



Boonshoft
School of Medicine

WRIGHT STATE UNIVERSITY

Graduate Medical Education
Policies & Procedures

**Wright State University Boonshoft School of Medicine
Sponsored Graduate Medical Education Programs
Resident Manual**

Bi-Annual Review by:

- The Associate Dean of Faculty and Clinical Affairs / Designated Institutional Official
- The Graduate Medical Education Committee Chair
- The Administrative Director for GME
- The Director of Patient Safety and Quality Improvement for GME

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Statement of Commitment to Graduate Medical Education
Wright State University
Boonshoft School of Medicine

The Wright State University Boonshoft School of Medicine is committed to Graduate Medical Education as central to its mission of educating physicians to practice in the 21st century.

To that end we will provide:

- Faculty and staff to provide high quality instructional experiences,
- Financial resources to support robust residencies and fellowship programs,
- Facilities and learning environments to promote excellent educational activities,
- Opportunities to participate in research and become lifelong learners,
- Skill acquisition to practice patient safety and quality improvement at the highest level,
- A curriculum that produces physicians who will deliver compassionate care of the whole individual.

The Boonshoft School of Medicine will support a Graduate Medical Education Office, Graduation Medical Education Committee and a Designated Institutional Official (DIO) to lead the institution in accordance with the standards and requirements of the Accreditation Council on Graduate Medical Education (ACGME).

2/8/2018 – Review and approved by the WSUBSOM Executive Committee

Item 101: Introduction

Revised April 2002; Updated July 2010; March 2018

The Wright State University Boonshoft School of Medicine, hereafter referred to as the "WSU BSOM", is committed to excellence in both education and medical care. As a sponsoring institution for graduate medical education, the WSUBSOM is responsible for providing an organized educational program with guidance and supervision of the residents and fellows, hereby denoted as "residents," facilitating the resident's ethical, professional and personal development while ensuring safe and appropriate care for patients.

As the parent institution for sponsored residency and fellowship programs, the WSUBSOM is responsible for administration, monitoring quality and assuring compliance with accreditation requirements, and appointing the program director of each medical specialty. Each program has a fiscal agent which is responsible for employing the civilian residents in a program. Military residents are employed by the United States Airforce, (USAF).

Activities of the residents in the hospitals are coordinated through the departments of medical education of the respective hospitals and the WSU BSOM. Employing fiscal agents are responsible for all salary and fringe benefits.

WSU BSOM operates graduate medical education programs in cooperation with its affiliated teaching hospitals and other health care institutions, hereafter referred to as "Hospitals." Physicians selected as participants in the program are offered an educational experience approved by the Accreditation Council on Graduate Medical Education, (ACGME) and shall be designated as "Residents."

The policies in this manual apply to residency programs sponsored by the WSU BSOM.

Item 102: Principles of Medical Ethics / Resident Interactions with Vendors

Updated: March 2009; Reviewed March 2018

The medical profession has long subscribed to a body of ethical statements developed primarily for the benefit of the patient. As a member of this profession, a physician must recognize responsibility to patients first and foremost, as well as to society, to other health professionals, and to self. The following Principles adopted by the American Medical Association, (AMA) are not laws, but standards of conduct which define the essentials of honorable behavior for the physician.

Principles of Medical Ethics

1. A physician shall be dedicated to providing competent medical care, with compassion and respect for human dignity and rights.
2. A physician shall uphold the standards of professionalism, be honest in all professional interactions, and strive to report physicians deficient in character or competence, or engaging in fraud or deception, to appropriate entities.
3. A physician shall respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interests of the patient.
4. A physician shall respect the rights of patients, colleagues, and other health professionals, and shall safeguard patient confidences and privacy within the constraints of the law.
5. A physician shall continue to study, apply, and advance scientific knowledge, maintain a commitment to medical education, make relevant information available to patients, colleagues, and the public, obtain consultation, and use the talents of other health professionals when indicated.
6. A physician shall, in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical care.
7. A physician shall recognize a responsibility to participate in activities contributing to the improvement of the community and the betterment of public health.
8. A physician shall, while caring for a patient, regard responsibility to the patient as paramount.
9. A physician shall support access to medical care for all people.

Adopted by the AMA's House of Delegates June 17, 2001.

Used by permission from the American Medical Association. The above information is from the AMA's Code of Medical Ethics Web site.

Resident Interactions with Vendors and Industry

Physicians' first obligation is to the patient over all other considerations. Physicians must identify and minimize conflicts of interest that may be at odds with the best interest of patients. Interactions with vendors are fraught with such potential conflicts of interest.

The WSU BSOM policy defines the ethical standards that will be expected of the WSU BSOM and its administrators, faculty, and staff when interacting with pharmaceutical companies and medical device manufacturers. Resident physicians are also expected to follow these standards. See Policy 20: Pharmaceutical/Medical Device Industry Conflict of Interest Policy (<http://www.med.wright.edu/fca/policy/policy20.html>)

Item 103: Graduate Medical Education Committee

Revised: July 2010; March 2018

The WSUBSOM Graduate Medical Education Committee (GMEC) is responsible for oversight, monitoring, advising on all aspects of each residency and fellowship education program, including the learning and working environment at all participating sites. Voting membership is comprised of the program directors from sponsored and affiliated GME programs, the directors of medical education of teaching hospitals, the associate dean for faculty and clinical affairs (designated institutional official), the director of patient safety and quality improvement for GME, the administrative director of GME, and two resident representatives nominated and elected by their peers. The GMEC and GMEC Executive Committee meet on the fourth Thursday of each month.

The responsibilities of the GMEC include:

- a. review and approve institutional GME policies and procedures that affect all programs regarding the quality of education and the work environment for the residents in each program that lead to measurable achievement outcomes as identified in the ACGME Institutional Requirements and the Common and/specialty/subspecialty-specific Program Requirements;
- b. annual institutional evaluation and improvement system of training residents and fellows by providing a collaborative environment for the member institutions to share information and expertise through the Annual Institutional Review (AIR) conducted by the Institutional Review Subcommittee;
- c. assurance that each program establishes and implements written criteria and processes for the selection, evaluation, promotion, and dismissal of residents in compliance with ACGME Requirements as well as WSU, DAGMEC and fiscal agent policies;
- d. provides oversight of the ACGME Clinical Learning Environment Review (CLER) process and reviews responses to CLER reports;
- e. assurance of an educational environment in which residents may raise and resolve issues without fear of intimidation or retaliation;
- f. monitoring of the programs in establishing an appropriate work environment and the duty hours of residents, including requests for exceptions to the duty hour rule.
- g. assurance that the residents' curriculum provides a regular review of ethical, socioeconomic, medical/legal, and cost-containment issues that affect GME and medical practice;
- h. promotion of resident participation in scholarly activity, including quality and patient safety;
- i. annual review of resident/fellows stipends and benefits;
- j. all processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the Sponsoring Institution;
- k. review and approve all applications for ACGME accreditation of new programs;
- l. review and approve requests for permanent changes in resident/fellow complement; major changes in each of the ACGME-accredited programs' structure or duration of education;
- m. review and approve voluntary withdrawal

- n. review and approve progress reports requested by a Review Committee;
- o. review and approve requests for appeal of adverse actions by a Review Committee and appeal presentations to an ACGME Appeals Panel;
- p. review and approve additions and deletions of participating sites;
- q. review and approve appointment of new program directors; and
- r. review and approve the Annual Institutional Report developed by the DIO and presented to the WSUBSOM Executive Committee.

Item 104: Teaching Hospitals List

Revised December 2001; Reviewed March 2018

Dayton Children's Hospital (DCH)

One Children's Plaza
Dayton, OH 45404
Medical Education Office: (937) 641-3433

Kettering Medical Center (KMC)

3535 Southern Boulevard
Kettering, OH 45429
Medical Education Office: (937) 395-8609

Miami Valley Hospital (MVH)

One Wyoming Street
Dayton, OH 45409
Medical Education Office: (937) 208-2855

Department of Veterans Affairs Medical Center (VAMC)

4100 West Third Street
Dayton, OH 45428
Medical Education Office: (937) 262-3375

Wright-Patterson Air force Base Medical Center (WPMC)

88th Medical Group/SGHT
4881 Sugar Maple Drive
Wright-Patterson AFB, OH 45433-5529
Graduate Medical Education Office: (937) 257-8705

Sycamore Medical Center

4000 Miamisburg-Centerville Rd.
Miamisburg, Ohio 45342
937-866-0551
Graduate Medical Education Office at KMC: (937) 395-8609

Item 105: Residency Education Programs, Directors, and Sites

Revised June 2014; March 2018; November 2018

Residencies

Program Directors

WRIGHT STATE UNIVERSITY SPONSORED PROGRAMS

Child and Adolescent Psychiatry	Ryan Mast, MD
Dermatology	Julian Trevino, MD
Emergency Medicine	Michael Ballester, MD
Emergency Medicine Fellowship – Sports Medicine	James Tytko, MD
Family Medicine	Peter Reynolds, MD
Family Medicine Fellowship – Geriatric Medicine	Steven Swedlund, MD
Family Medicine Fellowship - Hospice and Palliative Care	Daniel Swagerty, MD
General Surgery	Rebecca Tuttle, MD
Internal Medicine	Glen Solomon, MD
Internal Medicine Fellowship – Cardiovascular Disease	Abdul Wase, MD
Internal Medicine Fellowship – Gastroenterology	Sangeeta Agrawal, MBBS
Internal Medicine Fellowship – Hematology/Oncology	Howard Gross, MD
Internal Medicine Fellowship – Infectious Disease	Steven Burdette, MD
Neurology	Bradley Jacobs, MD
Obstetrics/Gynecology	Ted Talbot, MD
Orthopedic Surgery	Anil Krishnamurthy, MD
Orthopedic Trauma Fellowship	Michael Prayson, MD
Pediatrics	Ann Burke, MD
Plastic Surgery	R. Michael Johnson, MD
Psychiatry	Randon Welton, MD
Surgical Acute Care Fellowship	Mbaga Walusimbi, MD
Surgical Critical Care Fellowship	Mbaga Walusimbi, MD

AFFILIATED PROGRAMS

Internal Medicine	Lyndetta Schwartz, MD
Internal Medicine Fellowship - Cardiovascular	Harvey Hahn, MD
Transitional Year	John Shrader, MD

Item 106: Special Review for Underperforming Programs

Revised March 2018

PURPOSE: To ensure effective oversight of underperforming Graduate Medical Education programs by the Sponsoring Institution via the Designated Institutional Official and the Graduate Medical Education Committee. Specifically, this policy will (1) establish criteria for identifying underperformance and (2) address the procedure to be utilized when a residency/fellowship program undergoes a Special Review.

