are completed.** The evaluations are completed in a manner that will ensure resident anonymity to prevent any retaliatory action being taken against the resident. The Program Director will review these evaluations with the faculty in a periodic way in order to ensure that anonymity is protected.

The evaluations completed by residents will be forwarded to the Program Evaluation Committee (“PEC”) to be reviewed by its members semi-annually. The departments will work with the Director of Medical Education/Designated Institutional Official, as well as SBMC administration and departmental sectional chairs, to rectify any ongoing difficulties with rotations. The GMEC and PEC shall evaluate the Program(s) semi-annually. When necessary, the GMEC shall approve or deny affiliations or requests for new programs to be established at SBMC.

REQUIREMENTS FOR ADVANCEMENT

All residents must master general competencies in the Program. These general competencies are:

1. Patient Care;
2. Medical Knowledge;

REQUIREMENTS FOR ADVANCEMENT (CONT'D)

3. Practice Based Learning and Improvement;
4. Systems Based Practice;
5. Professionalism and
6. Interpersonal Skills and Communication.

These competencies are reviewed through faculty evaluation of entrustable professional activities (“EPA”) reflective of resident proficiency via these competencies. These EPAs reflect expected common milestones reached for each area of competency based on level of training and experience of the resident. Specific competency requirements for each PGY level are listed here.

This represents the Program’s overall learning objectives for each level of training in each of the six ACGME Core Competencies: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. These learning objectives are collected for the convenience of our residents and faculty, allowing rapid review of expectations for each training level.

Second-year residents (PGY-2) are expected to achieve all objectives listed for first-year residents (PGY-1) in addition to those listed for the second year.

Third-year residents (PGY-3) are expected to achieve all objectives listed for first-year (PGY-1) and second-year residents (PGY-2) in addition to those listed for the third year.

If there is not an objective listed for the specific program year, the resident is expected to have achieved all objectives listed for any completed program year.

Please note that stated objectives should never limit our achievement expectations. Residents of all training years should strive to continuously improve their competency in the diverse skills of consummate internists. These collected objectives simply guide faculty and resident progress expectations.

I. Patient Care

A. Obtain a medical history

1. PGY-1 residents will:
 - a. acquire accurate and relevant history from the patient in an efficiently customized, prioritized, and hypothesis driven fashion; and
 - b. seek and obtain appropriate, verified, and prioritized data from secondary sources (e.g. family, records, and pharmacy).
2. PGY-2 residents will:
 - a. obtain relevant historical subtleties that inform and prioritize both differential diagnoses and diagnostic plans, including sensitive, complicated, and detailed information that may not often be volunteered by the patient.
3. PGY-3 residents will:
 - a. role model gathering subtle and reliable information from the patient for junior members of the health care team.

- B. Perform a physical examination
 - 1. PGY-1 residents will:
 - a. perform an accurate physical examination that is appropriately targeted to the patient's complaints and medical conditions. Identify pertinent abnormalities using common maneuvers; and
 - b. accurately track changes in physical exam over time in his/her patients.
 - 2. PGY-2 residents will:
 - a. demonstrate and teach how to elicit important physical findings for junior members of the health care team.
 - 3. PGY-3 residents will:
 - a. routinely identify subtle or unusual physical findings that may influence clinical decision making, using advanced maneuvers where applicable.
- C. Clinical Reasoning
 - 1. PGY-1 residents will:
 - a. synthesize all available data, including interview, physical examination, and preliminary laboratory data, to define each patient's central clinical problem;
 - b. develop prioritized differential diagnoses, evidence-based diagnostic and therapeutic plan for common inpatient and ambulatory conditions; and
 - c. formulate a comprehensive problem list for each patient; and
 - d. be subject to a minimum of five mini clinical evaluations conducted by faculty.
 - 2. PGY-2 residents will
 - a. modify problem formulation, differential diagnosis, and care plan based upon the evolution of clinical data over time;
 - 3. PGY-3 residents will:
 - a. recognize disease presentations that deviate from common patterns and that require complex decision making.
- D. Perform invasive procedures
 - 1. PGY-1 residents will:
 - a. appropriately perform five pap smears and endocervical cultures.
 - 2. PGY-2 residents will:
 - a. Appropriately describe indications/contraindications of each procedures listed by the ABIM, and be able to obtain appropriate informed consent for procedures.
 - 3. PGY-3 residents will:
 - a. appropriately perform a minimum of five procedures for each procedure required by the ABIM and provide post-procedure management.
- E. Select and interpret diagnostic tests
 - 1. PGY-1 residents will:
 - a. make appropriate clinical decisions based upon the results of common diagnostic testing, including but not limited to routine blood chemistries, hematologic studies, coagulation tests, arterial blood gases, electrocardiograms, chest radiographs, pulmonary function tests, and urinalysis.
 - 2. PGY-2 residents will:
 - a. make appropriate clinical decisions based upon the results of more advanced diagnostic tests.
 - 3. PGY-3 residents will:
 - a. consider the costs, risks, and benefits when recommending diagnostic tests.

F. Patient management

1. PGY-1 residents will:

- a. recognize situations with a need for urgent or emergent medical care including life threatening conditions;
- b. recognize when to seek additional guidance; and
- c. with supervision, manage patients with common clinical disorders seen in the practice of inpatient internal medicine.

2. PGY-2 residents will:

- a. provide appropriate care for health maintenance and disease prevention;
- b. with supervision, manage patients with common clinical disorders seen in the practice of ambulatory general internal medicine; and
- c. with minimal supervision, manage patients with common and complex clinical disorders seen in the practice of inpatient and ambulatory general internal medicine.

3. PGY-3 residents will:

- a. initiate management and stabilize patients with emergent medical conditions;
- b. manage patients with conditions that require intensive care;
- c. independently manage patients with a broad spectrum of clinical disorders seen in the practice of general internal medicine, including gender-specific diseases;
- d. coordinate the care of patients with complex or rare medical conditions; and
- e. customize care in the context of the patient's preferences and overall health.

G. Consultative care

1. PGY-1 residents will:

- a. Recognize appropriate indications for requesting consultative services.

2. PGY-2 residents will:

- a. provide specific, responsive consultation to other services.

3. PGY-3 residents will:

- a. provide internal medicine consultation for patients with more complex clinical problems requiring detailed risk assessment.

II. Medical Knowledge

A. Knowledge of core content

1. PGY-1 residents will:

- a. understand the relevant pathophysiology and basic science for common medical conditions; and
- b. demonstrate sufficient knowledge to diagnose and treat common conditions that require hospitalization; and
- c. register for USMLE/COMLEX Step 3.

2. PGY-2 residents will:

- a. demonstrate sufficient knowledge to evaluate common ambulatory conditions;
- b. demonstrate sufficient knowledge to diagnose and treat undifferentiated and emergent conditions;
- c. demonstrate sufficient knowledge to provide health maintenance and preventative care; and
- d. demonstrate sufficient knowledge to identify and treat common medical conditions that require intensive care.

3. PGY-3 residents will:
 - a. demonstrate sufficient knowledge to evaluate and coordinate the care of complex medical conditions and multiple coexistent conditions at the level of a board-certified internist; and
 - b. demonstrate sufficient knowledge of socio-behavioral sciences including but not limited to health care economics, medical ethics, and medical education.
 - c. Complete the USMLE/COMLEX Step 3 by June of PGY-3 year.
- B. Knowledge about diagnostic tests
 1. PGY-1 residents will:
 - a. understand indications for and basic interpretation of common diagnostic testing, including but not limited to routine blood chemistries, hematologic studies, coagulation tests, arterial blood gases, ECG, chest radiographs, pulmonary function tests, urinalysis and other body fluids.
 2. PGY-2,3 residents will:
 - a. understand indications for and has basic skills in interpreting more advanced diagnostic tests; and
 - b. understand prior probability and test performance characteristics.

III. Practice-Based Learning and Improvement

- A. Improve the quality of care of a panel of patients
 1. PGY-1,2 residents will:
 - a. appreciate the responsibility to assess and improve care collectively for a panel of patients;
 - b. perform or review audit of a panel of patients using standardized, disease-specific, and evidence-based criteria;
 - c. reflect on audit compared with local or national benchmarks and explore possible explanations for deficiencies, including doctor-related, system-related, and patient-related factors; and
 - d. identify areas in resident's own practice and local system that can be changed to improve effect of the processes and outcomes of care.
 2. PGY-3 residents will:
 - a. engage in a quality improvement intervention.
- B. Ask answerable questions for emerging information needs
 1. PGY-1 residents will:
 - a. identify learning needs (clinical questions) as they emerge in patient care activities.
 2. PGY-2,3 residents will:
 - a. classify and precisely articulate clinical questions; and
 - b. develop a system to track, pursue, and reflect on clinical questions.
- C. Acquire the best advice
 1. PGY-1 residents will:
 - a. access medical information resources to answer clinical questions and library resources to support decision making.
 2. PGY-2 residents will:
 - a. effectively and efficiently search NLM database for original clinical research articles; and

- b. effectively and efficiently search evidence-based summary medical information resources.
 - 3. PGY-3 residents will:
 - a. appraise the quality of medical information resources and select among them based on the characteristics of the clinical question.
 - D. Appraise the evidence
 - 1. PGY-1 residents will:
 - a. with assistance, appraise the validity, importance, and applicability of clinical research papers.
 - 2. PGY-2 residents will:
 - a. with assistance, appraise clinical guideline recommendations for bias.
 - 3. PGY-3 residents will:
 - a. independently appraise clinical guideline recommendations for bias, and;
 - b. appraise the validity, importance, and applicability of clinical research papers.
 - E. Apply the evidence to decision-making for individual patients
 - 1. PGY-1,2 residents will:
 - a. determine if clinical evidence can be generalized to an individual patient.
 - 2. PGY-3 residents will:
 - a. customize clinical evidence for an individual patient;
 - b. communicate risks and benefits of alternatives to patients; and
 - c. integrate clinical evidence, clinical context, and patient preferences into decision making.
 - F. Improve via feedback
 - 1. PGY-1 residents will:
 - a. respond welcomingly and productively to feedback from all members of the health care team including faculty, peer residents, students, nurses, allied health workers, patients and their advocates; and
 - b. actively seek feedback from all members of the health care team.
 - 2. PGY-2 residents will:
 - a. reflect on feedback in developing plans for improvement.
 - 3. PGY-3 residents will:
 - a. calibrate self-assessment with feedback and other external data.
 - G. Improve via self-assessment
 - 1. PGY-1,2 residents will:
 - a. maintain awareness of the situation in the moment, and respond to meet needs.
 - 2. PGY-3 residents will:
 - a. reflect (in action) when surprised, applies new insights to future clinical scenarios, and reflect (on action) back on the process.
 - H. Participate in the education of all members of the health care team
 - 1. PGY-1 residents will:
 - a. actively participate in teaching conferences.
 - 2. PGY-2 residents will:
 - a. integrate teaching, feedback, and evaluation with supervision of interns' and students' patient care.
 - 3. PGY-3 residents will:
 - a. take a leadership role in the education of all members of the health care team.

IV. Interpersonal and Communication Skills

- A. Communicate effectively with patients
 - 1. PGY-1 residents will:
 - a. engage patients/advocates in shared decision-making for uncomplicated diagnostic and therapeutic scenarios;
 - b. utilize patient-centered education strategies; and
 - c. engage patients/advocates in shared decision-making for difficult, ambiguous or controversial scenarios.
 - 2. PGY-2 residents will:
 - a. appropriately counsel patients about the risks and benefits of tests and procedures highlighting cost awareness and resource allocation.
 - 3. PGY-3 residents will:
 - a. role model effective communication skills in challenging situations.
- B. Intercultural sensitivity
 - 1. PGY-1,2 residents will:
 - a. effectively use an interpreter to engage patients in the clinical setting including patient education; and
 - b. demonstrate sensitivity to differences in patients including but not limited to race, culture, gender, sexual orientation, socioeconomic status, literacy, and religious beliefs.
 - 2. PGY-3 residents will:
 - a. actively seek to understand patient differences and views and reflects this in respectful communication and shared decision-making with the patient and the health care team.
- C. Transitions of care
 - 1. PGY-1 residents will:
 - a. effectively communicate with other caregivers in order to maintain appropriate continuity during transitions of care.
 - 2. PGY-2,3 residents will:
 - a. role model and teach effective communication with next caregivers during transition of care.
- D. Interprofessional team
 - 1. PGY-1 residents will:
 - a. deliver appropriate, succinct, hypothesis-driven oral presentations; and
 - b. effectively communicate plan of care to all members of the health care team.
 - 2. PGY-2,3 residents will:
 - a. engage in collaborative communication with all members of the health care team.
- E. Consultation
 - 1. PGY-1 residents will:
 - a. request consultative services in an effective manner.
 - 2. PGY-2,3 residents will:
 - a. clearly communicate the role of consultant to the patient, in support of the primary care relationship.
 - b. communicate consultative recommendations to the referring team in an effective manner.