PROCESS: The GMEC provides oversight of the WSUBSOM's program and institutional accreditation through the Institutional Review Subcommittee. This subcommittee meets annually to review information relevant to the programs' performance based on metrics established by the GMEC to identify underperforming programs requiring Special Review and outlined in the Special Review for Under Performing Programs Policy. This subcommittee works with programs to develop plans for improvement and methods for follow up to track progress. The members of this committee include at least three members of the GMEC, a resident representative, DIO, GME Administrative Director, and GME Director, Patient Safety and Quality. Below is the metrics established by the GMEC to evaluate the program's effectiveness.

Criteria for Identifying Underperformance:

Underperformance by a program can be identified through a wide range of mechanisms. These may include, but are not limited to:

- Deviations from expected results in standard performance indicators:
 - Scholarly Activity
 - Board Pass Rate
 - Resident Survey
- Communications about or complaints against a program indicating potential egregious or substantive noncompliance with the ACGME Common, specialty/subspecialty-specific Program, and/or Institutional Requirements; or noncompliance with institutional policy;
- A program's inability to demonstrate success in any of the following focus areas:
 - Integration of residents/fellows into institution's Patient Safety Programs;
 - Integration of residents/fellows into institution's Quality Improvement Programs and efforts to reduce Disparities in Health Care Delivery;
 - Establishment and implementation of Supervision policies;
 - Transitions in Care;
 - Duty hours policy and/or fatigue management and mitigation; and
 - Education and monitoring of Professionalism
- Self-report by a Program Director or Department Chair.
- During the Annual Institutional Review (AIR) the Subcommittee will review the following criteria to specifically identify underperforming programs, including
 - Specific Resident Survey Questions
 - Duty Hours – all questions = 1 flag
 - Other Questions = 1 flag
 - Faculty – Faculty and staff interested
 - Faculty and staff create environment of inquiry
 - Educational Content – Education (not) compromised by service
 - Evaluations = 1 flag
 - 5-year Board Pass Rate – less than 80% = 1 flag
 - Faculty Scholarly Activity – Majority of program Core Faculty should have reported some scholarly activity = 1 flag
 - RRC Citations - Two new or unresolved citations = Automatic Special Review
 - RRC Areas of Concern = Automatic Special Review

- Programs with 4 or more flags are concerned Underperforming Programs and will undergo a Special Review. Programs with 3 flags are considered of concern and should provide an action plan to this committee for review and to determine if further action is needed.

PROCEDURE:

Designation: When a residency/fellowship program is deemed to have met the established criteria for designation as an underperforming program, the DIO and Chair of the GMEC shall determine the process for the Special Review, necessary follow-up and tracking. All recommended actions will be reported to the GMEC, with follow-up to the program, and tracked for progress, including reporting/updating in WebAds.

The DIO and GMEC Chair may use the following elements to determine next steps:

- interviews with the Program Director;
- interviews with Residents/Fellows;
- interviews with Faculty; and/or
- Addition data collection to determine.

If the DIO and GMEC Chair determine a Special Review Panel is warranted, the process below will be followed.

Special Review Panel

1. Each **Special Review** shall be conducted by a panel including at least one member of the GMEC who shall serve as Chair of the panel, one additional faculty member from within the School of Medicine, and one resident/fellow. Additional reviewers may be included on the panel as determined by the DIO/GMEC. Panel members shall be from within the Sponsoring Institution but shall not be from the program being reviewed or, if applicable, from its affiliated subspecialty programs.
2. **Preparation for the Special Review:** The Chair of the Special Review panel, in consultation with the DIO/GMEC and/or other persons as appropriate, shall identify the specific concerns that are to be reviewed as part of the Special review process. Concerns may range from those that broadly encompass the entire operation of the program to single, specific areas of interest. Based on identified concerns, the program being reviewed may be asked to submit documentation prior to the actual Special Review that will help the panel gain clarity in its understanding of the identified concerns.
3. **The Special Review:** Materials and data to be used in the review process shall include
 - the ACGME Common, specialty/subspecialty-specific Program, and Institutional Requirements in effect at the time of the review;
 - accreditation letters of notification from the most recent ACGME reviews and progress reports sent to the respective RRC;
 - reports from previous internal reviews of the program (if applicable);
 - previous annual program evaluations;
 - results from internal or external resident surveys, if available; and,
 - any other materials the Special Review panel considers necessary and appropriate.

Item 201: Residents - Selection

Revised January 2002; Reviewed July 2010; March 2018

Applicants with one of the following qualifications are eligible for appointment to WSU BSOM sponsored programs:

- a. Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).
- b. Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA).
- c. Graduates of medical schools outside the United States and Canada who meet one of the following qualifications:
 - Have received a currently valid certificate from the Educational Commission for Foreign Medical Graduates; and
 - Have graduated from medical school within ten (10) years.
- d. Graduates of medical schools outside the United States who have completed a Fifth Pathway program provided by an LCME-accredited medical school.

Programs will select from among eligible applicants on the basis of their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity. Programs will not discriminate with regard to sex, race, age, religion, color, national origin, disability, or veteran status.

In selecting from among qualified applicants, WSU BSOM sponsored programs participate in the National Resident Matching Program (NRMP), and Armed Forces Selection Boards whenever available and applicable. All selections are made by the program director in collaboration with the teaching faculty.

Item 203: Residents - Goals and Responsibilities

Revised January 2002; July 2010; March 2018

The qualities of an effective physician include professional attitudes and interaction with peers, teachers, patients, and other members of the health care team. In addition to excellence in cognitive and performance aptitudes, residents are expected to develop and display impeccable professional attitudes and behaviors that meet the needs and expectations of the community and the medical profession.

Residents should view these responsibilities from three distinct but overlapping perspectives:

- as a physician for patient care,
- as a program trainee to the attending physicians and to the administrations of sponsoring hospitals and the WSU BSOM, and
- as a physician to the community and to society in general.

As enumerated in the WSUBSOM Graduate Medical Education Agreement, residents agree to:

- develop a personal program of self-study and professional growth.
- participate in safe, effective, and compassionate patient care under supervision, commensurate with his or her level of responsibility.
- participate fully in the educational activities of his or her program and, as required, assume responsibility for teaching and supervising other fellows, residents, and students.
- participate in institutional activities involving the hospital medical staff and adhere to established practices of the institutions.
- participate in institutional committees, especially those that relate to patient care review activities.
- apply cost containment measures in the provision of patient care.
- obtain a training certificate to practice medicine and a permanent license as required in the Resident and Fellow Manual.
- conform to all policies as set forth in the Resident and Fellow Manual.

Residents can be licensed by the state to practice medicine. Licensure assistance will be provided by the program director and the director of medical education of a resident's employing hospital (see Item 301 and Item 302). State licensure is mandatory if a resident assumes responsibility for patient care outside of the supervision of an accredited training program. Physician responsibility assumed in caring for patients is distinctly different from that assumed by a non-clinical graduate student.

Resident appointments are considered full-time commitments. The specific hours of duty for each program will be determined by the program director in collaboration with the teaching program's faculty and applicable ACGME standards. Any work outside of the program, such as "moonlighting," must have specific approval by the program director.

To advance to the next year of training, the resident must:

1. demonstrate the competence, efficiency, and maturity necessary to assume increasing responsibilities for teaching and supervising other residents, fellows, and students.
2. acquire appropriate cognitive medical knowledge.

3. competently obtain thorough medical histories, perform complete physical exams, develop rational differential diagnoses, and implement appropriate management plans for treatment of patients appropriate to his or her level of responsibility to advance to the next level of training.
4. assume appropriate responsibility for patient care.
5. demonstrate approved creativity in the advancement of patient care and medical knowledge appropriate to his or her level of responsibility to advance to the next level of training.

The WSUBSOM expects that residents will be able to demonstrate compliance with or command of or mastery of the following at the conclusion of their educational program: Core competencies and the CLER pathways.

CORE COMPETENCIES

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

The ACGME has six Clinical Learning Environment Review, (hereafter referred to as CLER), pathways as well as additional Common Program Requirements, (hereafter referred to as CPR).

Common Program Requirements: <http://www.acgme.org/What-We-Do/Accreditation/Common-Program-Requirements>

Six CLER Pathways: https://www.acgme.org/Portals/0/PDFs/CLER/CLER_Pathways_V1.1_Digital_Final.pdf

1. Patient Safety
2. Healthcare Quality
3. Care Transitions
4. Well-being
5. Supervision
6. Professionalism

Item 204: Residents - Appointment to the Boonshoft School of Medicine, Special Faculty Status

Revised December 1999; July 2010; Reviewed March 2018

WSU BSOM residents are eligible for special faculty appointments. These appointment terms extend only through the approved period of training in a residency or fellowship program. Because of the educational intent and defined term of these programs, special faculty members are not considered for continuance that is applied to regular faculty members. Residents/Fellows in WSU BSOM-sponsored programs receive the title Resident (Fellow) Instructor. Residents/Fellows in affiliated programs can receive the title Clinical Resident (Fellow) Instructor.

Item 205: Residents - Air Force Emergency Room and Medical Officer of the Day (MOD)

At the present time, there is no MOD requirement for military residents assigned to Wright-Patterson Medical Center. However, the WSU BSOM supports in principle the assignment of duties as MOD for Air Force physicians in training, provided that the MOD duties do not interfere with the ability of the resident to meet training program requirements and obligations. Should the need of the Air Force change in the future, resident assignment to MOD schedules could be resumed, and added to the usual requirements of the residency program. Any such duty would be monitored closely to prevent total work hours per week from exceeding mandated standards.

Revised July 1996; Reviewed March 2018

Item 206: Physical Examinations and Immunizations

Revised July 1996; Reviewed March 2018

Physical Examinations

All residents must agree to a health evaluation upon initial appointment. The health evaluation may be done at the employing hospital or other healthcare organization, hereafter referred to as HCO. The institution providing the health evaluation shall absorb the costs of such evaluation.

All residents must have a TB skin test annually unless they are positive reactors, in which case they must have a chest X-ray annually. Residents must be in compliance with infection control policies of the affiliated hospitals.

Residents shall have the option of an annual follow-up health evaluation during the term of their employment.

Health evaluations shall include any testing required by the employing institution.

If the health evaluation reveals a condition requiring specific diagnostic studies or treatment, the resident is expected to choose a physician to conduct such studies or treatment. Costs not covered by the health insurance plan must be borne by the resident.

Immunizations

Because of occupational exposure to certain infectious agents, healthcare workers constitute an important target for immunizations. Many residents may be able to provide evidence of immunity or previous immunizations. If not, however, the following immunizations are required for all residents unless a specific contraindication to immunization exists:

- Hepatitis B Vaccine
- Rubella/Rubeola
- Influenza vaccination (yearly)

Item 207: Diplomas

Revised July 1996; Reviewed March 2018

Residency

Upon completion of a program, the resident will receive a diploma of completion, considered an official document, as distinct from a legal one. In both sponsored and affiliated programs, and where participating and cooperating hospitals and entities, (i.e., WSP for dermatology), and the WSU BSOM chair think it appropriate, residents may request and receive a diploma from the individual hospital. If evidence of completion of an internship is needed, the sponsoring program will prepare documentation in the form of a letter.

Upon recommendation of the program director, residents who have successfully served a portion of a residency program shall receive a residency diploma for the served training period. This will confirm participation in an accredited residency program.

Fellowship

Upon completion of a fellowship program, the fellow will receive a diploma, signed by the DIO of the WSU BSOM and the program director.

Item 208: Resident Well-Being – (A) Fatigue Mitigation, (B) Supervision, (C) Clinical Experience and Education (Formerly Duty Hours)

Revised May 2011; March 2018

Introduction

Graduate medical education programs should produce competent physicians capable of independent practice upon the successful completion of their residency programs. PGY-1 residents will be regularly and directly supervised by experienced physicians, including by more senior residents and faculty. Senior residents should have well-developed patient care skills and should require indirect or oversight supervision as much as possible. Residents must assume progressive responsibility for patient care and recognize their limits, seeking consultation from attendings and supervisors in a timely fashion.

In the current health care environment, residents and faculty members are at increased risk for burnout and depression. Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician. Self-care is an important component of professionalism; it is also a skill that must be learned and nurtured in the context of other aspects of residency training. The WSUBSOM, GMEC and WSU residency and fellowship programs have the same responsibility to address well-being as they do to evaluate other aspects of resident competence.

Item 208-A: Fatigue Mitigation

In residency training, impaired performance means missed opportunities for learning and, at worst, hazards to patients. Each program must provide fatigue mitigation training.

a. Fatigued residents typically have difficulty with:

- Appreciating a complex situation while avoiding distraction
- Keeping track of the current situation and updating strategies
- Thinking laterally and being innovative
- Assessing risk and/or anticipating consequences
- Maintaining interest in outcome
- Controlling mood and avoiding inappropriate behavior

b. Signs of fatigue include:

- Involuntary nodding off or waves of sleepiness
- Problem of focusing
- Lethargy
- Irritability or mood lability
- Poor coordination
- Difficulty with short-term recall
- Tardiness or absences at work

c. High risk times for fatigue-related symptoms are:

- Midnight to 6:00 a.m.
- Early hours of day shifts
- First night shift or call night after a break
- Change of service
- First two to three hours of a shift or end of a shift

Beginning of residency or new to night call

d. Methods to limit fatigue-related problems include:

- Following the 80-hour limit of the total number of hours worked.
- Establishing a workload that allows for as little variation in work schedules as is feasible. Rapid or frequent shifts from day to night work are known to increase the risk of fatigue.
- Creating individualized schedules to accommodate idiosyncratic energy cycles.
- Encouraging residents to consult their primary care physicians if daytime fatigue seems out of proportion to the workload. Sleep studies may be warranted.
- Obtaining diagnosis and treatment to determine if fatigue is depression or other psychiatric syndrome.
- Each participating hospital and HCF reimburses the resident/fellow who is fatigued and unable to drive home and back to the same site the next day.

Item 208-B: Supervision Resident

Residents must develop the knowledge, skills, and attitudes to deliver patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. A supervisor must continuously assess the skills of residents, and the level of supervision required. This supervisory level must assure the provision of safe patient care, maintain expected professional standards, and encourage the pursuit of orderly intellectual and professional growth, while understanding and ensuring that no resident may practice independently. The WSU BSOM Residency Management System, *New Innovations*, has been updated to reflect required levels of supervision for all residents procedures and may be verified city-wide by all clinical teaching sites except the Dayton Veterans Hospital. Each program MUST include levels of supervision in the goals and objectives.

Individualized Learning Priorities - At the onset of each rotation, supervisors should assess the professional experience of their residents including areas of strength and weakness. This evaluation can start with the review of written evaluations of previous performance and continue through discussion with the resident as well as close observation of early performance in all phases of patient care. Each educational rotation should be individualized and emphasize areas where residents need more attention to achieve ideal patient-care skills. The supervisor and the resident should jointly formulate those learning objectives. The supervisor should also recognize individual differences among residents, such as special areas of interest, and compensate for them. Residents should know the goals and objectives they are expected to achieve during the rotation.

The Supervisor's Role - The supervisor should motivate residents toward the progression of independent learning, self-reliance, and intellectual competence, as well as cultivate curiosity, critical thinking, and mature understanding. Residents need assistance in evaluating, integrating, and correlating clinical information. They must solve problems at the highest taxonomic levels. Supervisors should articulate the thought processes used in problem solving so that residents can develop their individual analysis and synthesis processes. The supervisor should help residents learn with clear instruction that correlates with their levels of understanding.

The supervisor should be readily available to guide and support residents with patient responsibilities and must recognize that the faculty and residents have collective responsibility for patient safety and welfare. When approached by residents about patient care problems, the supervisor should be helpful and considerate. The supervisor should actively encourage questions, opinions, and comments. Learning is enhanced by reasonable flexibility and the willingness to allow discussion of alternative ideas of management suggested by residents. The supervisor should discuss patient care problems with residents to stimulate profound thought. New psychomotor skills should be demonstrated first by the supervisor and then performed by residents under observation until the residents attain proficiency.

The supervisor should recognize the resident's concurrent personal, ethical, and social development. Residents need to develop an individual system of productive self-assessment and self-confidence. These attributes can be facilitated by an observant, thoughtful, and dedicated supervisor. The supervisor must monitor for signs of resident fatigue and intervene to assure safe patient care and learning.

Evaluation of Performance and Feedback - Resident performance evaluation and provision of feedback should be a continuous process. The supervisor should use fairness, patience, and tact, always treating residents with respect. The supervisor should observe while residents perform procedures, interact with them during rounds and conferences, evaluate them in all aspects of patient care, and then provide them with constructive critique and helpful suggestions. All supervision must be done in a tactful and confidential manner. Written evaluations should be precise and honest and include detailed descriptions of actual observed performance. Performance evaluations should be discussed with and acknowledged by residents and communicated only to appropriate administrators of the program.

Item 208C: Clinical Experience and Education (Formerly Duty Hours)

Recognizing the relationship between resident work hours, quality patient care, and quality education, programs must follow these requirements in regard to work hours for residents and fellows. Program must monitor duty hours with enough frequency to determine compliance.

Maximum Hours of Work per Week

Work hours must be in accordance with ACGME Standards, limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and education activities, clinical work from home, and all moonlighting. When residents are on call at home and are called into the hospital, the time then spent in the hospital must also be counted towards the weekly hour limit.

1. In emergency room assignments, residents should be scheduled to work a maximum of 12 hours to be followed immediately by 12 hours off duty.

Mandatory Time Free of Clinical Work and Education

The program must design an effective program structure that is configured to provide residents with educational opportunities, as well as reasonable opportunities for rest and personal well-being.

- Residents should have eight hours off between scheduled clinical work and education periods. There may be circumstances when residents choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80-hour and the one-day-off-in-seven requirements.
- Residents must be scheduled for a minimum of one day in seven free of clinical work and education (when averaged over four weeks). At-home call cannot be assigned on these free days.
- Residents must have at least 14 hours free of clinical work education after 24 hours of in-house call.

Maximum Clinical Work and Education Period Length

- Clinical and educational work periods for all residents must not exceed 24 hours of continuous scheduled clinical assignments.
 - Up to four hours of additional time may be used for activities related to patient safety, such as provide effective transitions of care, and/or resident education.

Programs must encourage residents to use alertness management strategies in the context of patient care responsibilities.

Clinical and Educational Work Hour Exceptions

In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family. Under those circumstances, the resident must:

- Appropriately hand over the care of all other patients to the team responsible for the patients' continuing care; and

- Document the reasons for remaining to care for the patient in questions and submit that documentation in every circumstance to the program director.

The program director must review each submission of additional service and track both individual resident and program-wide episode of additional duty. These additional hours of care or education will be counted toward the 80-hour weekly limit.

Moonlighting

Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the education program, and must not interfere with the resident's fitness for work nor compromise patient safety. Residents are not required to perform patient care activities outside of the educational program ("moonlighting"). Any moonlighting that occurs must be counted toward the 80-hour maximum weekly hour limit. Moonlighting by residents must be approved by the program director, in compliance with Policy 210 Patient Care Activities Outside of the Educational Program ("Moonlighting") and the guidelines of the program and only if the activities do not adversely affect patient care and the resident's educational program. PGY-1 residents are not permitted to moonlight.

Minimum Time Off between Scheduled Duty Periods

Residents should have eight hours off between scheduled clinical work and education periods. Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.

In-House Night Float

Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements. Maximum number of consecutive weeks of night float, and maximum number of months of night float per year may be further specified by the Review Committee.

Residents must not be scheduled for more than six consecutive nights of night float. [The maximum number of consecutive weeks of night float and maximum number of months of night float per year may be further specified by the review committee.]

Maximum In-House On-Call Frequency

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

At-Home Call

Time spent in the hospital by residents on at-home call must count towards the 80-hour maximum weekly hour limit. The frequency of at-home call is not subject to the every-third-night limitation but must satisfy the requirement for one-day-in-seven free of duty when averaged over four weeks.

- At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.

Residents are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new "off-duty period."

Transitions of Care

Each program should have a documented process in place for ensuring the effectiveness of transition of patient care in accordance with The Joint Commission, ACGME, hospital policies and standards, and WSUBSOM Transitions of Care Policy - Item 512.

Monitoring of Duty Hours

Each program must have written policies and procedures consistent with the ACGME Requirements for resident duty hours and the working environment. Monitoring of duty hours is required, at sufficient frequency to ensure compliance with the Common Program Requirements regarding duty hours, as well as individual program requirements.

Each program is required to submit to the DIO a written report for the past year and upcoming plans for the next year. The program's annual report must include data obtained through the program's duty hour compliance efforts, areas of potential non-compliance, and plans for addressing any problems identified, including needed resources.

Duty Hour Exception

The GMEC must review and endorse any program's exception request before the request is submitted to the program's RRC. The GMEC will only consider requests for duty hour exceptions when the program can clearly show that the exception is necessary for educational reasons. Only programs accredited in good standing, i.e., without a warning or a proposed or confirmed adverse action, may request that an exception be considered.