- F. Health Records
 - 1. PGY-1 residents will:
 - a. provide legible, accurate, complete, and timely written communication that is congruent with medical standards.
 - 2. PGY-2,3 residents will:
 - a. ensure succinct, relevant, and patient-specific written communication.

V. Professionalism

- A. Adhere to basic ethical principles
 - 1. PGY-1 residents will:
 - a. document and report clinical information truthfully;
 - b. follow formal policies; and
 - c. accept personal errors and acknowledge them.
 - 2. PGY-2,3 residents will:
 - a. uphold ethical expectations of research and scholarly activity.
- B. Demonstrate compassion and respect
 - 1. PGY-1 residents will:
 - a. demonstrate empathy and compassion to all;
 - b. demonstrate a commitment to relieve suffering; and
 - c. provide support (physical, psychological, social and spiritual) for dying patients and their families.
 - 2. PGY-2,3 residents will:
 - a. provide leadership for a team that respects patient dignity and autonomy.
- C. Provide timely and constructive feedback
 - 1. PGY-1 residents will:
 - a. communicate constructive feedback to other members of the health care team.
 - 2. PGY-2,3 residents will:
 - a. recognize, respond to and report impairment in colleagues or substandard care.
- D. Maintain accessibility
 - 1. PGY-1 residents will:
 - a. respond promptly and appropriately to clinical responsibilities including calls and pages; and
 - b. carry out timely interactions with colleagues, patients and their designated caregivers.
- E. Recognize conflicts of interest
 - 1. PGY-1 residents will:
 - a. recognize obvious conflicts of interest, such as caring for family and associates as patients.
 - 2. PGY-2,3 residents will:
 - a. maintain ethical relationships with industry; and
 - b. recognize and manage subtler conflicts of interest.
- F. Practice individual patient advocacy
 - 1. PGY-1,2 residents will:
 - a. recognize when it is necessary to advocate for individual patient needs.
 - 2. PGY-3 residents will:
 - a. effectively advocate for individual patient needs.

- G. Comply with public health policies
 - 1. PGY-1,2,3 residents will:
 - a. recognize and take responsibility for situations in which public health supersedes individual health (e.g. reportable infectious diseases).
- H. Demonstrate personal accountability
 - 1. PGY-1 residents will:
 - a. dress and behave appropriately;
 - b. maintain appropriate professional relationships with patients, families and staff;
 - c. ensure prompt completion of clinical, administrative, and curricular tasks;
 - d. recognize the scope of his/her abilities and ask for supervision and assistance appropriately; and
 - e. recognize and address personal, psychological, and physical limitations that may affect professional performance.
 - 2. PGY-2 residents will:
 - a. recognize the need to assist colleagues in the provision of duties.
 - 3. PGY-3 residents will:
 - a. serve as a professional role model for more junior colleagues (e.g. medical students, interns).
- I. Respect the dignity, culture, beliefs, values, and opinions of the patient
 - 1. PGY-1,2 residents will:
 - a. treat patients with dignity, civility and respect, regardless of race, culture, gender, ethnicity, age or socioeconomic status.
 - 2. PGY-3 residents will:
 - a. recognize and manage conflict when patient values differ from their own.
- I. Respect patient confidentiality
 - 1. PGY-1 residents will:
 - a. maintain patient confidentiality.
 - 2. PGY-2,3 residents will:
 - a. educate and hold others accountable for patient confidentiality.
- K. Recognize and address disparities in healthcare
 - 1. PGY-1,2 residents will:
 - a. recognize that disparities exist in health care among populations and that they might impact care of the patient.
 - 2. PGY-3 residents will:
 - a. embrace physicians' role in assisting the public and policy makers in understanding and addressing causes of disparity in disease and suffering; and
 - b. advocate for appropriate allocation of limited health care resources.

VI. Systems-Based Practice

- A. Works effectively within multiple health care settings
 - 1. PGY-1 residents will:
 - a. understand unique roles and services provided by local health care delivery systems.
 - 2. PGY-2 residents will:
 - a. manage and coordinate care and care transitions across multiple health care settings, including ambulatory, subacute, acute, rehabilitation, and skilled nursing.

3. PGY-3 residents will:
 - a. negotiate patient-centered care among multiple care providers.
- B. Works effectively within a team
 1. PGY-1 residents will:
 - a. appreciate roles of a variety of health care providers, including, but not limited to, consultants, therapists, nurses, home care workers, pharmacists, and social workers; and
 - b. work effectively as a member within the interprofessional team to ensure safe patient care;
 2. PGY-2 residents will:
 - a. consider alternative solutions provided by other teammates.
 3. PGY-3 residents will:
 - a. demonstrate how to manage the team by utilizing the skills and coordinating the activities of interprofessional team members.
- C. Effectively contributes to system improvement
 1. PGY-1 residents will:
 - a. recognize system issues that increase the risk for error including barriers to optimal patient care.
 2. PGY-2 residents will:
 - a. identify, reflect upon, and learn from critical incidents such as near misses and preventable medical errors; and
 - b. dialogue with care team members to identify risk for and prevention of medical error.
 3. PGY-3 residents will:
 - a. understand mechanisms for analysis and correction of systems errors;
 - b. demonstrate ability to understand and engage in a system level quality improvement intervention; and
 - c. partner with other health care professionals to identify, propose improvement opportunities within the system.
- D. Identifies forces that impact the cost of health care and advocates for cost-effective care
 1. PGY-1 residents will:
 - a. reflect awareness of common socioeconomic barriers that impact patient care.
 2. PGY-2 residents will:
 - a. understand how cost-benefit analysis is applied to patient care
 3. PGY-3 residents will:
 - a. identify the role of various health care stakeholders including providers, suppliers, financiers, purchasers and consumers and their varied impact on the cost of and access to health care; and
 - b. understand coding and reimbursement principles.
- E. Practices cost-effective care
 1. PGY-1 residents will:
 - a. minimize unnecessary care including tests, procedures, therapies, and ambulatory or hospital encounters.
 2. PGY-2 residents will:
 - a. identify costs for common diagnostic or therapeutic tests; and

- b. demonstrate the incorporation of cost-awareness principles into standard clinical judgments and decision-making.
3. PGY-3 residents will:
 - a. demonstrate the incorporation of cost-awareness principles into complex clinical scenarios.

GENERAL REQUIREMENTS FOR MEDICAL TRAINEES AND RESIDENTS

All residents and medical trainees involved in GME activities, including shadowing, preceptorships, residency/fellowships, or research, are expected to comply with all policies of SBMC. Trainees must meet minimum eligibility requirements in order to engage in GME activities overseen by SBMC. Trainees are expected to adhere to dress code requirements, maintain HIPPA standards, follow social media requirements, and complete documentation in the appropriate timeline, in addition to other duties set forth in policies of SBMC and/or noted in this handbook.

ID BADGES

All residents and medical trainees are required to wear a hospital-issued ID badge which should be conspicuous, facing forward and above the waist. Residents should not wear the hospital-issued ID badge outside of residency activities. In the event of a disaster or emergency, hospital ID badges must be worn in order to gain access to SBMC. The ID badge also provides access to secured areas such as the physician parking lots and entrance(s), resident lounge and physician lounge, as well as computer access at many stations, as appropriate based on trainees' access requirements. Please report any lost or stolen badge immediately to the Human Resources Department. In accordance with SBMC policy, lost badges will be re-issued for a fee.

DRESS CODES

Residents and medical trainees must wear professional attire and present a professional appearance in accordance with the SBMC dress code, which is listed under the Human Resources tab on MissionNet. Male residents are to wear dress shirts and dress pants as well as clean lab coats. Appropriate professional attire for female residents includes dresses, skirts, dress pants, and dress tops with a conservative neckline that does not reveal underwear. Skirts are to be no shorter than two (2) inches above the knee with a modest split. Female residents are also to wear clean lab coats. **NO BLUE JEANS ARE TO BE WORN ON DUTY** by any resident. Sandals, flip-flops, open-toed shoes, beach shoes, etc. are not permitted in accordance with the SBMC Dress Code Policy. On Fridays, polo shirts with approved SBMC logo distributed by the Program may be worn. Scrubs are permitted when on ICU, in surgical areas, ER, or nights **ONLY**, unless prior approval is obtained.

PERSONAL STATUS CHANGES

In order for the Department of Medical Education to maintain up-to-date and accurate records, the resident or medical trainee must notify the Graduate Medical Education Office of changes in personal status including:

- Additions to family;
- Change of address;
- Change of telephone number;
- Change in marital status;

- Death of an immediate family member and
- Board exam scores (COMLEX, USMLE, AOBIM, ABIM) (if applicable).

REQUIREMENTS FOR RESIDENTS

RESIDENT ORIENTATION

All residents are required to attend resident orientation that will take place prior to the start of the Program. This will be two (2) weeks in duration and be held the last part of June. Topics included during this period will be EHR training, BLS/ACLS certification, sim lab, tour, insurance/benefit review, policy manual review, safety training, HIPAA review, and discussion of how to monitor for/manage resident fatigue/burnout.

TB TESTING

Residents must undergo mandatory tuberculin testing (t-spot) and N-95 mask fit testing annually. Residents with a positive TB screen will be required to have a chest X-ray. If the X-ray is negative, he or she may continue working and will be evaluated for possible prophylactic therapy. If the chest X-ray is positive, he or she will be suspended with pay from patient care contact until cleared by a physician to resume patient care activities. **Residents who fail to maintain compliance with yearly TB testing will be suspended without pay until TB testing is complete.**

BLS/ACLS

Valid Basic Life Support/Advanced Cardiac Life Support (“BLS/ACLS”) certification is a requirement for all residents and must be obtained prior to commencement of the Program on July 1. This training will be provided during the orientation activities within the two (2) weeks prior to commencement (orientation is mandatory), regardless of current status of BLS/ACLS certification. Residents must maintain required certification during their course of the Program. It is the responsibility of the resident to seek re-certification when necessary. Ongoing certification required by SBMC shall be provided without cost to the resident. Residents must provide the Department of Medical Education with a copy of their BLS and ACLS cards. There is no grace period for renewal of certification. Failure to maintain certification will result in unpaid suspension until re-certification can be achieved. Residents will be required to make up all days missed due to suspension at the end of the academic year.

LECTURE AND ROTATION ATTENDANCE

Residents are expected to attend all lecture sessions and all scheduled rotation days. The lectures may include (but are not limited to):

- Morning report;
- Safety huddle;
- Grand Rounds (Continuing Medical Education);
- Department meetings on the assigned service;
- Journal clubs;
- ACLS/procedure reviews
- SIM labs here and at NYIT-COM@ASU
- STEMI Conference
- Various committee meetings as assigned by the DME/DIO (i.e., Tumor, Utilization Review, etc.);
- Residents or class meetings;

- Friday didactics;
- EKG review; and
- Morbidity and Mortality.

It is the responsibility of the residents to check the schedule on the New Innovations site on the Internet for a complete listing of all lectures and meetings, as well as Groupwise calendar, as some events will not appear on New Innovations. Any discrepancies between the New Innovations and Groupwise calendars should be reviewed with the Program Coordinator for verification. Attendance will be recorded into New Innovations. All residents in attendance during Friday didactics are expected to submit the post-lecture surveys sent to them via New Innovations in order to allow the Program to obtain feedback and refine its lecture series. A lecture will not be considered attended unless an evaluation form, when assigned, is received.

Residents must maintain an 80% attendance rate through each year of training. At the discretion of the Program, a resident may be prevented from progressing to the next year of training if he or she has not met the attendance rate requirement. Frequent and chronic unexcused absences, or continued tardiness, will result in disciplinary action. Residents should report if services are not facilitating their attendance at lectures so that the Program Director can address the problem and prevent the resident from being subjected to disciplinary action.

Residents are responsible for maintaining records of attendance during their outpatient and elective rotations. If discrepancies are noted between the evaluating physician's report of resident attendance and the resident's report of his/her attendance, and it cannot be rectified, the resident may be required to repeat the month in order to receive credit for the rotation and may be subject to other disciplinary action. The resident will obtain signatures from the attending he/she works with each day in order to provide an easily verifiable attendance record for these rotations. This is particularly helpful in rotations where the resident works with multiple attendings.

ROTATION SCHEDULES

In the event there is a need for change in rotation or call schedule, the request for the change must be submitted in writing for prior approval. Residents should submit the completed request for rotation change form to the clinic manager at least forty-five (45) days prior to the scheduled rotation. Forms are available on New Innovations as well as in the Clinic Manager's office. Approval of the request is at the discretion of the Program Director and will be awarded on a first-come, first served, basis when multiple requests are received for the same day. There are times that block rotations may require unexpected rescheduling. In those instances, every effort will be made to honor previously approved time off. If the PTO request is received after the forty-five (45) day deadline, the resident will be responsible for obtaining coverage for any presentations, morning reports, call shifts, or clinics he/she may have scheduled. Failure to do so will result in denial of the request. Same-day requests are not accepted unless extraordinary circumstances are present.