The program director must submit a written request for GMEC review. The program's responsibility is to make a clear showing that the exception is necessary for educational reasons. The proposal must include the following documentation:

1. **Patient Safety:** Information must be submitted that describes how the program will monitor, evaluate, and ensure patient safety with extended resident work hours.
2. **Educational Rationale:** The request must be based on a sound educational rationale, which should be described in relation to the program's stated goals and objectives for the particular assignments, rotations, and level(s) of training for which the increase is requested. Blanket exceptions for the entire educational program should be considered the exception, not the rule.
3. **Moonlighting Policy:** Specific information regarding the program's moonlighting policies for the periods in question must be included.
4. **Call Schedules:** Specific information regarding the resident call schedules during the times specified for the exception must be provided.
5. **Faculty Monitoring:** Evidence of faculty development activities regarding the effects of resident fatigue and sleep deprivation must be appended.
6. **Program improvement:** Evidence of improvement related to citations from the last program review, either internal or by the RRC, must be included.

If approved by the GMEC, the GMEC chair and the designate institutional official (DIO) will sign a letter documenting GMEC endorsement. The GMEC endorsement letter and a copy of this policy must be included in the RRC proposal.

Item 209: Rotations Between and Among Programs

Revised July 1996; Reviewed March 2018

Occasionally, two or more programs or institutions may agree to provide complementary facilities, teaching staff, and teaching sessions. Such arrangements should be approved in advance. For rotations between sponsored programs in the same hospital, the program directors must agree. For rotations between sponsored programs in different hospitals, the directors of medical education (DME) must also agree.

For rotations between sponsored programs and affiliated programs within the same hospital, the departmental chair and program director.

For rotations between affiliated programs in the same hospital, the program directors must agree. For rotations in different hospitals, the DMEs in both involved hospitals must also agree.

For rotations of residents between WSU BSOM sponsored programs and other programs in non-affiliated hospitals, the departmental chair or program director and DME must make arrangements with their counterparts at the other institution. For Air Force residents, this requires 90 days advanced notice.

For rotations of residents between affiliated programs in WSU BSOM affiliated hospitals and other programs, the program director and DME must make arrangements with their counterparts at the other institution.

Item 210: Patient Care Activities Outside of the Educational Program ("Moonlighting")

Revised May 2011; Revised March 2018

Residents are not required to perform patient care activities outside of the educational program ("moonlighting").

Moonlighting contributes to resident work hours and may produce fatigue that affects performance. Outside employment for residents may serve the following purposes: (1) meet a genuine community need; (2) provide educational experiences; and (3) supplement income insufficient to meet current obligations, particularly educational debt. However, participation in outside employment may leave insufficient time for rest and restoration to promote the resident's educational experience and safe patient care.

All moonlighting activity MUST be prospectively approved. The resident must submit a letter of request to the program director for any moonlighting. The letter must describe the place, nature, dates, time of employment, and the professional liability (malpractice) insurance coverage, which will be in effect. The program director must investigate and approve only activities including medical practice that do not interfere with the educational goals and objectives of the participant's residency or fellowship program. Active duty military residents and other federal employees cannot participate in outside employment. PGY1 residents are not permitted to moonlight.

The program director will determine the maximum number of hours of outside employment permitted for each resident. This temporal limit will not usually exceed 30 hours in four consecutive weeks. Time spent by residents in internal and external moonlighting must be counted towards the 80-hour maximum weekly hour limit. The moonlighting hour-limit will be determined by the program director and specialty requirements.

The program director can permit a resident to engage in limited off-duty outside employment if the resident:

1. is a licensed physician in the state of Ohio or state of medical practice,
2. has demonstrated and continues to demonstrate prescribed educational and professional growth within a residency program, and
3. will be employed in a situation that will continue such growth.

The program director must document review of any requests for outside employment and make this information part of the resident's file.

The effect of outside employment on resident performance must be monitored by the program director. Failure of an individual resident to demonstrate proper professional growth within the residency or fellowship program will mandate the program director's reduction or withdrawal of permission for moonlighting.

A resident's failure to comply with this policy is a breach of contract and grounds for termination of appointment and contract.

Fiscal support, fringe benefits, and professional liability coverage for outside employment are the responsibilities of the resident and the outside employer, and not the WSU BSOM or any of its employing affiliates.

Item 211: Benefits, Leaves, Support

Revised January 2009; Reviewed March 2018

Benefits

Workmen's Compensation. Except for active duty military residents, all residents are covered by the Workmen's Compensation Law of Ohio for all on-the-job injuries, and thereby, receive medical expense benefits as well as disability payments and death benefits to dependents.

When a resident is injured while on duty at a hospital other than the employer, initial emergency care will be provided by the hospital. Application for workmen's compensation should be made through the employing institution.

Professional Liability. The employing institution provides each civilian resident with professional liability coverage for the duration of training. This coverage provides legal defense and protection against awards from claims reported or filed after the completion of GME.

For residents on active duty with the U.S. Air Force who are assigned to a federal hospital, liability coverage is determined by provisions of the Federal Torts Claims Act. Non-federal hospitals will provide liability insurance coverage for military residents for claims regarding alleged acts or omissions occurring while the military resident was on duty at that hospital. This coverage provides legal defense and protection against awards from claims reported or filed after the completion of GME.

Coverage is not provided for duties that are not assigned as part of the resident's training program.

Leaves

Disability Leave of Absence. The employing institution governs disability leaves of absence.

Educational Leave. Residents may, at the discretion of the program director, receive educational leave to attend local, regional, or national special courses, continuing education programs, and professional meetings consistent with career goals.

For the first-year resident, the amount of time and stipend level is at the discretion of the program director. The program director must give prior approval and pay for it from departmental funds. The first-year resident may attend local, one-day educational programs within driving distance without overnight stay.

In all cases, educational leave must have prior approval of the program director and the employing institution. If a resident attends a meeting without prior approval, the resident assumes responsibility for all expenses. The money available to underwrite this cost is subject to quarterly review in relation to the employer's institutional budget. Appropriate receipts are required for reimbursement. Educational leave may not be taken as vacation time. The director of medical education will provide specific information related to this action.

Personal Leave of Absence. A leave of absence may be granted by the program director and the resident's employer under extenuating circumstances for personal reasons. Because a leave of absence may be disruptive to the residency program and the participating hospital(s), it should only be considered as an alternative of last resort. Leaves of absence are different from educational leave, sick leave, or vacation leave, in that ordinarily a resident has to make-up the time to fulfill training requirements if so determined by the program director.

To request a leave of absence, submit a written letter to the program director, with a copy to the director of medical education of the employing institution, if applicable, stating why leave is needed, how the time will be spent, and when leave will begin and end. Leaves of absence must be approved in advance by the program director and the employing

institution, if applicable. In making the request, provide as much lead time as possible to minimize disruption to the program and the participating institution(s).

A leave of absence is granted when the resident would benefit from a temporary relief from duties due to personal reasons. When a leave of absence is granted, it is anticipated that the resident will return to the program and assume all normal responsibilities at its termination. Since the residency program and the participating institution(s) have a vested interest in the return and resumption of duties, the program director may elect to approve the request with specific and reasonable stipulations related to the activities in which the resident should or should not participate.

Leaves of absence may be paid or unpaid at the discretion of the employer. Fringe benefits may be continued at the discretion of the employer.

For residents in WSU BSOM programs who are on active duty in the USAF, USAF rules and regulations shall apply.

Sick Leave, Parental Leave and Absences. The employing institution or HCO governs sick leave, parental leave and absences.

Temporary Military Duty. If a resident is a member of a military reserve unit and must report for temporary military duty, defined as the usual two-week training program for reservists, she will receive the difference between her predetermined weekly salary and any compensation received for military duty, for each week of that two week period.

Vacation. The employing institution governs vacation.

Notification of effects of leave on board eligibility. Any leave (time away from the program) above and beyond approved vacation must be considered by the program director in determining whether the resident has satisfactorily completed the training program in accordance with the appropriate specialty requirements and what effect extension of training will have on an individual's eligibility to sit for the specific specialty board exam.

Support

Housing. The resident is responsible for securing personal living quarters. On-call quarters, if required by the program, is provided by the hospital to which the resident is assigned. Furnishings, complete linen supplies, and maid service are provided. When on duty, residents sleep in the assigned on-call rooms.

Lockers and Mail Boxes. Residents will be provided locker space and mail boxes at each of the hospitals participating in the training program. These will be provided at no cost.

Meals. Residents are not provided with meals. Individual hospital policy will govern on-duty days.

Parking. Residents will be assigned designated parking areas at each of the hospitals or HCO. When a resident must return to a hospital to complete medical records, parking should be without charge.

Prescription Drugs. The health insurance benefits policy of the employing institution or HCO governs the provision of prescription drugs.

Uniforms. A total of four uniforms as prescribed by the hospitals or HCO will be issued at no charge to each resident. Uniforms should always be worn when on duty. The hospital to which the resident is assigned will provide uniform laundry at no charge.

Item 301: Training Certificates and Medical Licenses

Revised October 2001; Reviewed March 2018

The State Medical Board of Ohio issues training certificates that are mandatory for all residents and fellows. Application materials are online. A training certificate is valid for three years. The resident shall limit activities under the certificate to the programs of the hospitals or facilities for which the training certificate is issued. The holder shall train only under the supervision of the physicians responsible for supervision as part of the residency or clinical fellowship program. [ORD 4731.291 (A,C,D)]

Military residents with permanent licenses in another state are not required to have a training certificate; however, Ohio Medicaid requires ALL physicians to have a training certificate or permanent license through the State Medical Board of Ohio.

Residents providing patient care in accredited training programs under appropriate supervision are not required to have a permanent license to practice medicine. However, any patient care provided outside of that prescribed as a part of an accredited training program (such as "moonlighting") is not covered under the training certificate. Physicians who practice medicine outside of the auspices of their official training program must have a valid license to practice medicine in the state where the practice occurs. Residents are encouraged to obtain a permanent medical license at the earliest possible time.

Item 302: USMLE Step 3 Information

Revised July 2000; Reviewed March 2018

The USMLE (United States Medical Licensure Exam) Step 3 exam is a computer-based exam. The exam is offered on a monthly basis. Residents must register in advance. To register, residents may contact the Federation of State Medical Boards by telephone at (817) 868-4041 or by email at usmle@fsmb.org. Passage rates are monitored and tracked by the program director and the GMEC.

Item 401: Prescribing Controlled Substances

September 2003; Reviewed March 2018; Revised July 2018

Each resident is assigned a DEA number. The program's fiscal agent is identified by a letter prefix to designate the specific teaching hospital. Prescribing of controlled substances must be consistent with state and federal requirements for safe practice. Residents should be familiar with prescribing limitations at each institution and program.

C	Children's Medical Center
K	Kettering Medical Center
M	Miami Valley Hospital
V	Veterans Affairs Medical Center (Dayton)
W	Wright-Patterson Medical Center
WP	Wright State Physicians

The number assigned to each resident is specific for that individual. The following example illustrates the system:

AM2789482 M98 001

The first 9 characters shall be the hospital or HCO's DEA number.

The next 3 characters shall be the hospital or HCO's code and the year the number is issued.

The last 3 characters shall be the number of the individual physician participant.

A resident uses the assigned number for writing outpatient prescriptions for controlled substances during educational training. Residents who have a temporary teaching assignment off-site at another teaching hospital or HCO should continue to use the assigned "home base" number. However, should residents moonlight for the purpose of generating additional income, the physicians must obtain and use their DEA number and not use the hospital or HCO assigned number. Residents must not use the hospital or HCO assigned DEA number for the purpose of prescribing controlled substances for themselves or for family members.

Graduate medical education participants shall not use the privilege of training licensure for the prescribing of controlled substances outside of their training institutions, or for individuals who are not patients of the training institutions that are designated to support an accredited, school-sponsored program.

Item 402: Infection Control

Revised June 2006; Employee Health Contact List Updated April 6, 2011; Reviewed March 2018

1. Physicians in the State of Ohio who are infected with HIV or HBV and who perform invasive procedures must follow rules set out by the Ohio State Medical Board (Administrative Rules Chapter 4731-19, Licensees Infected with HIV or HVB: Reporting Requirements and Duty of Care Requirements, <http://www.state.oh.us/med/rules/4731-19.htm>).

2. WSU BSOM Policy: Management of Residents Having an Occupational Exposure to Bloodborne Pathogens

Since a bloodborne pathogen exposure places an individual at risk for hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV) infection, it is important that one seeks medical attention as soon as possible after an exposure occurs. Any resident who sustains an exposure to blood or body fluids should be managed according to currently recommended guidelines from the Centers for Disease Control and Prevention (CDC) and according to the policies and procedures of the institution or HCO. Proper steps must be taken to ensure that both evaluations and preventive measures are instituted in a timely manner. The steps noted below should be followed when an exposure occurs in a resident participating in a Wright State University Boonshoft School of Medicine (WSU BSOM)-affiliated or -sponsored residency program.

- a. The exposure site should be cleansed thoroughly immediately following the exposure. Irrigate eye with water keeping the affected eye lower than the unaffected eye during irrigation.
- b. Note the patient's name, the location where the exposure occurred, the date and time of the exposure, the rotation, the names of witnesses, and, in the case of a needlestick, the type (hollow bore or solid).
- c. Notify the employee health office in the hospital or the safety officer in a private setting during regular working hours. Report to the emergency department during evenings, nights and on weekends. A list of employee health office contacts is at the end of this policy.
- d. The exposed resident should be managed according to the institution's policy on management of an employee following a percutaneous or permucosal occupational bloodborne exposure.
- e. All laboratory evaluations should follow the recommended institutional policies.
- f. If appropriate, after assessments are performed and based on current guidelines, the resident may be offered antiviral prophylaxis against HIV. After discussion of the risks and benefits of antiviral prophylaxis, any resident not employed by the institution where the exposure occurred should be dispensed a 96-hour supply of the antiviral medications. A resident employed by the institution should be managed according to policy. All exposed individuals must be counseled on the importance of follow-up evaluations. Each must have a follow-up evaluation at the base institution within 96 hours of the exposure. Follow-up of the resident must be ensured. The following should be done.

Notification must be given to the employee health service of the resident's base institution or HCO, as soon as possible but not later than 96 hours following the initial evaluation. (Please see list of contact addresses and telephone/FAX numbers at the end of this policy.)

- 1) Ensure that copies of all records are confidentially forwarded as soon as possible but not later than 96 hours following the initial evaluation to the employee health service of the institution that serves as the fiscal agent for the resident.
 - 2) The resident must be instructed on the requirement for follow-up evaluations within the 96-hour period. Appropriate educational and medical support must be provided. This should be coordinated at the base institution of the resident.
- g. Financial charges incurred during the evaluation should be forwarded to the employee health service of the exposed resident's base institution or HCO.

Dayton Children's Hospital

One Children's Plaza
Dayton, OH 45404

Manager, Employee Health/Wellness
937-641-4570
Fax: 937-641-3473

Grandview and Southview Hospitals

405 West Grand Avenue
Dayton, OH 45401

Employee Health Coordinator
937-723-4228
Fax: 937-723-5016

Kettering and Sycamore Hospitals

3535 Southern Boulevard
Kettering, OH 45429

Employee Health Coordinator
937-395-8351
Fax: 937-395-8894

Veterans Affairs Medical Center

4100 West Third Street
Dayton, OH 45428

Hobart Hampton, RN
Employee Health Service
937-268-6511 x2338
Fax: 937-262-5998

Wright State University Boonshoft School of Medicine

Student Affairs/Admissions
190 White Hall
3640 Colonel Glenn Highway
Dayton, OH 45435-0001

Kim Gilliam, Ed.D./PC
937-775-3321
E-mail: kim.gilliam@wright.edu

Greene Memorial Hospital

1141 North Monroe Drive
Xenia, OH 45385

Infection Preventionist
937-352-2491
Fax: 937-352-3162
Pager: 220-7218

Miami Valley Hospital

One Wyoming Street
Dayton, OH 45409

Employee Health Manager
937-208-4803
Fax: 937-208-4640

Wright-Patterson Medical Center

88 AMDS/SGPM
4881 Sugar Maple Drive
Wright-Patterson AFB, OH 45433

Public Health Nurse Consultant
937-257-6855
Fax: 937-656-1296

Wright State Physicians

725 University Blvd.
Fairborn, Ohio 45324

Joy Sugai
Human Resources
(937) 245-
Lisa Boydston, MA
Graduate Medical Education
(937) 245-7278

Item 403: Medical Records Completion

Revised July 1996; Reviewed March 2018

All WSU BSOM sponsored residents must observe the following practices when rotating among hospitals or when graduating from the WSU BSOM program. These practices refer to completion of medical records at all teaching hospitals that are listed in accreditation documents as supporting any of the WSU BSOM-sponsored programs. This policy will ensure that medical records are completed in a timely manner by responsible WSU BSOM residents in order to assure the continuity of patient care and billing for hospital services.

Procedure

1. When rotating for training among teaching hospitals:
 - a. residents and programs must be aware of individual hospital policy on record completion, including any disciplinary procedures,
 - b. incomplete or delinquent records remain the individual resident's responsibility,
 - c. programs will assure record completion by the resident by implementing appropriate policies that allow the resident or a designee time to complete records.
2. When graduating from BSOM-sponsored GME programs:
 - a. residents must notify the program director or director (department) of medical education of planned departure at least five working days in advance of that departure date,
 - b. the "Resident Route Out" procedure will be completed (route out slip completed),
 - c. incomplete medical records are the resident's responsibility.
3. Residents must always ensure record completion in a timely fashion. Completion of records can usually be assured by a visit to the medical records department every two weeks.
4. Residents should notify program directors/directors of medical education of any circumstance preventing timely completion of records.
5. Programs must have a policy that is compliant with that of their training that will assure timely completion of resident medical records.
6. Hospitals must have a policy to keep residents and programs continually informed about incomplete or delinquent medical record status, and must make every effort to assure record availability for completion.

NOTE: A specific time frame has been developed in the office or department of medical education in each training hospital or HCO for completion of delinquent medical records. Residents must familiarize themselves and comply with medical records policy at each teaching hospital or institution in which they train and participate in patient care. The medical education department in each hospital should provide monthly lists of residents leaving the training site to the records departments.

*Wright State University Residency Program
Resident Route-Out Slip
for
Medical Record Completion*

This is to certify that you have completed all available medical records at (Hospital Name or HCO) as of today's date.

However, you are responsible for completing any subsequent records which are assigned to you. You will be notified within 21 days from today of these records needing signature and/or dictations. You then have up to 35 days from today's date to complete these records. There is, however, no time limit on completion of missing dictations. You will always be responsible for dictation of those reports.

Failure to comply with the above will result in a letter reflecting noncompliance which will be forwarded to your permanent file at Wright State University.

Route-out approved _____ Yes _____ No

Medical Record Director Signature

Date

(or designee)

Resident Signature

Date

(or designee)

cc: Director, Medical Education
Hospital Program Director
Wright State University Residency Program
Resident

Item 404: Death Certificates

Revised July 1996; Reviewed March 2018

Under Ohio Administrative Code Rule 4731-14-01, **only a licensed medical or osteopathic physician can pronounce a person dead**. A physician does not have to personally examine the body of the deceased "if a competent observer has recited the facts of the deceased's present medical condition to the physician and the physician is satisfied that death has occurred." (OAC 4731-14-01)

Competent observers are individuals who by virtue of their training and licensure are able to assist the physician in making the determination of death. A competent observer includes any of the following individuals: a licensed registered nurse or practical nurse, an EMT or paramedic, an intern, a resident or another licensed physician, a clinical fellow, a chiropractor, an embalmer or funeral director who completed coursework in vital signs or patient assessment, a physician's assistant or a licensed podiatrist. Competent observers are not permitted to make a pronouncement of death.

The physician most familiar with the case should sign the death certificate. If that physician is not licensed to practice medicine in Ohio, the ultimate responsibility for death certification will be the program director.

Item 501: Risk Management

Revised July 1996; Reviewed March 2018

All "incidents" related to patient care should be reported promptly to the hospital or HCO's Department of Legal Affairs and Risk Management, or its equivalent. Consult the hospital director of medical education for specific direction in this regard.

Definition

The term "incident" includes:

1. any happening which is not consistent with the routine or commonly accepted care of a patient, including an accident or a situation which might result in an accident
2. actual or alleged injury that results from providing professional services when proper diagnostic or therapeutic procedures dictate
3. actual or alleged injury that results from failing to provide professional services when proper diagnostic or therapeutic procedures dictate
4. a claim that no informed consent was obtained from a patient or legal guardian
5. failure to carry out a Medical Staff Committee appointment in a prudent manner

Sensitive Legal Matters

The resident should be sensitive to and report:

1. threats of legal action;
2. a patient's and/or attorney's request for medical records;
3. subpoena for appearance or records; and
4. request of an attorney to talk to you or any other employee about an "incident" or any potentially litigious issue

Reports

The reporting of an actual or alleged incident should be in the preferred format as requested by the risk manager and may include the following information. Care should be taken to work in close collaboration with the risk manager and to provide whatever information is requested. Conversation with others should not occur without the guidance of your risk manager.