YEARLY SCHEDULE/OUT ROTATIONS

The Program Director(s), working with the Chief Resident, will develop each resident's yearly block and call schedule. These schedules will be based on the standards and requirements identified in the appropriate Postdoctoral Training Guidelines for the Program. Rotations may occur at other institutions when rotation agreements have been established. Rotations requested at institutions not already part of the Program

will require a minimum of ninety (90) days advance request and approval in order to allow time for processing. Approval of such requests is at the discretion of the Program. In general, rotations at other institutions must be within sixty (60) miles of SBMC and require (1) a supervising physician; (2) inspection by the Program Director or Assistant Program Director; (3) a curriculum ensuring a quality educational experience that cannot be provided at SBMC; (4) regularly scheduled didactic sessions that the resident can attend and (5) a clinical experience that cannot be obtained at a facility already present at St Bernards Healthcare. Examples of possible off-site rotations include transplant medicine or a critical care rotation at a facility that provides oscillatory ventilation or extra-corporeal membrane oxygenation (ECMO), which is not available at SBMC. On rare occasion, a resident may be allowed to do an elective rotation at a non-SBMC facility with services already available at SBMC, but this will be on a case-by-case basis.

CALL SCHEDULES

Call schedules will be implemented for each resident by the Chief Resident, with final approval from the Program Director, in accordance with established guidelines within defined work hour policies. The aim of call is to continue providing quality patient care for the program patients in the hospital setting. It is the responsibility of the resident to review the call schedule when received and immediately notify the Chief Resident if any conflicts are noted. If there is no notification of conflicts within the call schedule within 24 hours of the receipt of the schedule, it will then be the responsibility of the scheduled resident to find a replacement or switch if he/she needs to miss a call shift. Any changes in call schedule must be approved by the Program Director or Program Coordinator to ensure that no violation of duty hours will occur and that appropriate personnel are notified of the switch. A shift change form must be filled out (available on New Innovations) and signed by both parties switching in order to be approved.

Overnight call will be kept to a level that will provide educational experience in triaging and managing acute patient care issues and developing critical thinking skills without overburdening the resident. In general, second year residents will be on call with first year residents. Other first year call shifts will be with the night float resident as their senior supervisor. Supervision for the senior resident will be through either indirect supervision from the hospitalist on service, or oversight from the program faculty with immediate assistance available from the on-site hospitalists and intensivists, should the need arise.

CONTRACTS

Contracts are issued for twelve (12) months and, in general, follow the academic year (July 1 - June 30 of the following year). All residents must have a signed contract in their personnel file. Should a contract extension be necessary due to unforeseen circumstances, such as extension of a PGY year due to remediation, medical leave, or other extenuating circumstances, SBMC may, in its sole discretion, extend the resident's contract for the necessary time.

Appointments for Chief Resident are issued for thirteen (13) months and run from June 1 – June 30 of the following year. This position is by appointment from the Program Director in collaboration with faculty and is offered to one (1) resident per class during their second or third year of the Program, based on whether it is a third or fourth year Chief Resident position. Responsibilities and the selection process are detailed separately from this Handbook.

PROMOTION

Decisions to promote a resident to the next level of training, are made on an annual basis. Each Program Director(s), under advisement from the Clinical Competency Committee (“CCC”), will determine a resident’s fitness for promotion based on the following:

- Rotation evaluations;
- Clinical judgment;
- Clinical knowledge base;
- Competence of clinical procedures;
- Professional maturity and behavior and
- Progression in competency as defined by the AOA/ACGME core competencies.

Additionally, graduation from the program is dependent upon successfully passing COMLEX III or USMLE III.

Residents who do not meet the promotion standards will meet with the respective Program Director(s) and/or designated representative no later than April 1 of the program year. Written notice of intent not to renew a resident agreement will be provided no later than four months prior to the end of the resident's current agreement. However, if the primary reasons for the non-renewal occurs within the four months prior to the end of the agreement, the program will provide the residents with this much written notice of the intent not to renew as the circumstances will reasonably allow, prior to the end of the agreement.

Residents have the right to appeal the decision. This appeal will occur in accordance with the appeal mechanisms outlined in Procedures for Remediation and Adverse Actions, Policy Number 1-8-24-20.

In cases of non-renewal of a resident agreement or termination, the Program Director shall provide the resident with documentation regarding which rotations, if any, were completed satisfactorily. A copy of this letter shall be kept in the resident’s permanent file.

If the resident transfers into another institution’s Training Program(s) of the same specialty, the receiving Program Director(s) will have the authority to determine what will be accepted. Additionally, the transfer shall be in accordance with the respective specialty college’s basic standards and approval.

RESOURCES

MEDICAL LIBRARY

The Medical Library is committed to providing information services to support excellence in patient care, education, and research. The Medical Library at Arkansas State University is available to all residents, employees and staff members. All staff members will have access to the library during published library hours. Residents and faculty will have access to Arkansas State University NYIT-COM Library and Online Library through NYIT-COM.

CONFERENCE ROOMS

Conference rooms are located throughout SBMC and at the resident clinic. Usage of these rooms may be scheduled through the Department of Medical Education.

COMPUTER/INTERNET ACCESS

All residents will be provided access to the computer network and a laptop for use during the Program, which must be returned prior to receiving his/her certificate of completion. This network will allow the residents to access patient lab and diagnostic test results. SBMC computers may be used for business purposes only. Access to online library resources are available. E-mail communications are not considered confidential. Resident searches should be limited to patient care or SBMC business issues. Residents using SBMC's computers for personal reasons may be subject to disciplinary action.

FACULTY RESPONSIBILITIES/SCHOLARLY ACTIVITIES

Faculty members must meet all the basic standards delineated by AOA/ACGME.

- Each full time faculty member is responsible for specific educational, and/or administrative functions within the Program. These functions include the following (full-time, part-time, adjunct);
- Academic curriculum development;
- Research coordination;
- Resident selection and advising;
- Outside rotation coordination;
- Senior topics and
- Resident mentorship.

Faculty must be willing and able to provide instruction to residents at the bedside and in ambulatory settings and coordinate in-patient care schedules for the education of residents. Faculty must be willing and able to provide instruction to residents in clinical and classroom settings. Faculty must participate in periodic faculty development activities. Faculty must be educated in recognizing early fatigue and sleep deprivation. Faculty must alter schedules and counsel residents as needed, while maintaining continuity of patient care. Additionally, faculty members are expected to attend provided faculty development workshops in order to continually develop their mentoring and teaching skills. The requirements of this section apply to the Chief Resident.

PROFESSIONAL BEHAVIOR

Residents are expected to act in a professional manner at all times. Patient confidentiality (HIPAA) and dignity are to be respected at all times. Residents are not to discuss patient cases where others may overhear the conversation. SBMC policies regarding employee conduct must be strictly adhered to.

Residents who fail to demonstrate professional behavior will be subject to disciplinary action including, but not limited to, probation or immediate dismissal. Posting any information related to a patient on the internet is strictly forbidden in accordance with HIPAA regulations.

SUBSTANCE ABUSE POLICY

As a condition of employment, all new residents must agree to submit to random drug testing and/or

reasonable suspicion drug/alcohol testing. Current residents may be randomly selected by computer for drug screening. Prior to residents being requested to submit to testing, residents with substance abuse problems will be given the opportunity to report such behavior to the Nurse Epidemiologist. Every effort will be made to assist these residents in rehabilitation, and to maintain confidentiality. Residents who voluntarily report substance abuse but who do not successfully stop abusing drugs and/or alcohol will be terminated. Residents who do not voluntarily report substance abuse and who test positive for drugs during a random drug screen will be terminated. Further details regarding substance abuse policies and medical marijuana use can be found in the SBMC Employee Handbook.

PROBATION, SUSPENSION, OR DISMISSAL

The position of resident (the term "resident" applies to all PGY levels of residents and fellows) reflects the dual aspects of a physician in post graduate training and a participant in the delivery of patient care. A resident's continuation in the training program is dependent upon satisfactory professional standards in the care of patients. Behavior that reflects poorly on professional standards, ethics, and collegiality are all components of a resident's academic evaluation.

The policy related to resident probation, suspension, and dismissal is found in policy 1-8-24-20.

COMPLAINTS REGARDING DISCRIMINATION

Complaints alleging discrimination or harassment on the basis of race, gender, color, creed, sex, national origin, disability, age, sexual orientation, gender identity, military status, marital status, for engaging in protected activity, or any other status protected by law should be referred to the Human Resources Department for investigation.

RESIGNATION

Residents shall provide a minimum of ninety (90) days' written notice of resignation from a Program. All resignations must be submitted to the Program Director(s), in writing, and include the reason for leaving the Program.

RESIDENT HOURS

Each rotation will establish resident hours and on-call schedules. The schedule must allow time for educational conferences, study periods and meals. The Program must comply with the AOA/ACGME requirements regarding resident learning and working environment, including the eighty (80) hr/week maximum and one to seven ratio (1:7) for days off, on average. PTO is not included when calculating this average.

RESEARCH ACTIVITIES

All residents are expected to participate in scholarly and research activities/projects throughout their training years. Both an original research project and case report project are acceptable. Also acceptable are chapter authoring and editing, as well as poster presentations. All projects must be approved by the SBMC Institutional Review Board and the Program Director prior to the start of all projects. A written report must be submitted, with approval by the Program Director(s) or Assistant Program Director(s). In this context, the definition of "research" is extended to presentation of papers, posters, and research abstracts. Residents must complete scholarly activity as approved by the Program Director prior to graduation.

Residents may not submit any material for publication relating to the Program without the written consent of SBMC. All posters must be approved by the SBMC marketing department prior to presentation.

MEDICAL RECORDS

Charts must be kept current per the SBMC Medical Staff Policy. All orders and progress notes must be timed and dated when written. Residents must sign all orders and progress notes in a manner, which will allow SBMC staff to readily identify the resident's name in case the resident needs to be urgently contacted to clarify the resident's orders. All operative reports should be dictated immediately after the surgical procedure or, if this is not possible, no later than same day as the procedure occurred. Non-compliance with medical records policies of SBMC may result in disciplinary action.

All patient medical records shall be maintained for the benefit of the patients and shall be in the control and custody of SBMC. The medical records shall be available to SBMC and, subject to applicable law, to residents and patients. All patient medical records shall be maintained in accordance with applicable federal and state law, including HIPAA.

HISTORY AND PHYSICALS

The timely completion of the history and physical ("H&P") is the responsibility of the assigned resident.

Residents may perform H&Ps and consultations. It is the responsibility of the resident to discuss their findings with the attending physician.

SBMC utilizes an electronic medical record ("EMR") system. All sections of the record must be completed. Residents completing the exam must sign the related form. If residents are following an osteopathic attending physician, an osteopathic structural exam must be completed on all osteopathic resident patients admitted to SBMC.

Residents are encouraged to complete osteopathic structural exams on those patients under allopathic attending physicians, as well. Findings of the structural exam must be correlated with the patient's presenting complaint in the assessment and plan.

If a patient refuses to have the H&P completed, it is the responsibility of the assigned resident to contact the attending physician and advise him/her of the refusal. The assigned resident should make a notation in the chart that the patient refused to allow the H&P to be performed. If the attending physician is not contacted, the H&P remains the responsibility of the resident to which it was assigned.

DAILY PROGRESS NOTES

Residents will evaluate patients and write daily progress notes when assigned to do so. It is the responsibility of the resident to discuss their findings and treatment plans documented in their progress note with the attending physician on a daily basis. Attending and consulting physicians must make additions and corrections in the daily progress notes and signify these with a signature that includes the date and time of the additions to the medical record.

DAILY ORDERS

Residents may enter daily orders on patients assigned to their service, or their patients that they have evaluated. These orders may be implemented prior to the co-signature of an attending or consulting physician. PGY-1 residents are not to enter orders until these have been approved by their senior resident or attending during their first month on service. Therefore, it is the responsibility of the resident to discuss their orders with the attending or consulting physician. Attending and appropriate consulting physicians may write/enter orders on all patients assigned to teaching services, but this is discouraged, and most, if not all, orders, should be entered by the residents caring for the patient. Orders placed by attendings should be communicated immediately to the resident managing the patient. Residents should notify the appropriate nursing or support staff of orders entered into the EMR System to facilitate timely patient care. Any paper orders, consent forms, etc., must be signed, timed, and dated.

SIGNATURES ON CHARTS/COMPLETION OF CHARTS

Charts are considered incomplete if they are missing signatures, incomplete documentation, incomplete history and physical exams, incomplete operative reports, and incomplete discharge summaries. Residents are expected to check the electronic queue each day of inpatient service to complete assigned charts. Failure to respond to medical record assignments on a regular basis will result in disciplinary action. Discharge summaries must be dictated at the time of discharge. In the event of death, the final progress note must document the circumstance, exact time and preliminary cause of death and resuscitation methods utilized.