1. physician's name, address, and specialty
2. patient's name, address, and number
3. narrative with specific details of the incident and resulting injury, including time and date
4. identification of any witnesses to the occurrence
5. status of patient post incident
6. any other comments by physicians relevant to the incident

After discussion with the risk manager, any requested written information should be sent to the risk manager or equivalent as directed within 48 hours of the incident, or sooner if requested. These reports will remain in a locked file and they will not become part of the patient's medical record.

While written documentation may be important as potential legal defense in an investigation, all situations should be handled personally by contacting the Department of Legal Affairs and Risk Management for next steps and further guidance.

Sensitive Medical Issues

Discuss privately with the supervisory physician and program director medical care issues such as

1. unexpected poor result
2. therapeutic misadventures
3. significant misdiagnosis including failure to diagnose

Risk Management Principles

Use risk management principles to minimize the potential for a liability claim. Effective principles include:

Preventing Claims

1. Maintain good rapport and effective communication with the patient.
2. Be sure to escalate situations where the patient & /or family is unhappy with the care they are being provided, and use the team approach to communicate and address concerns. Involve your supervising attending early.
3. You are strongly encouraged to contact your risk manager proactively for guidance if you are uncomfortable. A patient or family complaint or threat is not required to seek counsel.
4. Keep a well-documented medical record, containing all material information relevant to optimum health care services. This point must be emphasized. Always maintain timely, clear and complete records but be particularly precise and attentive when a patient has had an unexpected adverse response.
5. Be sure to document communication with the supervising attending of record.
6. Report immediately any malfunctioning equipment so that it can be repaired. Malfunctioning medical equipment poses substantial risk to patients. Because it is important that the evidence of malfunction is preserved, do not send the equipment back to the manufacturer without approval of the risk manager.
7. Refer all requests for product evaluation from sales representatives of medical equipment companies to the hospital or HCO's purchasing department. The purchasing department has established guidelines for evaluating equipment that greatly reduce the potential for liability. If a resident accepts equipment that later injures a patient, the resident could be held liable for that injury.
8. Do not accept newly purchased equipment. All new equipment should be processed through materials management to assure that it is operating properly before being used. Contact the purchasing department if there are questions.

NOTE: The Patient Relations Department with support from the medical center attorney handles risk management at Kettering Medical Center.

Handling Claims

1. Direct requests for records or information concerning a claim or claimant to the risk manager or equivalent. Never release any medical information regarding a claimant without the authorization of the Department of Legal Affairs and Risk Management or the Medical Records Department.
2. Direct any correspondence from a claimant, claimant's attorney, or claimant's insurance company immediately to the Department of Legal Affairs and Risk Management.
3. Do not discuss a claim with the claimant or the claimant's representative except as authorized by the Department of Legal Affairs and Risk Management.
4. Deliver correspondence received from a patient alleging substandard medical care immediately to the Department of Legal Affairs and Risk Management. The Department of Legal Affairs and Risk Management must review all responses to inquiries because a resident's response may exacerbate the situation.
5. Send request or subpoena for appearance for deposition or hearing to the Department of Legal Affairs and Risk Management.
6. Forward a Summons and Complaint received by a physician naming the physician as a defendant immediately to the Department of Legal Affairs and Risk Management.

Item 502: Discrimination and Harassment

Revised June 2006; Reviewed March 2018

Discrimination is any distinction drawn regarding any aspect of an individual's employment or education solely because of that individual's race, gender, color, religion, ancestry, national origin, age, disability, veteran status, or sexual orientation. Harassment is conduct that substantially interferes with an individual's work or educational performance or creates an intimidating, hostile, or offensive working or educational environment. Such conduct may constitute harassment even if done under the guise of humor.

No member of the academic community may discriminate against or harass any other member of the academic community on the basis of the latter person's race, gender, color, religion, ancestry, national origin, age, disability, veteran status, or sexual orientation. This policy is consistent with all state and federal regulations.

Sexual harassment includes, but is not limited to, unwelcome advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature when:

- submission to such conduct is made -- either explicitly or implicitly -- a term or condition of an individual's employment or education status;
- submission to or rejection of such conduct by an individual is used as the basis for an employment or educational decision affecting such an individual; or
- such conduct substantially interferes with an individual's work or educational performance or creates an intimidating, hostile, or offensive working or educational environment.

Following are examples of sexual harassment, although the list is not all-inclusive:

- a. Verbal: sexual innuendo, suggestive comments, insults, humor and jokes about sex or gender-specific traits, sexual propositions, threats.
- b. Non-verbal: suggestive or insulting sounds, leering, whistling, obscene gestures.
- c. Physical touching: pinching, brushing the body, coerced sexual intercourse, assault.

Complaints

Residents who feel that they or others are subjects of discrimination or harassment should contact a faculty member.

Most incidences of discrimination or harassment are resolved without initiating a formal complaint. However, procedures for filing a complaint are detailed in the Complaints and Grievances Policy.

Depending on the involved parties, either WSU BSOM or institutional policies, or both, may apply.

Item 503: Impaired Resident

Revised July 1996; Reviewed March 2018

1. Residents are not permitted to participate in any residency or fellowship program activities while under the influence of any substance which impairs the ability to practice.
2. The WSU BSOM intends to comply completely with federal, state, or local laws related to the sale, possession, use or distribution of drugs or alcohol. Any violations by a participant will be interpreted as failure to comply.
3. Failure to comply with (1) and (2) may result in:
 - referral to an approved treatment center,
 - disciplinary action by the program including suspension, termination, or non-reappointment,
 - notification to civil authorities of the violation, or
 - notification to the Ohio State Medical Board.
4. Under the Ohio Revised Code, physicians are required to report physician colleagues, whom they suspect to be impaired, to the Ohio State Medical Board unless they enter treatment voluntarily. Program directors should not report impaired residents who enter treatment voluntarily. Program directors must report impaired residents who refuse to enter treatment. A list of approved treatment providers should be obtained by the program director from the Board. (Contact the State Medical Board, 77 South High Street, 17th Floor, Columbus, Ohio 43266-0315; telephone number 614-466-3934). An impaired physician is one who cannot practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol, or other substances that impair the ability to practice (ORC 4731.22 (B)(19),(26)). Upon probable cause the Board may mandate a mental or a physical examination of any physician. Failure to submit to examination constitutes an admission of the allegations. If a physician is found to be impaired after the examination, the physician will be required to submit to treatment as a condition for initial, continued, reinstated or renewed medical licensure.
5. All professionals who have concerns about a resident's compliance with Items (1) and (2) above are encouraged to report to the program director in accordance with the following conditions:
 - if the resident's behavior and/or physical appearance suggest substance abuse;
 - if the resident does not practice according to acceptable and prevailing standards of care;
 - if a violation of a federal, state or local law related to the sale, possession, use or distribution of drugs or alcohol becomes known;
 - if information is requested by the program administrators; and
 - when required by applicable codes of professional conduct. It is the ethical responsibility of any physician who knows of an apparent problem in a colleague to take assertive action, to seek treatment or rehabilitation for the fellow physician.
6. Consultation Process
 - a. After observations, consideration of related reports and assessments, and confidential discussion with the director of medical education (DME) of the sponsoring hospital or HCO, the residency program director makes a decision whether consultation for a resident is necessary. This decision can include the temporary relief of the resident from training and institutional duties.
 - b. The case is referred in confidence to a standing Resident Effectiveness Subcommittee of the GMEC comprised of:
 - the director of the Psychiatry Residency Program (or designee) as chair
 - a member of the GMEC designated by the GMEC chair

- a senior resident on the GMEC designated by the GMEC chair
- c. In each individual case, the Resident Effectiveness Subcommittee will be augmented by three specific members:
 - the chair of the Physician Effectiveness Committee of the sponsoring hospital
 - the chair of the Physician Effectiveness Committee of the occurrence hospital
 - the senior resident preferably from the sponsoring hospital in a program that is different from that of the reviewed resident
- d. The review and consultation of the subcommittee will produce specific recommendations that will be transmitted in confidence from the chair of the subcommittee to the reviewed resident's program director.
 - Administrative details of the rehabilitation program will be the responsibility of the residency program director.
 - Rehabilitative details and monitoring of the remedial program will be the responsibility of the subcommittee chair.
 - Compliance of the reviewed resident in the rehabilitation program will eliminate the need for discovery outlined in items 3 and 4 above. Failure to comply as determined jointly by the subcommittee and the resident's program director will mandate a report of the case to the State Medical Board.
- e. The above consultation procedure may also be implemented for a resident whose function is impaired by physical, mental or emotional disability.

7. A resident may be given a leave of absence or may utilize sick leave while under the care of an approved treatment center on the same basis as other illnesses.

8. In affiliated hospitals or HCOs, the directors of medical education are responsible for interpretation of their institution's policies related to the consumption of alcohol on premises. Residents having questions about the institution's policies should contact the DME.

Item 504: Academic and Professional Standards / Due Process

Revised May 2007; Reviewed March 2018

Purpose

The primary purpose of the Boonshoft School of Medicine (BSOM) residency and fellowship programs is to provide high quality graduate medical education, patient care, experience in teaching, and the opportunity to conduct research. The procedures contained in this document concerning the academic standards and the professional standards are intended to further these fundamental goals.

Applicability

These procedures and standards are applicable to residents in all BSOM sponsored graduate medical education programs.

Residents are also subject to additional standards of conduct and performance adopted by hospitals participating in the educational program. To obtain a copy of a hospital's standards of conduct, contact the medical education office.

The Office of Faculty and Clinical Affairs and the Director of Medical Education for the employing institution shall be consulted before the implementation of any due process.

Academic Standards

1. The resident must demonstrate the competence, efficiency, and maturity necessary to assume increasing responsibilities for teaching and supervising other residents, fellows, and students.
2. The resident must acquire appropriate cognitive medical knowledge.
3. The resident must competently obtain thorough medical histories, perform complete physical exams, develop rational differential diagnoses, and implement appropriate management plans for treatment of patients appropriate to his or her level of responsibility.
4. The resident must assume appropriate responsibility for patient.
5. The resident must demonstrate approved creativity in the advancement of patient care and medical knowledge appropriate to his or her level of responsibility.

Violations of one or more of the above academic standards constitute sufficient grounds for academic suspension, academic demotion, academic non-promotion, academic non-renewal or academic termination.

Professional Standards

1. The resident must perform all responsibilities as a resident competently, efficiently, and maturely.
2. The resident must refrain from engaging in any conduct that is grounds for (a) refusal to grant or (b) revocation of a certificate to practice medicine in Ohio as provided by the Ohio Revised Code Section 4731.22.
3. The resident must refrain from habitual or excessive drug or alcohol use or any combination thereof.
4. The resident must refrain from obstructing or disrupting medical care and hospital activities.
5. The resident must obey all provisions of the American Medical Association Principles of Medical Ethics.