All patient education performed must be documented on paper or electronically. The discharge instruction form must be completed and a copy given to the patient or his/her representative. Residents should record facts in an objective, clear and concise manner. Residents should refrain from recording personal criticism, gratuitous comments and bias statements concerning a patient, patient representatives, or other health care providers. Residents should avoid making or recording flippant and unprofessional remarks.

TREATMENT DECISION GUIDELINES

Protocols establishing guidelines regarding treatment of terminally or critically ill patients, resuscitation and orders limiting treatment have been instituted to promote a medically responsible, legal, ethical, and sensitive decision-making process. Residents must follow such protocols as indicated.

CHANGE IN PATIENT CONDITION

It is mandatory that the resident contacts the appropriate attending physician regarding any significant change in a patient condition.

Note: In the event of a patient's death, the resident must immediately contact the attending physician and make a reasonable attempt to notify all other consulting physicians participating in the care of the patient (if the patient dies overnight, they may be notified in the morning). It is also required that the resident verify that the appropriate family members will be contacted regarding the death by either the resident or attending physician. The resident may pronounce a patient dead but cannot fill out the death certificate as certifying physician.

DEATH NOTIFICATION

Upon the death of a resident service patient, the nurse is instructed to call the resident following the patient. After hours, the on-call provider/resident will be notified.

Once notified, the resident must confirm expiration. The following is a checklist of items which must be done:

- Call the attending listed as primary/admitting physician for the patient and notify him/her.
- After discussion with primary/admitting attending, either the primary/admitting attending or resident must call the patient's family member. The resident must confirm with the attending who is contacting family at the time of death.
- A call to the resident's faculty attending must be made.
- Finally, a note documenting all the above so that those reviewing can see all the appropriate steps were taken. The documentation must include preliminary cause of death, date, and time the patient was pronounced, as well as physician exam findings at time of pronouncement that were used to confirm death.

DISCHARGE PROGRESS NOTE

In addition to the discharge summary report, residents are required to enter a brief discharge progress note on all patients to which they have been assigned on the date of discharge.

DISCHARGE SUMMARY

At the time of patient discharge, or death, the resident responsible for discharging the patient must complete a discharge/death summary. Therefore, the resident must enter a progress note on the date of discharge, complete the discharge instruction form, process any prescriptions for patients to take home, and complete discharge summary. The discharge summary is expected to include diagnoses at time of discharge (primary diagnosis listed first) and the status of each condition (i.e., chronic, resolved, improved, unchanged), a brief summary of the hospital stay, condition of patient, discharge disposition, diet, activity, follow-up set up for patient, medications patient instructed to take at discharge, indications for urgent re-evaluation in clinic or ER, and any other home health care/equipment arranged for patient.

DELINQUENT OR INCOMPLETE CHARTS

Residents are required to complete all charts, sign orders, and address outpatient tasks by the end of the day in which they were assigned. If a patient is being admitted to the hospital from clinic, the note must be completed prior to patient's arrival in the hospital. After 24 hours, these items will be considered delinquent by the program. Additionally, the Program Director(s) will be notified of all incomplete medical records following the SBMC Staff Rule on delinquent medical records per SBMC completion requirements, which may differ from the residency requirements. Resident will be notified immediately of any outstanding documentation, and he/she must complete the required documentation within 24 hours of notification. Failure to do so may result in suspension of privileges until documentation is

completed. Repeated or prolonged delays in completion of documentation will result in written warning and then probation/suspension if not resolved.

OCCURRENCE REPORTS/PATIENT SAFETY

If the resident has knowledge of either an actual error or a near miss event with any patient, the resident must promptly complete an "Occurrence Report" but should not refer to the completion of the report in the progress note or in any other portion of the medical record. The resident must also notify the Program Director(s). If the resident is unsure of how to enter the occurrence, he or she may contact the Patient Safety Official, senior resident, or the attending for assistance.

If a patient feels that a patient chart should be reviewed as part of morbidity and mortality review, the resident must notify the attending physician right away, so that the case can be reviewed.

Residents must also report any unsafe conditions to the Program Director(s). The Program Director(s) will ensure that such reports are protected in a manner that is free from reprisal.

PROCEDURES CERTIFICATION

Each program-specific procedure list will identify the number of procedures that the resident must perform under direct supervision to be eligible for certification.

- The resident must complete a procedure form for each procedure performed under direct supervision and observation by someone listed and trained to be competent to perform the procedure. The physician responsible for supervision must sign the completed form.
- The Director of Medical Education/Designated Institutional Official will review and indicate if the form is complete and acceptable.
- Once the resident has performed the appropriate number of procedures in a competent fashion, CCC will notify the appropriate Program Director(s) that the Resident is eligible to be certified to perform the procedure. If the Program Director(s) determine(s) that the resident is not competent to perform the specific procedure without the physical presence of direct supervision, he or she will notify the Director of Medical Education/Designated Institutional Official in writing that the resident is not certified to perform the procedure and the resident will be notified. If the Program Director(s) agrees that the resident is competent then the resident will be certified. This will be reported to the credentialing department at SBMC and the resident will be added to the "cactus" list as credentialed to perform the procedure(s) at SBMC.
- Applicable clinical staff will have access to records or information needed to verify these certifications.

GRADUATION AND DIPLOMAS

Upon the satisfactory completion of all required aspects of the Program, the DIO and Program Director(s) will determine final approval. All graduating residents will receive a graduation certificate from SBMC. Certificates will be distributed to the residents after they have completed a department checkout procedure supervised by the Department of Medical Education.

The checkout will require return of laptop, phones and/or pagers, completion of all evaluations, completion of all documentation for clinic and inpatient services, and exit interview with Program Director, which is listed under "End of Training Checklist."

END OF TRAINING CHECKLIST

All departing residents are required to check out utilizing the following procedure per the Program Coordinator:

- Complete all available medical records and obtain a signature from Medical Records indicating these are done;
- Turn in all keys, badges, and call cell phone;
- Complete all logs and evaluations;
- Complete any paperwork required by the resident's respective college (e.g. annual papers or research); and
- Provide the GME Administrator with a forwarding address.

Upon completion of this process, residents will receive their diplomas. Any clinic tasks that are assigned to the resident after graduation will be reassigned to PGY-2 or PGY-3 residents. Any clinic patients previously assigned to the resident will be reassigned to remaining and/or incoming residents by the Clinic Manager only, not by the departing resident. Requests regarding resident taking over care may be discussed with the clinic manager, but he/she will make the assignment.

APPENDIX: POLICIES

ACCESS TO KNOWLEDGE - LIBRARY SERVICES

Entity: SBHC

Category: Medical Staff

Policy Number: 1-8-24-1

Title: Access to Knowledge-Based Information including Library Services

Department: Graduate Medical Education

SBMC will provide hospital residents and staff access to knowledge-based information. The purpose of such access is to allow residents and members of the staff to acquire and maintain the knowledge and skills necessary to:

1. Maintain and improve competence in order to enhance clinical and management decision making;
2. Provide patients and families with health information;
3. Support performance improvement and patient safety activities and
4. Support the SBMC's educational and research needs.

NYIT-COM at Arkansas State University provides a medical library for faculty, staff and resident use.

UpToDate is a clinical decision support system that helps clinicians throughout the world provide quality patient care. It uses current evidence-based medicine to answer clinical questions quickly and easily at the point of care. This saves clinicians time, improves clinical outcomes and lowers health care costs. UpToDate can be accessed by requesting an account through SBMC IT Department. Mayo Clinic IM review and Yale outpatient curricular resources are available through the Assistant Program Director. Additionally, MKSAP online (and hard copy) are available for use by the residents and faculty of the Program. Also provided is the Sanford Guide application for the resident phone for a quick antibiotic reference.

CALL RESPONSIBILITIES

Entity: SBHC

Category: Medical Staff

Policy Number: 1-8-24-2

Title: Call Responsibilities

Department: Graduate Medical Education

Residents will be scheduled on-call as designated by the Program requirements. The resident must obtain information from the team members at sign-outs using the I-pass system, care for his or her patients overnight and coordinate care with the on-call attending physician. Patient information will be exchanged between teams to ensure proper handoffs and continuity of care. The Program Director or other faculty will occasionally evaluate residents as they perform their patient hand-off to ensure correct use of the I-pass system.

CELL PHONE POLICY

Entity: SBHC

Category: Medical Staff

Policy Number: 1-8-24-3

Title: Cell Phone

Department: Graduate Medical Education

The Graduate Medical Education Office, the attending physician, or other hospital personnel may need to reach the resident while he or she is on duty or off duty. Each resident is encouraged use their residency-issued cellular device as their contact number. It is the resident's responsibility to keep the phone on at all times, even when on an off-site rotation.

It is also the resident's responsibility to ensure that the phone is functioning properly and if not, that alternate means to reach the resident are arranged.

An inpatient service phone will be passed along to the resident on-call at the time of evening hand-off and returned to the residents on the inpatient team at morning hand-off. This inpatient service phone may not leave the hospital at any time, with the exception of didactics at the clinic. Any resident scrubbed in the operating room may not carry a communication device during that time.

Any questions regarding this policy should be directed to the Program Director(s) or Program Coordinator.

CODE PROCEDURE POLICY

Entity: SBHC

Category: Medical Staff

Policy Number: 1-8-24-4

Title: Code Procedure Policy

Department: Graduate Medical Education

In the event of a rapid response or code blue, all residents in-house are expected to attend. However, only a small number of people are needed in the room. One (1) resident will be responsible for running the code. One (1) senior resident shall supervise the other residents and will advise those residents clinically. The senior resident will work in tandem with the attending physician and the critical care nurse to ensure a smooth-running code. The senior resident will also be responsible for assigning any resident responsibilities during the code (no more than three (3) first year residents should be present). The senior resident may instruct other residents to assist during the code, call the primary attending physician (first priority), and then call the family (second priority). The resident running the code will do so from the foot of the bed so that it is clear which resident is running the code. All other residents not involved in the code must remain outside of the room to prevent increased confusion in the room. If the patient is a UAMS AHEC patient, the resident will allow the AHEC resident to assume command of the code upon his/her arrival.

Once the code is completed, residents, nurses, respiratory therapists, and the attending physician should have a debriefing. This debriefing should be an academic review of the code so that the entire team has a beneficial experience and increased educational experience. The ultimate authority in the code situation is the attending physician.

EVALUATION COMPLETION

Entity: SBHC

Category: Medical Staff

Policy Number: 1-8-24-6

Title: Evaluation Completion

Department: Graduate Medical Education

Residents must complete evaluations at the end of each rotation. To ensure compliance with AOA/ACGME standards, the following process must be completed:

- At the end of each rotation, attending physicians will receive an evaluation form through New Innovations to be completed about the resident and his/her performance. These forms are to be completed for review by the Program Coordinator prior to 5:00 p.m. on the second day of the next rotation.
- Residents are to maintain appropriate training logs.
- It is the responsibility of each resident to ensure that his or her monthly evaluations are completed. In the event that a resident is having difficulty obtaining a completed evaluation from their attending physician, they are to contact the Program Director(s) or Assistant Director for assistance.
- Rotation evaluations must be submitted by each resident upon completion of the rotation.
- Peer Evaluations must also be submitted. After two (2) requests by the Medical Education Department, any resident who has not completed this process must meet with the Program Director(s) or Associate Program Director(s).

Any questions regarding this policy should be directed to the Program Director(s) or Associate Program Director(s).

GRADUATE MEDICAL EDUCATION COMMITTEE RESPONSIBILITIES/ROLE OF GMEC (6/2018)

Responsibilities: GMEC responsibilities must include:

I.B.4. a) Oversight of:

- I.B.4.a).(1) the ACGME accreditation status of the Sponsoring Institution and each of its ACGME-accredited programs; (Outcome)
- I.B.4.a).(2) the quality of the GME learning and working environment within the Sponsoring Institution, each of its ACGME-accredited programs, and its participating sites; (Outcome)
- I.B.4.a).(3) the quality of educational experiences in each ACGME-accredited program that lead to measurable achievement of educational outcomes as identified in the ACGME Common and specialty/subspecialty-specific Program Requirements; (Outcome)
- I.B.4.a).(4) the ACGME-accredited program(s)' annual program evaluations and self-studies; and, (Core)
- I.B.4.a).(5) all processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the Sponsoring Institution. (Core)
- I.B.4.a).(6) the provision of summary information of patient safety reports to residents, fellows, faculty members, and other clinical staff members. At a minimum, this oversight must include verification that such summary information is being provided. (detail)

I.B.4.b) Review and approval of:

- I.B.4.b).(1) institutional GME policies and procedures; (Core)
- I.B.4.b).(2) annual recommendations to the Sponsoring Institution's administration regarding resident/fellow stipends and benefits; (Core)
- I.B.4.b).(3) applications for ACGME accreditation of new programs; (Core)
- I.B.4.b).(4) requests for permanent changes in resident/fellow complement; (Core)
- I.B.4.b).(5) major changes in each of its ACGME-accredited programs' structure or duration of education; (Core)
- I.B.4.b).(6) additions and deletions of each of its ACGME-accredited programs' participating sites; (Core)
- I.B.4.b).(7) appointment of new program directors; (Core)
- I.B.4.b).(8) progress reports requested by a Review Committee; (Core)
- I.B.4.b).(9) responses to Clinical Learning Environment Review (CLER) reports; (Core)
- I.B.4.b).(10) requests for exceptions to clinical and educational work hour requirements; (Core)
- I.B.4.b).(11) voluntary withdrawal of ACGME program accreditation; (Core)

GRADUATE MEDICAL EDUCATION COMMITTEE RESPONSIBILITIES/ROLE OF GMEC (6/2018) CONT'D

I.B.4.b).(12) requests for appeal of an adverse action by a Review Committee; and, (Core)

I.B.4.b).(13) appeal presentations to an ACGME Appeals Panel. (Core)

I.B.5. The GMEC must demonstrate effective oversight of the Sponsoring Institution's accreditation through an Annual Institutional Review (AIR). (Outcome)

I.B.5.a) The GMEC must identify institutional performance indicators for the AIR, to include, at a minimum: (Core)

I.B.5.a).(1) the most recent ACGME institutional letter of notification; (Core)

I.B.5.a).(2) results of ACGME surveys of residents/fellows and core faculty members; and, (Core)

I.B.5.a).(3) each of its ACGME-accredited programs' ACGME accreditation information, including accreditation statuses and citations. (Core)

I.B.5.b) The DIO must annually submit a written executive summary of the AIR to the Sponsoring Institution's Governing Body. The written executive summary must include: (Core)

I.B.5.b).(1) a summary of institutional performance on indicators for the AIR; and, (Core)

I.B.5.b).(2) action plans and performance monitoring procedures resulting from the AIR. (Core)

I.B.6. The GMEC must demonstrate effective oversight of underperforming program(s) through a Special Review process. (Core)

I.B.6.a) The Special Review process must include a protocol that: (Core)

I.B.6.a).(1) establishes criteria for identifying underperformance; and, (Core)

I.B.6.a).(2) results in a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes.

RESIDENT FATIGUE

Entity: SBHC

Policy Number: 1-8-24-8

Category: Medical Staff

Title: Resident Fatigue

Department: Graduate Medical Education

PURPOSE

To establish procedures to transfer clinical responsibilities when the resident's fatigue is a potential risk to the patient or others. All residents and faculty must receive annual training on the recognition of resident fatigue and its ability to interfere with residents' performance and patient care. This policy shall be presented during orientation.

POLICY

On an annual basis at the start of each academic year, the Program Director(s) (or designee) shall present a lecture from the American Academy of Sleep Medicine, or similar organization, to all residents and hospital-based faculty. This lecture shall outline the signs of fatigue, strategies to manage fatigue, and if required, the transfer of clinical responsibilities.

Residents must monitor themselves and each other for signs suggestive of fatigue that usually occur after prolonged periods of sleeplessness. This includes:

- Sluggish thought patterns and an inability to concentrate;
- Inability to maintain a wakeful state in the absence of external stimulation;
- Irritability, sudden anger, intolerance;
- Nausea or stomach cramps unassociated with physical illness and
- Tremors, particularly intention tremors while performing delicate procedures.

The resident must stop and secure rest when fatigued. If a resident is sufficiently fatigued to potentially impair his/her ability to perform, the resident must:

- Transfer clinical responsibilities to another resident or to an attending physician and;
- If the resident cannot find another qualified person to assume these responsibilities, the supervising faculty must make arrangements to transfer the resident responsibilities.
- The Program Director(s) or his/her designee must be notified of the transfer of responsibilities.

Supervising faculty must assist with the transfer of clinical responsibilities when a resident has been identified, either by staff, other residents, or the resident himself/herself as being unable to perform due to fatigue and attempts to transfer responsibilities to other residents have been unsuccessful. Residents are instructed to stay in the on-call room if too fatigued to drive home. If the resident is unable to remain on site due to extenuating circumstances until they have rested, the Program will arrange transportation for the resident to get home and return to collect his/her vehicle.

RESIDENT FILES AND RETENTION

Entity: SBHC
Category: Medical Staff
Policy Number: 1-8-24-9
Title: Resident Files and Retention
Department: Graduate Medical Education

Program shall maintain resident files for the purpose of documenting education, training, and competence. The files are separate and independent from the residents' employee file, which is kept according to the SBMC Human Resources policies. The files are available to the resident and selected individuals as described below. Following the completion of training, information shall be maintained by the Program for resident documentation, with copies being distributed to the Director of Medical Education/Designated Institutional Official, and for documentation of the training for outside agencies. The information will be secured in the Graduate Medical Education Office.

Program shall maintain a file concerning each resident. The file shall contain a record of the resident's specific rotations and other training experiences (including training procedures), procedure logs, written evaluations from the faculty and others, the periodic summative evaluations by the Program Director(s) and CCC, any institutional disciplinary actions, and other information concerning the resident that the Program Director(s) judges appropriate to maintain in the file for purposes of evaluation and training, including records required to be maintained by applicable hospital and program requirements of the AOA/ACGME. Final evaluation documentation addressing the entire training experience shall be included.

The file must be kept confidential. It must be maintained in a secure location and will be available only to the Program Director(s), the PEC, designated administrative staff, and other hospital officials with a legitimate need to review the files. The following will be printed on the exterior of each file: "This file contains confidential information. Access to this file and the information contained therein is governed by the Resident Files and Retention Policy".

The Program Director(s) may disclose the file, or portions thereof, to others whom he/she judges have a legitimate need for the information (e.g., for matters relating to the education of the resident, the quality of education in the program(s), or the quality of patient care in the Program) including PEC and GMEC. The Program Director(s) may also disclose the file, or portions thereof, to others as authorized in writing by the resident (excluding Protected Health Information, as defined by HIPAA).

Upon reasonable request, the resident shall have access to his or her file under direct supervision of a designated staff member of SBMC. Upon written request, date stamped copies of monthly evaluations and summative evaluations may be distributed.

Upon completion of a Program, when the resident will be recommended for board certification, only the following information shall be retained by SBMC: the final summative evaluation of the resident, the record of the resident's specific rotations and other training experiences (including training procedures), and a record of any disciplinary actions. SBMC will then maintain the file as a permanent record. The Program Director(s) may exercise his or her discretion to retain other records for which there may be a need. The records will be maintained by the Graduate Medical Education Office.

For residents who do not complete the Program or who complete the Program but will not be recommended for board certification, the entire file shall be maintained as a permanent record.

RESIDENT FILES AND RETENTION CONT'D

Residents who disagree with the information contained in their file may submit a written statement outlining the information he or she believes to be incorrect. The statement shall be maintained in the file. The statement may not exceed 5 sheets of 8 1/2 – inch x 11-inch paper.

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RESIDENT LOG REQUIREMENT

Entity: SBHC
Category: Medical Staff
Policy Number: 1-8-24-10
Title: Resident Log Requirement
Department: Graduate Medical Education

Residents must be familiar with their Program's requirements regarding logs. Questions regarding these requirements should be directed to the appropriate Program Director(s).

At the end of each service, each resident must have completed a log of patient care activity, which will be available to the Program Director(s) for review upon request. If any problems occur during a rotation, the Director of Medical Education/Designated Institutional Official must review the corresponding logs. **Logs must be completed daily.** The resident's training log at an outside training site shall be included in the resident's log at SBMC.

Logs are submitted to the Program Director(s) upon request and shall be reviewed on a *semi-annual basis*. Logs will be available for review and chart audit during site Program reviews. Logs are not only a requirement of SBMC and the AOA/ACGME but are also required to maintain accuracy for requesting future privileges, as well as potential requirements of hospitals or liability insurance carriers to verify areas and levels of training. The Program shall retain the original log in the Resident's file, but residents are advised to permanently maintain copies of all of their logs.

Logs must consist of the following:

- Names of service and dates;
- Case participation history and physical examinations performed, level of participation, record of osteopathic manipulative treatment;
- Procedures and;
- Lectures, clinical pathological conferences, and clinical conferences attended and presented reading (list book, journal, and title of article or scope of reading).

Portions of the information contained in the logs are protected health information, as defined by HIPAA. Protected health information must be secured in a location that cannot be accessed by non-SBMC workforce members. Physical, technical and administrative safeguards must be implemented by residents to protect protected health information. Protected health information maintained by residents must be destroyed in accordance with HIPAA when it is no longer needed. Residents are solely responsible for any HIPAA breach cause by their failure to adequately safeguard protected health information.

If residents have questions concerning HIPAA compliance, they may contact the SBMC Privacy Official.

RESIDENT RESPONSIBILITIES

Entity: SBHC

Category: Medical Staff

Policy Number: 1-8-24-12

Title: Resident Responsibilities

Department: Graduate Medical Education

POLICY

The residents, as individuals, must be aware of their limitations and shall not attempt to provide clinical services or perform procedures for which they are not trained. Residents must know the graduate level of responsibility delineated for their level of training and shall not practice outside of the appropriate scope of service. Each resident is responsible for communicating significant patient care issues to their attending physician. Such communication must be documented in the patient record. Failure to function within the delineated level of responsibility or to communicate significant patient care issues to the responsible attending physician may result in the removal of the resident from patient care activities.

COMMITMENT OF THE RESIDENT

- The resident must acknowledge his or her fundamental obligation as a physician to place the patient's welfare uppermost and hold quality health care and patient safety as his or her primary objective.
- The resident must demonstrate professional values of honesty, compassion, integrity and dependability.
- The resident must adhere to the highest standards of the medical profession and conduct him/herself accordingly in all interactions.
- The resident must demonstrate respect for all patients and members of the healthcare team without regard to gender, race, national origin, religion, economic status, handicap disability or sexual orientation.
- The resident shall learn from his or her involvement in direct patient care and from the guidance provided by faculty and other members of the healthcare team.
- The resident must understand the need for faculty to supervise all of his or her interactions with patients.
- The resident must secure direct assistance from faculty or appropriately experienced residents when confronted with high-risk situations or clinical decisions that exceed his/her confidence or skill level.
- The resident shall accept candid and constructive feedback from faculty and all others who observe his/her performance and shall recognize that objective assessments are indispensable guides to improving his or her skills as a physician.
- The resident shall provide candid and constructive feedback on the performance of other residents, students and faculty. It is the life-long obligation of a physician to participate in peer evaluation and quality improvement.
- The resident shall assist both medical students and other residents in meeting their professional obligations by acting as a teacher and a role model.

RESIDENT TRAVEL POLICY

Entity: SBHC

Category: Medical Staff

Policy Number: 1-8-24-13

Title: Resident Travel Policy

Department: Graduate Medical Education

PURPOSE

It is the policy of the Program to provide funds and educational time for residents to attend educational meetings and required conferences. In accordance with SBMC policy, this procedure must be followed in order to receive approval for funding and educational time, as well as for reimbursement.

APPROVAL

- Only approved meetings and/or conferences shall be reimbursed.
- Travel forms are available from either your Program Coordinator or the Program Director(s).
- Travel forms must first be completed and signed by your Program Director(s). The travel form must then be submitted to the Director of Medical Education/Designated Institutional Official for approval. The Director of Medical Education/Designated Institutional Official reserves the right to deny travel approval.
- The completed travel form and a copy of the meeting brochure must be submitted to the Director of Medical Education/Designated Institutional Official sixty (60) days prior to the departure date. Failure to timely secure approval of travel forms may result in all expenses being disallowed for reimbursement.

TRAVEL ARRANGEMENTS AND REIMBURSEMENT

Upon return, a Travel Expense Reimbursement Form (available New Innovations) must be submitted to the Program Coordinator within twenty-one (21) days. All expense reports must include original plane tickets and all original receipts. Failure to submit receipts will result in the corresponding expenses being deducted from the reimbursement amount. It is a requirement of the IRS that all receipts be turned in.

- Alcohol will not be reimbursed.
- The cost of meals for the resident may be reimbursed, up to \$77/day max. The cost of meals for spouses, children, and guests are not reimbursable.
- Residents may choose to drive instead of fly, but SBMC will only reimburse the lower of the two modes of travel and will only reimburse the cost of tickets for coach fares.
- Car rental is not routinely reimbursed. In order for the cost of a car rental to be reimbursed, there must be a clear indication that a car is necessary for the resident to attend the conference or that a shuttle or taxi is not a cost-effective option for travel between the airport and the hotel.
- In cases where prior approval is given for car rental, the cost will only be reimbursed for the day before and after a conference, as well as the actual conference days. The car rental cost will be reimbursed at the compact rate.
- Hotel rates will be reimbursed at the single person rate only.
- Hotel expenses will only be reimbursed for the day before and the actual dates of the conference.