Violations of one or more of the above standards relating to professional conduct constitute sufficient grounds for disciplinary suspension, disciplinary termination, or disciplinary non-renewal of the resident's appointment.

Continued Appointment / Promotion

The above academic and professional standards must be met for continued appointment and/or promotion.

Adverse Actions

1. If the above academic standards or professional standards are not met, the program may act to demote, not promote, not renew, or terminate the resident's appointment. A written notice of the action shall be transmitted to the resident and shall include:
 - the program's intended action,
 - a summary of the reasons for the intended action, and
 - the right of appeal as described in this policy.
2. Written notice of intent to not renew, not promote or terminate a resident's appointment must be provided to residents no later than 120 days (four months) prior to the end of their current contract if the primary reason occurred prior to the last 120 days of the contract.

When professional standards are not met, the program director may immediately suspend the resident with pay for a maximum of 60 days. Within five working days of taking this action, the program must notify the resident in writing stating the reasons for the action and the program's intention to reinstate or terminate the resident's appointment at the end of the suspension period.

3. The program director will meet with the resident to discuss the program's intended action and to attempt resolution of any disputed issues.

Due Process

1. Within five working days after receipt of the written notice or within five working days after the conference with the program director, whichever is later, the resident may request in writing a review of the program's intended action. The review will not be granted if requested after the five-day period has expired except under extenuating circumstances.
2. Within 60 calendar days after the receipt of the request for the review, the Designated Institutional Official (DIO) or designee must convene a hearing to review the intended action.
3. Review panel membership
 - Panel membership will consist of three faculty members, who are knowledgeable of the program's academic content. The panel members will be appointed jointly by the dean of the BSOM and the employing institution's chief executive officer/commander. One of the three members will also be appointed as chair.
 - One member of the three will be nominated by the resident. Within five working days of requesting the review, the resident may submit a list of three to five faculty nominees as a member. One nominee will be selected from the list by the dean and the chief executive officer/commander to serve on the panel.
 - If the resident is on active duty with the United States Air Force, at least one member of the review panel must be an active duty medical officer stationed at the Wright-Patterson Medical Center (see #6).
4. The purpose of the review is to determine if there is substantial evidence to support the program's intended action.
 - The program or resident may have an attorney present as an observer but may not be represented by the attorney at the hearing.
 - The hearing will be recorded by the Boonshoft School of Medicine, and a transcript made available to the resident upon request.
 - If the resident fails to appear for the scheduled hearing, the program's decision shall be affirmed.
 - The program director
 - will present the basis for the intended action,
 - may call witnesses if a 15 calendar day advanced written notice is provided to the resident, and
 - may question the resident or any witnesses called by the resident.

- The resident
 - may appear and speak on their own behalf,
 - has the opportunity to respond to the program director's presentation,
 - may question the evidence, the program director, or any witnesses that have been called by the program,
 - may present evidence including testimony of witness,
 - will be responsible for questioning any witnesses that the resident has asked to attend, and
 - may be assisted by a faculty advisor chosen by the resident. This advisor may give advice to the resident or may speak on the resident's behalf.

- The hearing panel
 - may question any witnesses that have been called by either the program director of the resident and
 - will not consider any information related to the resident's performance after the program's decision.

- 5. Within ten working days following the conclusion of the review, the panel must submit a written recommendation to the dean and the employing chief executive officer/commander. The panel must reach their decision by a majority vote based on the evidence presented. The recommendation can be to
 - affirm the program's intended action,
 - take revised action against the resident, or
 - not affirm the program's intended action.
- 6. Within 15 working days of the receipt of the review panel's recommendation, the dean of the BSOM and the employing institution's chief executive officer/commander must jointly decide and notify the resident in writing of the decision. The decision can be to
 - affirm the program's intended action,
 - take revised action against the resident, or
 - not affirm the program's intended action.
- 7. Within ten working days of receipt of the notice of the decision, the resident may appeal the decision to the provost of the university. The appeal must be made in writing and must contain the action the resident requests and reasons in support of that action. Within 15 working days of receipt of the appeal, the provost of the university must notify the resident in writing of the decision to affirm or not affirm the action.
- 8. In the case of military residents, once the recommendation of the review panel is finalized, Wright-Patterson Medical Center may conduct hearings according to USAF rules and regulations regarding the individual's military status. Final approval by HQ AFPC/DPAME is required.

The dean and the chief executive officer/commander at their discretion may modify time lines as may be appropriate to ensure fairness and realities of scheduling.

Item 505: Residency Closure and/or Reduction

Updated: August 2008; Reviewed March 2018

In the event of reduction or closure of a WSU BSOM program, the DIO will inform the GMEC and all affected residents as soon as possible.

In the event of a reduction or closure, every effort will be made to reduce entry-level positions through decreased recruitment.

In the event of such a reduction or closure, every effort will be made to allow residents already in the program to complete their education.

For residents who are displaced by such a reduction or closure, every effort will be made to assist the resident(s) in enrolling in a program in which they can continue their education, and must be paid by the employing institution or HCO.

In the event of a reduction, the DIO and the GMEC will abide by all ACGME requirements.

Item 506: Complaints and Grievances

Revised: August 2005; Reviewed March 2018

Complaints and Grievances

We are committed to providing an educational environment in which residents and fellows may raise and resolve issues without fear of intimidation or retaliation.

Residents should try to resolve issues through the appropriate channels in their own program. However, if a resident or fellow feels that they have a concern that they would like to have addressed in a protected and confidential manner, they are welcome to use the following procedure.

This procedure is designed to promote a prompt resolution of complaints and grievances, while at the same time preserving the right of each resident to have their concerns addressed in a protected and confidential manner. All deliberations and discussions relating to a complaint or grievance shall be treated with confidentiality by all parties. The procedure is divided into informal and formal systems.

Residents who need to appeal a decision for academic suspension, academic demotion, academic non-advancement, academic non-reappointment, or termination should consult the [Due Process Policy \(Item 504\)](#).

Informal System

After oral presentation of the grievance or complaint to a third party (the DIO or an institutional representative) a mediator will be assigned. The resident should identify that he/she is implementing the informal complaint system when making the oral presentation.

The mediator will communicate with the resident to identify the subject of the grievance. The mediator's communication with other involved parties will attempt to clarify sources of conflict and identify possible avenues of resolution. The mediator will also seek information concerning policies, procedures, directives, and regulations relevant to a satisfactory resolution.

The mediator shall give a response in writing to the aggrieved resident within ten working days, unless an extension is mutually agreeable to the mediator and the aggrieved resident.

Formal Grievance System

In the event the grievance is not settled in the informal grievance system, the formal grievance system may be pursued.

Within ten working days of the mediator's response, the aggrieved resident shall submit their written, detailed complaint to the DIO.

Within 30 days after the receipt of the formal grievance, a panel shall be convened to review the complaint. The panel will examine the grievance, and make recommendations, while assuring fair treatment for all parties.

The panel will consist of three members, who must be faculty, staff or residents associated with a GME program. The sponsoring and/or the employing institutional chief executive officer(s) will appoint the panel members jointly. One of the three members will also be appointed as chair.

The resident will nominate one member of the three. Within ten working days of requesting the review, the resident may submit a list of two to five nominees. One nominee will be selected from the list by the chief executive officer(s) to serve on the panel.

If the resident is on active duty with the USAF, at least one member of the review panel must be an active duty medical officer stationed at the Wright-Patterson Medical Center.

The panel shall conduct a formal closed hearing, providing the aggrieved resident and other parties ample opportunity to introduce evidence, and to examine and cross-examine witnesses. Any party to the case can be represented by another individual who is a GME faculty or staff member. The panel shall render a recommendation in writing to all parties, including the appropriate program director, within ten working days of the conclusion of the hearing.

In the event any party to the grievance is dissatisfied with the recommendation of the panel, he/she has thirty days to appeal that recommendation. The chief executive officer(s) of the sponsoring institution or HCO and if USAF active duty to the commander of the unit and the DIO shall take such action as is deemed necessary to assure that all parties have been afforded due process and have received fair treatment. The panel recommendation can be confirmed, an alternative decision rendered, or the case remanded back to the panel for further hearing by the chief executive officer(s) of the sponsoring institution or HCO and if USAF active duty to the commander of the unit and the DIO.

In the case of military residents, once the appeal decision is finalized, Wright-Patterson Medical Center may conduct hearings according to USAF rules and regulations. Final approval by HQ AFPC/DPAME is required.

Item 507: Dress Code for All Dayton-Area Residents

Adopted: October 2005; Reviewed March 2018

The purpose of this policy is to assure that all interns, residents, fellows and teaching faculty portray a professional image in carrying out their clinical and educational duties. Physicians should wear appropriate clothing suitable to the professional health care environment and safety and infection control principles should be considered when selecting work attire.

- These standards are considered the minimum standard. Most Dayton-area hospitals have dress code policies that should be adhered to while working at those institutions. Program or hospital-specific policies would supersede these guidelines.

In areas where scrub attire or standardized uniforms are not necessary, the following guidelines should be followed:

Name Badges: Identification badges must be worn above the waist at all times with the resident's name and photograph clearly visible

Shirts: Shirts with collars, such as golf-type shirts, are approved. Long or short sleeved shirts and sweaters are approved. No t-shirts, sweatshirts, tank tops or muscle shirts, unless worn under other garments.

Pictures and Logos: Clothing (including buttons and accessories) with words, pictures or logos having commercial, sexual, political, and/or negative connotations are not permitted.

Skirts and Dresses: All skirts and dresses should be of appropriate length.

Dresses/Blouses: Dresses/blouses with low tops, bare shoulders or bare backs are not appropriate in the healthcare environment, e.g. evening/party or sun dresses, unless worn with a jacket/lab coat. No bare midriff garments will be allowed.

Pants and Slacks: Pants and slacks should not be too tight fitting (body contouring). Pants should be at least ankle-length. Extremely baggy pants are not to be worn. Jean pants (of any color denim) are not appropriate. Jogging suits, sweat suits, warm-ups, shorts and stretch (Lycra®) clothing, leggings/tights, stirrup pants are not appropriate.

Shoes: Hose or socks and shoes appropriate for patient care areas must be worn. Flip-flops, sandals and house slippers are prohibited.

Hats: Hats, caps, and head covers should not be worn while on duty unless they are part of a uniform or safety/sanitation gear.