LEAVE POLICY

Entity: SBHC
Category: Medical Staff
Policy Number: 1-8-24-14
Title: Leave Policy
Department: Graduate Medical Education

PURPOSE

To define guidelines for residents requesting time off from normally scheduled duties.

POLICY

Residents requesting a leave of absence must do so under the corresponding Graduate Medical Education policy in place for the type of leave that the resident is requesting. These policies are available in the Graduate Medical Education Handbook.

Any leave of absence must be in compliance with the AOA/ACGME program requirements concerning the effect of leaves of absence and satisfying the criteria for completion of the Program. A leave of absence resulting in greater than 20 days total (including PTO) will result in extension of a resident's program per ACGME requirements.

The leave of absence must also be in compliance with the eligibility requirements for certification by the appropriate certifying board for the resident's specialty. Program Director(s) will be responsible for assuring that all leaves of absence are granted in accordance with institutional, AOA/ACGME, and certifying board eligibility requirements, and must inform residents in writing of any make-up time required.

GIVING NOTICE OF NEED FOR LEAVE (NOT VACATION OR CME)

When possible, residents are required to give Human Resources and Program Director(s) thirty (30) days' written notice of their expected need for leave. When thirty (30) days' written notice is not possible, the resident must provide written notice as soon as practicable.

MEDICAL RECORDS

Entity: SBHC

Category: Medical Staff

Policy Number: 1-8-24-15

Title: Medical Records

Department: Graduate Medical Education

PURPOSE

To establish an institutional policy regarding the medical records system for the Program within SBMC.

POLICY

The medical record reflects the patient care given at SBMC. The record is the basic tool for planning patient care and for communication between physicians and other persons contributing to patient care. The medical record must document the course of each patient's illness and care and must be available at all times. The medical records system must support the education of residents and quality assurance activities and provide a resource for scholarly activity.

Information regarding the SBMC's medical records system may be found in program manuals. An orientation shall be provided for all incoming residents.

Residents are subject to the SBMC Medical Staff Rule on Delinquent Medical Records.

If a resident is suspended as a result of violating SBMC Medical Staff Rules, the number of days suspended shall be deducted from the number of days of training and may result in a delay in the Program completion or dismissal from the Program.

Residents are responsible for notifying the Program Coordinator when records are completed and suspension is lifted.

RESIDENT IMPAIRMENT

Entity: SBHC
Category: Medical Staff
Policy Number: 1-8-24-16
Title: Resident Impairment
Department: Graduate Medical Education

All residents are subject to the SBMC Medical Staff Rules, Regulation and Bylaws governing impaired practitioners and should reference SBMC Medical Staff Rules and Bylaws.

Any resident who displays signs of impairment, either due to substance abuse or fatigue, may be subjected to drug testing and/or counseling, and he/she will be removed from service until such time as resident is deemed safe to return to his/her duties. This determination will be made by the Program Director either through direct observation of the resident (in cases of fatigue), or with the aid of written recommendation that the resident is fit to return to work from a licensed health care provider overseeing that resident's care (in the case of substance abuse or other medical diagnoses).

SBMC will provide access to confidential consultations to address stress, relationship, and other personal issues residents may face, including anxiety, depression, job pressures, grief and loss, problems with children, and substance abuse, if a resident or faculty member has reported a concern.

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POSTDOCTORAL LEADERSHIP RESPONSIBILITIES

Entity: SBHC

Category: Medical Staff

Policy Number: 1-8-24-17

Title: Postdoctoral Leadership Responsibilities

Department: Graduate Medical Education

DIRECTOR OF MEDICAL EDUCATION/DESIGNATED INSTITUTIONAL OFFICIAL

The Director of Medical Education/Designated Institutional Official shall have the authority, responsibility, resources and protected time for administrative activities and a reporting relationship within SBMC administration for the oversight, administration and accountability of SBMC's Program. The Director of Medical Education/Designated Institutional Official's specific responsibilities include the following:

- Participation in the institutional governance of Program;
- Maintain current knowledge of and compliance with SBMC Program Policies;
- Maintain current knowledge of and compliance with AOA/ACGME Institutional and Program Requirements (www.acgme.org and www.do-online.org);
- Participate in GMEC, subcommittees and Internal Review panels as requested including Program representation at all GMEC meetings;
- Cooperate promptly with requests by the various regulatory bodies for information, documentation, etc.;
- Maintain accurate and complete institutional Graduate Medical Education files in compliance with AOA/ACGME and SBMC records retention policies;
- Oversee educational aspects of the sponsoring institution;
- Ensure that the Program provides an educational curriculum as defined in the AOA/ACGME Program Requirements for the specialty or, if a non-AOA/ACGME accredited Program, periodic review/revision of the educational curriculum;
- Assist Program in identifying dependable measures to assess resident competence in other-areas as defined in the AOA/ACGME Program Requirements for the specialty, and in their use;
- Participate in professional development program for Program Director(s) and teaching faculty;
- Handle AOA/ACGME accreditation matters;
- Maintain current knowledge of and compliance with the AOA/ACGME Manual of Policies and Procedures for Graduate Medical Education Committees (GMEC) (www.acgme.org and www.do-online.org);
- Maintain current knowledge of and compliance with the AOA/ACGME Program Requirements pertaining to sponsored Program;
- Prepare accurate and complete Institutional Review Document prior to institutional site visits;
- Oversee and certify the annual update of AOA/ACGME's Accreditation Data System;
- Serve as a voting member of the GMEC;
- Serve as the Chair of the GMEC for SBMC;
- Monitor, along with the GMEC, the responses by the Program to actions recommended by the GMEC in the internal review process and
- Ensure that there is a designee in the absence of the Director of Medical Education/Designated Institutional Official, reviews and cosigns all Program information forms and any documents or correspondence submitted to the AOA/ACGME by Program Director(s).

There shall be Program Director(s) appointed for each Program with approval by the specialty college. Each Program Director(s) shall have the following specific responsibilities:

- Attend required educational program(s) sponsored by the specialty college for the development of Program Director(s);
- Fulfill the responsibilities of the AOA/ACGME specialty standards;
- Be available to residents and have active clinical practice privileges at SBMC;
- Oversee scheduling, curriculum development, training and evaluation of residents;
- Conduct periodic evaluations of each resident in accordance with specialty requirements;
- Serve on the GMEC;
- Participate in reviewing and selecting candidates;
- Develop training policies and curriculums;
- Develop the training schedule to meet the curriculum requirements, including outside rotations as necessary;
- Counsel residents in academic and/or disciplinary matters;
- Prepare for the on-site Program review;
- Participate in educational activities;
- Assess compliance with resident competencies and skills development requirements;
- Recommend satisfactory Program completion of residents to specialty college;
- Provide the resident with all documents pertaining to the Program requirements and expectations;
- Submit reports and annual reports on each resident to the specialty college as required and
- Participate in the development of the Institutional Core Competency Plan and support education and evaluation in each competency for each resident.

TEACHING FACULTY

Faculty must recognize early signs of fatigue and sleep deprivation in residents, counsel residents and alter residents' schedules, as necessary, while maintaining continuity of patient care.

GRADUATE MEDICAL EDUCATION COMMITTEE

The GMEC shall serve as a standing committee of the staff in reviewing and evaluating the quality of medical and hospital care rendered in conjunction with the Program.

PRESCRIPTION WRITING FOR RESIDENTS

Entity: SBHC

Category: Medical Staff

Policy Number: 1-8-24-18

Title: Prescription Writing for Residents

Department: Graduate Medical Education

Residents are prohibited from writing prescriptions for fellow residents or coworkers unless they are patients in the resident's clinic or hospitalized patients on service.

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PERFORMING PROCEDURES

Entity: SBHC
Category: Medical Staff
Policy Number: 1-8-24-19
Title: Performing Procedures
Department: Graduate Medical Education

POLICY

Residents are classified as "Physicians in Training (Residents)" by the SBMC Medical Staff Rules and Bylaws. As such, their scope of practice is based on the privileges of the attending physician.

PROCEDURE

Each nursing unit shall have access to attending physician privileges. As residents perform supervised procedures, the attending physician must sign off on the resident procedure log. Also, a resident may be supervised by another resident who is authorized by the Program for that particular procedure. Such supervision may be utilized towards the resident procedure log for authorization. However, the actual number of procedures may be modified based upon the residents' prior experience. Once an adequate number of procedures have been supervised, the procedure will be checked off as a procedure the resident may perform without direct supervision. All PGY-1 residents must be observed by a supervising physician for any procedures regardless of competency level per AOA/ACGME requirements.

The Department of Medical Education shall review procedure logs and update the privilege forms for the individual residents. The procedure log for each resident will be updated monthly. The forms shall be reviewed periodically to ensure accuracy.

PROCEDURES FOR REMEDIATION AND ADVERSE ACTIONS

Entity: SBHC
Category: Medical Staff
Policy Number: 1-8-24-20
Title: Procedures for Remediation and Adverse Actions
Department: Graduate Medical Education

PURPOSE

To outline responsibilities, definitions, and procedures related to resident physician remediation and/or adverse actions.

POLICY

SBMC's Program requires that all Program Directors utilize, when necessary, the remediation and/or the adverse action processes set forth in this policy. This policy sets forth the procedures that govern remediation and adverse actions that can be taken against residents. Nothing in this policy abrogates the obligation of the resident to follow the Rules and Regulations of SBMC relating to Residents and/or to patient care matters as set forth by SBMC.

RESPONSIBILITY

The GMEC is responsible for establishment and annual review of this policy. The Program Director(s) is/are responsible for complying with this policy when imposing remediation, probation, or taking adverse actions against residents. The **Designated Institutional Official**, the Vice President of Medical Staff Support and the Vice President of Medical Affairs are responsible for providing advice and guidance in administration of this policy.

TIMEFRAMES

The time frames set forth in this policy are intended to provide a reasonable expeditious resolution of grievances, but a failure to comply strictly within the time set forth shall not confer any additional rights upon the resident.

DRUG TESTING

As part of any evaluation for remediation or adverse action, a resident may be required to submit to drug testing, per the SBMC substance abuse policy.

PROCEDURE FOR REMEDIATION

Remediation is a process to assess and attempt to correct a variety of situations and problems that may affect resident performance. These include, but are not limited to:

- Failure to meet the performance standard of the Program, including, but not limited to, below average clinical knowledge and skills deficits;
- Failure to comply with the policies and procedures of the GMEC, SBMC, or the participating institutions;
- Misconduct that infringes on the principles and guidelines set forth by the Program;

- Reasonably documented professional misconduct or ethical charges against the resident, which bear on his or her fitness to participate in the residency program;
- Poor performance due to anxiety, related perhaps to tests, morning reports, teaching rounds, conferences, etc.;
- The work/life balance;
- Cultural adjustments;
- Interpersonal and communication issues;
- Family concerns;
- Work environment factors, and
- Coping deficits.

Remediation should be initiated at the first sign of deficiency in a resident's academic or professional performance. Remediation requires that the Program Director(s) outline any concerns related to a resident's area(s) of weakness.

A remediation plan should be developed by the Program Director(s). The Program Director(s) may refer the resident to meet with the appropriate medical education staff for professional development. Once the plan is finalized, the Program Director(s) should meet with the resident to review the remediation plan and to explain the reason for remediation and the corrective interventions planned.

A remediation form should be completed with the resident. The remediation form outlines the appropriate plan for improvement of performance. A definitive time frame must be established during which time the resident must show improvement. Both the Program Director(s) and the resident must sign the remediation form. A copy of the remediation form and this policy should be given to the resident. The DIO must also receive a copy of the remediation form.

Remediation periods should generally range from thirty (30) to ninety (90) days, depending on the level of remediation required to improve the resident's performance. During the remediation period, the Program Director(s) and other faculty should closely supervise and frequently evaluate the progress of the resident in the deficient areas documented in the written plan.

After the agreed upon time frame, the Program Director(s) and the resident should meet to evaluate the resident's progress. If the progress is satisfactory, this will be noted in the resident's file, and the resident will continue his/her program(s). If the resident has not made satisfactory progress, the Program Director(s) may elect to extend the remediation (at which time another remediation form should be completed) or to initiate probation or take adverse action.

After the remediation period is completed, the Program Director(s) must meet with the resident to inform the resident that:

- The resident's academic and/or professional performance issues have been resolved satisfactorily;
- The resident's remediation period will continue;
- The resident is being placed on probation and that the resident's continuation in, or reappointment to, the Program is in jeopardy; and/or
- Adverse action other than or in addition to probation is being taken.

Under circumstances deemed appropriate by the Program Director(s) in his/her/their reasonable discretion, it is not necessary to go through the remediation process prior to implementing adverse action.

The resident may not appeal the decision to initiate remediation.

PROCEDURE FOR ADVERSE ACTIONS

The Program Director(s), after providing notification to the **Designated Institutional Official**, may take adverse action against a resident. Adverse actions means:

- Suspension with pay;
- Suspension without pay;
- Termination;
- Withholding of resident credit;
- Withholding permission to take specialty board; and
- Non-renewal of contract.

Action based solely on the resident's violation of medical records policies is not an adverse action unless the resident's violation of the medical records policies result in termination, withholding of credit, withholding of permission to take a board, or nonrenewal of the resident's contract.

Negative performance evaluations and/or remediation plans are not adverse actions unless the negative performance evaluation and/or remediation plan result in termination, withholding of credit, withholding of permission to take a board examination, or nonrenewal of the resident's contract.

Any adverse action taken against a resident, will be a reportable event that the resident and Program must disclose in any subsequent inquires or applications for privileges.

SUSPENSION

A suspension means a period of time in which a resident is not allowed to take part in all or some of the activities of the training program. Time spent on suspension may not be counted toward the completion of the program requirements.

A resident may be suspended from a residency program for reasons including, but not limited to, the following:

- Failure to meet the requirements of probation;
- Failure to meet the performance standards of the residency program;
- Failure to comply with the policies and procedures of the GMEC, SBMC, or the participating institutions;
- Misconduct that infringes on the principles and guidelines set forth by the residency program;
- Documented recurrent failure to complete medical records in a timely and appropriate manner;
- Reasonably documented professional misconduct or ethical charges against a resident, which bear on his or her fitness to participate in the residency program;
- Reasonably documented legal charges against the resident, which bear on his or her fitness to participate in the residency program;
- The resident is deemed an immediate danger to patients, himself or herself, or to others; and;
- The resident fails to comply with the medical licensure laws of the state of Arkansas.

When the resident is suspended, the residency Program Director shall notify the resident with a written statement of suspension to include:

- Reasons for the action;
- Appropriate measures to assure satisfactory resolution of the problems;
- Activities of the program in which the resident may and may not participate;
- The date the suspension becomes effective;

- Consequences of noncompliance with the terms of the suspension; and
- Whether the resident is required to spend additional time in training to compensate for the previous suspension and to be eligible for certification for a full training year.

A copy of the statement of suspension shall be forwarded to the DIO.

During the suspension, the resident will be placed on "administrative leave," with or without pay, as appropriate depending upon the circumstances.

At any time during or after the suspension, the resident may be:

- Reinstated with no qualifications;
- Reinstated on probation;
- Continued on suspension; or
- Subject to termination from the program.

TERMINATION

Termination means the condition in which the resident is directed to leave the Program, with no award of credit for the remainder of the training year, termination of the resident's agreement of appointment, and termination of all association with SBMC, the Program and its participating teaching sites.

Termination from the Program may occur for reasons including, but not limited to, the following:

- Failure to satisfactorily complete the requirements of a probation or suspension;
- Failure to meet the performance standards of the Program;
- Failure to comply with the policies and procedures of the GMEC, SBMC, or the participating institutions;
- Illegal conduct;
- Unethical conduct;
- Performance and behavior, which compromises the welfare of patients, self, or others;
- Failure to comply with the medical licensure laws of the state of Arkansas; and

The Program Director shall contact the Designated Institutional Official and provide the written documentation that led to the proposed action. When the Program Director considers termination, he or she will provide the resident with a written statement to include:

- The reasons for the proposed action; and
- The appropriate measures and timeframe for satisfactory resolution of the problems.

If the situation is not improved within the time frame, the resident will be dismissed.

Immediate dismissal can occur at any time, without prior notification, in instances of gross misconduct (e.g., theft of money or property; physical violence directed at an employee, visitor, or patient; the use of alcohol/drugs while on duty).

When a resident is dismissed, the Program Director shall provide the resident with a written letter of dismissal stating the reason for the action and the date the dismissal becomes effective.

APPEAL PROCEDURES

Adverse actions based on revocation or surrender of an Arkansas State Medical License, federal DEA Drug License, or ECFMG Certificate, or for loss of accreditation of the Program or reduction in the number of positions in the Program by the Residency Review Committee do not entitle the resident to the procedures set forth below.

An employment action taken as a result of any violation of SBMC human resource policies does not entitle a resident to the procedures set forth below.

The Program Director(s) or the Vice President of Medical Affairs may remove or reassign a resident immediately, after consultation with the DIO if, in his/her sole discretion, patient care or welfare would be jeopardized by the continuing presence of the resident. In such cases, the resident is entitled to the procedures set forth below.

An adverse action, as defined in this policy, are subject to Appeal to the Vice President of Medical Affairs and/or a Hearing under the following procedures.

Unless otherwise explicitly stated in the notice of adverse action, adverse actions go into effect immediately upon approval from the DIO.

Notification of suspension, termination, withholding of credit, withholding of permission to take a board examination, or non-renewal of a resident's contract must be given in writing to the resident. The notification should be accompanied by a copy of this policy.

A copy of the notification should be sent to the DIO, the Vice-President of Medical Affairs, and the GME Administrator. The DIO may review the adverse action with the vice president of medical affairs to ensure Saint Bernards Medical Center policies are being followed where appropriate.

Within ten (10) business days from notification of the adverse action, the resident may appeal the adverse action to the Program Director by making a written request. Said request must specify all the reasons the resident disagrees with the adverse action and with the reasons for the adverse action stated in the notification to the resident of the adverse action. The resident's failure to timely appeal the adverse action to the Program Director results in the resident's waiver of his/her ability to further contest the adverse action and the resident will be deemed to have accepted the adverse action.

The Program Director and/or his or her designee will meet with the resident to discuss the resident's position on his or her appeal within ten (10) business days of receipt of the appeal.

The Program Director's decision regarding the appeal should be sent in writing to the resident within five (5) business days after meeting with the resident. In the event the appeal is denied, the resident should be notified in writing that he or she has ten (10) business days from receipt of the notice of denial to appeal to the Vice President of Medical Affairs. The resident's failure to timely appeal results in the resident's waiver of his/her ability to further contest the adverse action and the resident will be deemed to have accepted the adverse action.

If a resident makes a timely appeal to the Vice President of Medical Affairs, this appeal must include the resident's written response to the adverse action as well as a copy of the adverse action being appealed. The Vice President of Medical Affairs, upon receipt of the formal appeal, may elect to review and decide the issue, or the VPMA may refer the issue to the grievance panel for hearing. If the Vice President of

Medical Affairs decides the issue, the decision shall be final, and there shall be no appeal. If the Vice President of Medical Affairs refers the issue to the grievance panel, the grievance will be heard pursuant to the pre-hearing procedures and hearing procedures listed below.

1. Pre-hearing procedures:

1. Selection of the grievance panel: When a grievance is referred to the grievance panel, this panel shall be selected by the Vice President of Medical Affairs from physician faculty of the GMEC as well as other physician faculty who are not members of the GMEC. The grievance panel shall be made up of five (members), but at a minimum, requires three (3).
2. Scheduling of hearing: The hearing will be conducted no later than ten (10) business days after the panel has been selected, unless the Vice President of Medical Affairs determines there is a specific reason why another time must be selected.
3. Representation: The resident and the Program Director may have one (1) person present at the hearing. This person may be an attorney. However, this person may not address the grievance panel, speak on behalf of either party, question witnesses, or otherwise actively participate in the hearing. The grievance panel may also be assisted and advised by Saint Bernards Medical Center counsel at its discretion.
4. Evidence: No later than five (5) business days prior to the hearing, the resident and the respondent shall provide the Vice President of Medical Affairs with all documents to be used and relied upon at the hearing and, also, with the name, address, and telephone number of any representative and witnesses. There will be a simultaneous exchange of this information between the parties, which will be facilitated by the Vice President of Medical Affairs, five (5) business days before the date of the hearing.
5. Information to the grievance panel and election of chairperson: The Vice President of Medical Affairs shall provide the grievance panel with the documents and information submitted by the parties as specified above. The grievance panel chair will be selected by the vice president of medical affairs at that time.

2. Hearing procedure:

1. Record of the hearing: The hearing will be recorded by recording devices supplied by the institution or by a court stenographer, based upon availability. These records shall be maintained for period of four (4) years after resolution of the grievance. The resident or respondent may obtain a copy of these proceedings from any recorded hearing, at the requesting party's expense. The deliberations of the grievance panel will not be recorded.
2. Chairs announcement: At the beginning of the hearing, the chair will announce the date, time, place, and purpose of the hearing and will ask the members of the grievance panel to identify themselves by name and department. The resident and the respondent will then identify themselves by name and department. Finally any representative accompanying the resident or the respondent shall identify himself or herself by name and title. The chair will then give the grievance panel its charge – that is, whether the resident has proven by clear and convincing evidence that the adverse action was arbitrary or capricious, or unsupported by substantial evidence..
3. Private hearing: The hearing shall be conducted in private. Witnesses will not be present during the testimony of any party or other witness. Witnesses will be admitted for testimony only and then asked to leave. The resident and the respondent may be present to question all witnesses testifying before the grievance panel.
4. Presentation of case: The resident and respondent will be afforded reasonable opportunity for oral opening statements, presentation of testimony, and introduction of documentary evidence including sworn, written statements, and closing arguments.

5. Grievance panel rights: The grievance panel shall have the right to question any and all witnesses, to examine documentary evidence presented, to summon other witnesses, and review other documentation the panel deems necessary. The grievance panel chair has the right to limit testimony and presentation of evidence to that which is relevant to the violations alleged and to further limit testimony and other evidence that is cumulative and unnecessary. Rules of Evidence and Civil Procedure do not apply to the hearing.
6. Grievance panel deliberation: After the hearing is concluded, the grievance panel shall convene to deliberate in closed session and arrive at a majority decision. The grievance panel will make its determination based upon the evidence presented at the hearing, which is relevant to the issue before the grievance panel. Only the grievance panel members can be present during deliberations.
7. Transmittal of decision: Within ten (10) business days after the hearing is concluded, the grievance panel will transmit a written copy of its decision to the Vice President of Medical Affairs. The Vice President of Medical Affairs will then mail, by certified mail, a copy of the written document to the resident and respondent at addresses previously provided by the resident and the respondent.

The decision of the grievance panel is final and not appealable.

CONTROLS

The Program Director(s), with oversight and approval from the DIO, will implement and monitor processes related to remediation and adverse actions. Furthermore, the Graduate Medical Education Office will establish controls necessary to monitor consistent application of this policy.

RESPONSIBILITIES TO RESIDENTS

Entity: SBHC
Category: Medical Staff Responsibilities to Residents
Policy Number: 1-8-24-21
Title: Responsibilities to Residents
Department: Graduate Medical Education

SBMC Graduate Medical Education Programs are designed to prepare the residents for the next phase of their professional careers, including advanced residencies, practice, or scholarship.

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SBMC Graduate Medical Education Programs are designed to prepare the residents for the next phase of their professional careers, including advanced residencies, practice, or scholarship. In order to achieve this goal, SBMC shall fulfill the following responsibilities to residents through an organized system of education. SBMC shall ensure that residents have the opportunity to:

- Develop a personal program of learning to foster continued professional growth with guidance from teaching staff;
- Participate in safe, effective, and compassionate patient care, under the supervision of the Program Director(s) and other key faculty, commensurate with their level of advancement and responsibility;
- Participate fully in the educational and scholarly activities of their Program and, as required, assume responsibility for teaching and supervising residents;
- Participate as appropriate in institutional program(s) and medical staff activities and adhere to established practices, procedures, and policies of the participating institutions;
- Serve on appropriate institutional committees whose actions affect their education and/ or patient care and;
- Confidentially review their Program, Program Director(s) and faculty in order to provide the sponsoring Institution feedback at least annually.

REQUEST FOR EXTERNAL ROTATION BY RESIDENTS

Residents may complete some of their elective rotations at other institutions or offices. Residents who wish to exercise this option are to complete the following process:

- Submit a written request at least sixty-five (65) days prior to the start of the rotation.
- This request must have the signatures of the appropriate Program Director(s) as well as the Director of Medical Education/Designated Institutional Official. The Director of Medical Education/Designated Institutional Official reserves the right to deny any rotation request. This form is to be turned in to the Department of Medical Education prior to the start of the rotation.
- A letter of commitment to host elective external rotation must be received from the external rotation institution thirty (30) days prior to rotation.
- It is the responsibility of the residents to notify the Department of Medical Education as to what documents (i.e. license, malpractice, etc.) are required by the guest institution at least thirty (30) days prior to the start of rotation.
- External rotations must have approval in writing by the Director of Medical Education/Designated Institutional Official prior to the start of the rotation.

SCRUBS POLICY

Entity: SBHC

Category: Medical Staff

Policy Number: 1-8-24-23

Title: Scrubs Policy

Department: Graduate Medical Education

Scrubs are only to be worn when on Surgery, ICU, OB, Emergency Room rotations, or night call. Scrubs are not to be worn post call or to non-surgical ambulatory clinics. While rotating on these specific rotations, scrubs can be obtained in the operating room. Doctor's coats must be worn at all times and over scrubs when outside of the operating room area. Shoe covers, or other forms of personal protective equipment are not to be worn outside of the operating room. Used scrubs must be returned in appropriate locker rooms for laundering.

SELECTION OF RESIDENTS

Entity: SBHC

Category: Medical Staff

Department: Graduate Medical Education

Policy Number: 1-8-24-24

Title: Selection of Resident

Resident recruitment and selection shall be done in accordance with the guidelines set forth by the AOA/ACGME.

STORING OF DRUGS IN THE CALL ROOM

Entity: SBHC

Category: Medical Staff

Policy Number: 1-8-24-25

Title: Storing of Drugs in the Call Room

Department: Graduate Medical Education

To protect our residents, as well as our patients, from potentially adverse and dangerous situations, residents are prohibited from storing any pharmaceutical agent in the call rooms.

SUPERVISION OF RESIDENTS

Entity: SBHC
Category: Medical Staff
Policy Number: 1-8-24-26
Title: Supervision of Residents
Department: Graduate Medical Education

POLICY

Supervision shall be provided on a graduated basis as the residents progresses through the Program, based on evaluation of individual knowledge and skill as well as SBMC, Program and specialty college requirements as mandated by ACGME and AOA.

Each patient must have an identifiable and appropriately – credentialed/privileged attending physician (or licensed independent practitioner as specified by the applicable Review Committee) who is responsible and accountable for the patient’s care. This shall be clearly explained to the patient, as well as the role of the resident(s) in his/her care.

All resident supervision must be through either direct supervision, indirect supervision (with direct supervision immediately available via on-site physician, or with attending physician immediately available by phone, although offsite, and available to be present for direct supervision when needed or requested), or oversight. Direct supervision is defined as supervision and care of the patient being done by the resident with the attending physician physically present. Indirect supervision is divided into two (2) categories: indirect with direct supervision immediately available (physician on site for immediate assistance), and indirect supervision with direct supervision available (physician off site but available by phone, or in person if needed). Finally, oversight is defined as attending being available to review encounters or procedures after they have been completed by resident and providing feedback to the resident at that time.

The supervising physician shall determine the activities the residents may perform within the context of the assigned levels of responsibility and be available to the residents. Residents shall have appropriate supervision readily available to them when caring for complex or high acuity patients. Residents shall seek additional consultation when it is clinically indicated, based on their level of training and ACGME/AOA, as well as SBMC policy. Initially, PGY - 1 residents must be supervised either directly, or indirectly with direct supervision immediately available. All procedures must be performed or directly supervised by a credentialed health care provider or physician (i.e., senior Internal Medicine resident who has been credentialed, or an attending who is credentialed). Internal Medicine residents may supervise non-internal medicine residents performing procedures IF he/she is credentialed to perform that procedure at SBMC. Residents may report inadequate supervision to the Program Director(s). The Program Director(s) will protect any reports of inadequate supervision in a manner that is free from reprisal.

ATTENDING PHYSICIANS

All care rendered by residents must be under the general supervision of the attending physician for that patient in accordance with SBMC Staff Rules & Bylaws. The supervising attending physician shall determine the degree of independence that the resident shall be given while making medical care decisions and rendering patient care, within the guidelines established by the ACGME with respect to resident supervision. The attending physician shall enhance the knowledge of the resident and ensure the quality of care delivered to each patient by the resident through observation, consultation and

direction. In addition, the attending physician shall ensure that patient care is delivered in an appropriate, timely, and effective manner.

The attending physician shall document his or her level of supervision using progress notes. The progress notes may be entered into the record by the attending physician or reflected within the resident's progress notes at a frequency appropriate to the patient's condition. The medical record must reflect the degree of involvement of the attending physician, either by the attending physician's progress note, or the resident's description of attending involvement. The resident note shall include the name of the attending physician with whom the case was discussed, as well as a summary of that discussion. In lieu of a formal progress note, the attending physician may choose to countersign and add an addendum to the resident note detailing his/her involvement and supervision.

For outpatients, all new patients to the clinic for which the attending physician is responsible shall be seen by the attending physician through either direct or indirect supervision at time of visit. This supervision must be documented in the chart via a progress note by the attending physician or the resident note and include the name of the attending physician and the nature of the discussion. The care provided to new patients shall be supervised as dictated by the graduated level of responsibility outlined for each discipline. Return patients shall be seen by or discussed with the attending physician at such a frequency as to ensure that the course of treatment is appropriate and effective. Third year residents are the only residents who will be allowed to see clinic patients under oversight type supervision, once approved by attending, and only if they are established patients. The care provided to return patients shall be appropriately documented by the attending physician or resident to reflect the degree of the attending physician's involvement. The documentation must include the date, time, and the signatures of the attending physician and resident.

The attending physician is responsible for notifying residents of official consultations that they are assigned.

When residents are involved in consultation services, the attending physician shall be responsible for supervision of these residents. The level of supervision of residents performing consultations will be determined using the graduate levels of responsibility for the residents. The attending physician must assess each patient who received consultation by a resident and perform their personal evaluation in a timely manner based on the patient's condition. The patients seen in consultation by residents must be discussed and/or reviewed with the attending physician supervising the consultation within the guidelines established in the SBMC Medical Staff Rules and Regulations. The attending physician must document such supervision by writing a progress note or by writing an addendum with his/her concurrence within the consultation note by the close of the next working day.

Emergency room consultations by residents may be supervised by a specialty attending physician and the emergency room attending physician. All emergency room consultations by residents must involve the attending physician supervising the specialty for which the consultation was requested. After the resident has discussed the case with the discipline specific attending physician, the resident may receive direct supervision in the emergency room from the emergency room attending physician. In such cases where the emergency room attending physician is the principle provider of care for the patient's emergency room visit, the specialty specific attending physician's supervision of the consultation should be documented in the medical record by co-signature of the consultation note or be reflected in the resident's consultation note.

The attending physician (or a covering attending physicians) must be readily available to provide guidance for patient care decisions. The attending physician shall review the care provided by the resident during

on-call periods and evaluate such care with the resident.

The attending physician must evaluate the patient in person, confirm the findings of the resident, and review all orders issued by the resident. The attending physician must communicate to the resident the findings, plan of patient care management, and the degree of independence that the resident will be given for this patient's care.

At the time of discharge, the supervising attending physician may delegate some of the discharge planning to the resident. The attending physician will review any discharge documents produced by the resident.

While the principal documents of a hospital stay may be prepared by the resident, the completeness of the documents must be reviewed and countersigned by the supervising attending for completeness.

RESIDENTS

Residents may:

- Perform a history and physical examination;
- Develop an assessment and plan;
- Perform rounds and record progress notes;
- Enter orders under the general supervision of the attending;
- Perform procedures under the general supervision of the attending
 - if the procedure is indicated,
 - appropriate consent has been obtained, and
 - the Resident has been granted written authorization to perform the procedure;
- Provide patient education; and
- Assist in surgery.

In urgent or emergency situations, if the supervising attending is not immediately available, the resident shall discuss the patient care with the on-call attending.

GRADUATE LEVELS OF RESPONSIBILITY

Each program will be structured to encourage and permit residents to assume increasing levels of responsibility commensurate with their individual progress in experience, skill, knowledge, and judgment following the SBMC Medical Staff Rules & Bylaws, as well as the ACGME/AOA policies regarding supervision.

During the performance of such procedures, an attending physician shall provide an appropriate level of direct supervision. The attending physician shall determine the level of supervision appropriate for each resident. The attending physician shall take into account each resident's experience and competency and the complexity of the case. This supervision will range from direct supervision to oversight in accordance with ACGME/AOA guidelines, based upon the resident's level of competence and the complexity of the care and/or patient in order to ensure that the resident has appropriate supervision and assistance available.

EMERGENCY SITUATION

In case of an emergency in which serious permanent harm or aggravation of an injury or disease is eminent, or in which the life of a patient is in immediate danger and any delay in administering treatment could add to that danger, the resident shall follow SBMC Medical Staff Bylaws on Emergency Credentialing.

WORK HOURS POLICY

Entity: SBHC
Category: Medical Staff
Policy Number: 1-8-24-27
Title: Work Hours Policy
Department: Graduate Medical Education

PURPOSE

To define work hour limits for Residents.

POLICY

SBMC strictly adheres to the AOA/ACGME work hours policy. In general, work hours shall be set and regulated by the assigned service. However, unless otherwise directed, the workday is expected to start at 7:00 a.m. with attendance at the morning report or clinical rounds and end at 5:00 p.m. or when work on the service is completed. On certain rotations there may be call requirements. Residents will be required to sign a "Work Hours Compliance Attestation" during resident orientation and yearly thereafter, indicating that the resident has received the work hour policy and agrees to abide by its requirements

Residents shall not be assigned to work in excess of eighty-hours (80) per week, averaged over a four (4) week period, inclusive of in-house night call. No exceptions to this policy shall be permitted.

Residents assigned to emergency medicine shall not work in excess of twelve (12) hours per shift (including attendance at required didactic activities), with no more than thirty (30) additional minutes allowed for transfer of care. Any time exceeding the thirty (30) additional minutes shall be reported to Director of Medical Education/Designated Institutional Official and Program Director(s) for review by the GMEC for monitoring individual residents and the Program.

All residents will be scheduled for a minimum one (1) day in seven (7) free of clinical work and required education when averaged over a four (4) week period. At-home call cannot be assigned on these free days.

Residents shall not be assigned to more than twenty-four (24) hours of continuous duty. Up to four (4) hours additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or patient education. Additional patient care responsibilities must not be assigned to a resident during this time.

Residents shall not be allowed to assume responsibility for a new patient or any new clinical activity after working for twenty-four (24) consecutive hours.

Residents must be allowed a minimum of fourteen (14) hours off duty upon the conclusion of twenty-four (24) hours of continuous duty. Upon completing a duty period of at least twelve (12) hours but less than twenty-four (24) hours, a minimum period of eight (8) hours off must be provided. Residents will not be assigned to call more than every third night, inclusive of call from home, averaged over a four (4) week period. Home call must satisfy the requirement for time off and any time spent returning to the hospital must be included in the eighty (80) hours maximum limit.

All off-duty time must be totally free from clinical, on-call and educational activity. In cases where a

resident is engaged in patient responsibility which cannot be interrupted at the duty hour limits, additional coverage shall be assigned as soon as possible by the attending staff to relieve the resident involved. Patient care responsibility is not precluded by the duty hours policy. At the resident's request, SBMC shall provide sleep facilities if the resident is too fatigued at shift conclusion to safely drive home.

The Program Director(s) will review residents' call schedules monthly to ensure that the schedules do not violate the work hour policy. Each resident will be required to complete a work hour survey on a bi-monthly basis. The GMEC will review resident duty hours quarterly.

Moonlighting by PGY-1 is strictly prohibited. Moonlighting must be approved by Program Director(s). Only residents with exceptional scores on in-service exam(s), timely completion of documentation requirements, and completion of required procedures will be considered for moonlighting. If a resident chooses to moonlight and is approved, he/she must provide his or her own malpractice insurance for that work. Additionally, at SBMC, internal medicine residents are only allowed to moonlight in the ER.

HIPAA

Entity: SBHC

Policy Number: 1-8-24-28

Category: Medical Staff

Title: HIPAA

Department: Graduate Medical Education

All Programs at SBMC must abide by and be held to the standards and requirements set forth by HIPAA. Any HIPAA infractions will be immediately addressed with the associated Program Director(s), Director of Medical Education/Designated Institutional Official, and the St. Bernards Corporate Compliance Official. For more details please contact the St. Bernards Privacy Official.

VENDOR RELATIONS

Entity: SBHC

Policy Number: 1-8-24-28

Category: Medical Staff

Title: Vendor Relations

Department: Graduate Medical Education

While partnerships between industry and physicians may further mutual interests to improve clinical management of diseases and improve patient care, some relationships with vendors may create actual or perceived conflicts of interest for residents. A conflict of interest occurs when reasonable observers could conclude that professional requirements of a resident's roles are or will be compromised due to the influence by a vendor through gifts or services unrelated to the benefit of patients.

Program Director(s) must be aware of and discuss with residents any interactions with representatives from vendors to ensure that any contacts are within the scope and spirit of the Program goals and objectives.

GRADUATE MEDICAL EDUCATION HANDBOOK
ACKNOWLEDGMENT

All Residents are required on an annual basis, to attest to the following:

I hereby acknowledge that I have been given the opportunity to review and state that I understand the contents of the Graduate Medical Education Handbook (“Handbook”). I further acknowledge that I have been given the opportunity to ask questions concerning its contents. I state that I will be cooperative in complying with the rules and policies set forth herein. I understand that revisions may be made to the Handbook at any time and I will abide by those revisions. I acknowledge that I have been notified of where the Handbook is located, and it is my responsibility to access the Handbook to view any updates.

Post Graduate Resident Signature/Date

Post Graduate Resident (Print Name)

Program Director/Date

Director of Medical Education/Designated Institutional Official/Date