Scrubs: Surgical scrub clothing is not to be worn outside the procedure/clinical area except in emergencies. Fresh scrub clothing must be put on prior to re-entering the operating room whenever old ones have been worn outside that area. Scrubs worn while on-call are acceptable. It is not appropriate to wear hospital-issues scrubs outside of the hospital.

Cigarette smoke: If residents are found wearing clothing that smells like cigarette smoke, they will be asked to leave the training premise and return to work with fresh attire.

Inappropriate attire

- Inappropriate tattoos
- Excessive jewelry
- Visible body piercing (with exception of ears)

- Artificially or excessively lengthened nails
- Excessive fragrances or smell of smoke
- The obvious absence or presence of undergarments
- Clothing which is sheer and/or revealing

Exceptions

Reasonable accommodations may be made on an individual basis for employees with properly documented religious needs. Requests with supporting documentation should be discussed with the individual's program director.

Deviation from this policy for a medical condition will require a physician's statement that includes a time period for the exception.

Item 508: Disaster Policy

Adopted: July 2008; Reviewed March 2018

Purpose

This Disaster Planning Policy and Procedure is intended to protect the well-being, safety, and educational experiences of the residents, enrolled in WSU GME training programs.

It provides guidelines for communication with residents and program leadership to assist in reconstituting or restructuring the resident's educational experiences as quickly as possible after the disaster, or determining need for transfer or closure in the event of being unable to reconstitute normal program activity.

It provides general information and procedures to support WSU BSOM GME training programs and trainees in the event of a disaster or interruption in their educational experience.

Definitions

A disaster is defined herein as an event or set of events causing significant alteration to the resident's experience of a WSU BSOM training program.

This policy and procedure document acknowledges that there are multiple types of disaster including but not limited to acute disaster with little or no warning (e.g. tornado, bombing), and the insidious disruption or disaster (e.g. pandemic event). This policy and procedure will address disaster and disruption in the broadest terms.

Scope

This policy applies to all GME training programs sponsored by WSU BSOM.

POLICY

Following declaration of a disaster by the ACGME, the DIO, GMEC, hospital leadership, and other sponsoring institution leadership will strive to restructure or reconstitute the educational experience as quickly as possible following the disaster. The overall objective is the continuity of training.

In order to maximize the likelihood that trainees will be able to complete program requirements within the standard time required for certification in that specialty, steps will be taken to transfer the affected residents to other local sites, if necessary. If leadership determines that the sponsoring institution can no longer provide adequate educational experience for its residents, the sponsoring institution will, to the best of its ability, arrange for temporary transfer of residents to programs at other sponsoring institutions until such time as the sponsoring institution is able to resume providing the educational experience. Preference will be given to the closest geographic location with the most appropriate training required for residents.

The Program Director will give the residents, who temporarily transfer to other programs as a result of a disaster, an estimated time that relocation to another program will be necessary. Should that initial time need to be extended, the Program Director will notify the residents by written or electronic means identifying the estimated time of the extension.

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

The WSU DIO will be the primary institutional contact with the ACGME, program specific RRC's, and the Institutional Review Committee Executive Director regarding disaster plan implementation and needs within the sponsoring institution.

PRE-DISASTER ORGANIZATION

Communications

Communication between the DIO, the GME Office, the program directors, and the residents is critical in the event of a disaster to assess the impact of that disaster on education and the health and well-being of the residents.

The DIO will identify an institutional designee to act in the DIO's absence or in case the DIO is incapacitated. If neither the DIO nor the designee is available, the Executive Associate Dean of the WSU BSOM will appoint an interim DIO.

The GME office routinely maintains updated contact information to include home phone numbers, cell phone numbers, pager numbers, and WSU email addresses for its program directors in New Innovations. The program directors will gather and maintain current contact information to include the home phone numbers, cell phone numbers, pager numbers, and email addresses for trainees and faculty in New Innovations. GME Administration will maintain an email list-serve and list of phone and pager numbers for core residency program directors, program coordinators, and key faculty (associate program directors, the administrative director for GME and the director of patient safe quality improvement for GME).

Data and Document Recovery

Residents demographic documentation is stored in Residency Management Suite (RMS) by New Innovations, which is a web-based relational database management system. Data and documents stored in RMS are stored on two IIS servers and two SQL servers at each data center in separate cities. Data from each server is copied to the other server every hour. The servers also have full backups run every night and the backups are located on a backup sub-system own and operated by another company.

Programs are responsible for establishing procedures to protect the academic and personnel files of all residents from loss or destruction by disaster.

A disaster recovery plan which includes management and maintenance of information systems will be critical to maintaining a business continuity plan for GME. Protection of data is paramount to maintaining operations. Therefore, the GME Office, affiliated hospitals, and programs should employ a data protection system that includes electronic capture and storage of all data. Previous data that is still being maintained and stored, whether paper or microfilm, will be protected in an off-site and climate controlled space in order to maintain access to this information after a disaster.

Finance

During and/or immediately following a disaster, Wright State University and the employing institutions will make every effort to ensure that the residents continue to receive their salary and fringe benefits during any disaster event recovery period, and/or accumulate salary and benefits until such time as utility restoration allows for fund transfer.

Longer term funding will be determined on the basis of the expected operations of the teaching sites, Centers for Medicare and Medicaid Services (CMS) and governmental regulations, and the damage to the infrastructure of the finance and hospital operations.

Legal and Medical-Legal Aspects of Disaster Response Activity

Residents serving under the direction of their program in disaster response efforts will be covered by their employing institution's liability insurance company. Residents who act as emergency responders under an executive order issued by the governor of Ohio are immune from damages for their good faith acts/omissions in rendering emergency care, advice or assistance under emergency plans.

PROCEDURE

1. Disaster Response: 0-72 hours after occurrence

Designated Institutional Official (DIO)

The DIO is the primary institutional contact with the ACGME, RRCs, and Institutional Review Committee (IRB) Executive Director regarding disaster plan implementation and needs within the sponsoring institution. The DIO is responsible for maintaining communications between the various Program Directors, the hospital Directors of Medical Education, and the Office of Graduate Medical Education to assess the impact of a disaster on any and all areas of GME and maintaining business and educational continuity. The DIO consults with hospital leadership as needed and may decide to convene a planning meeting to work through important details in managing the situation. The DIO assessment will include the following:

- Immediate contact and discussion with program directors to determine the availability of residents and faculty to aid in disaster response.
- The feasibility of continuing on-site training within the training site(s).

The immediate email communication to all parties will go out through Graduate Medical Education Administration, hereby referred to as GME Administration.

If email communication is not possible, then GME Administration will contact the core residency Program Directors by phone or pager. Fellowship Directors should contact the Program Directors of their core residency program with fellowships to determine next steps.

The DIO will notify the ACGME Executive Director of the disaster and, if appropriate, request a declaration of disaster. The ACGME will post a notice on its website, www.acgme.org.

Program Director

First point of contact. The Program Directors will immediately assess the impact of a disaster on their own programs and on the health and well-being of the trainees within that program. This will be done by the following:

- Contacting residents in the program to gather information
- Referring affected residents to available resources for care
- Assessing the functionality of the facilities and operations in the institution that supports that particular educational program
- Identifying and arranging for alternative clinical/training sites for residents as may be needed

If necessary, the Program Directors will develop a recovery strategy and timetable and a written plan to address response, recovery, and resumption of education and services. They are responsible for getting communications out to their residents and if necessary to their fellowship directors.

Residents

Initially they are expected to report to their originally assigned hospital/clinic location. In the event the hospital/clinic is affected by the disaster and unable to operate in the usual fashion or if the patient load is skewed by the disaster, some or all of the residents may need to be reassigned by the DIO after discussion with the Program Director and approval of the DIO with the hospital officials.

2. Disaster Response: 3-30 days after occurrence

Institutional Assessment and Decision-making on Program and Institution Status

Resident Transfer

DIO (GME Administration)

The DIO will communicate in writing a formal initial report with the ACGME regarding the nature, extent, and impact of the disaster.

Within ten days after the declaration of a disaster by the ACGME, the DIO will contact the ACGME to discuss the timeframe and dates pertinent to maintaining the education of the residents within affected programs, including

- To submit program reconfigurations to the ACGME, and
- To inform trainees of any transfer decisions. The due dates for submission shall be no later than 30 days after the disaster unless other due dates are approved by the ACGME.

The DIO will monitor progress of both healthcare delivery and functional status of GME training programs for their educational mission during and following a disaster. They (or their designees) will work with the ACGME to determine the appropriate timing and action of the options for disaster impacted institution and/or programs:

1. Maintain function and integrity of program(s),
2. Transfer trainees temporarily until program(s) reinstated, or
3. Transfer trainees permanently, as necessitated by program or institution closure.

Information and decision communications will be maintained with Program Directors and trainees, as appropriate to circumstances of the individual disaster event.

Program Director

The Program Director(s) will communicate with their appropriate Review Committee(s) (RRC) regarding the impact of the disaster and, if necessary, with the specialty board(s) regarding any break in resident training and ensuring compliance as directed by the board. The ACGME website provides instructions for changing trainee email information in the ACGME Web Accreditation Data System.

The Program Director is responsible for:

- Providing direction and working with others as appropriate to locate and arrange for office space for residency faculty and staff, supplies and equipment, etc. as may be needed.
- Informing hospital affiliates, volunteer faculty and others associated with the program in a timely manner.
- Providing oversight, direction and assistance to residents to ensure a quality educational experience throughout the duration.
- Informing and providing updates as appropriate for the Department Chair about the alternative arrangements, quality of training experiences, issues, progress, etc.

Trainees

The trainees should call or email the appropriate Review Committee Executive Director with information and/or requests for information. On its website, the ACGME will provide instructions for changing trainee email information on the ACGME Web Accreditation Data System.

ACGME (from ACGME Policies and Procedures)

When warranted, the ACGME Chief Executive Officer, with consultation of the ACGME Executive Committee and the Chair of the Institutional Review Committee, will make a declaration of a disaster. A notice of such will be posted on the ACGME website with information relating to ACGME response to the disaster.

If within the **ten days** the ACGME has not received communication from the DIO or designee, the ACGME will attempt to establish contact with the DIO(s) to determine the severity of the disaster, its impact on training, and next steps.

The ACGME will assist with communications during any declared disaster. The ACGME will maintain phone numbers and email addresses for emergency communications with disaster-affected institutions.

- The DIO will call or email the IRC Executive Director with information or requests for information.
- The program directors will call or email the appropriate RRC Executive Director with information and requests for information.
- Trainees will call or email the appropriate RRC Executive Director with information and requests for information.

The ACGME will provide and periodically update its website with information relating to the disaster. The ACGME will provide instructions on its website so that a trainee can change his/her information on the Web Accreditation Data System. In the event of a disaster, the GME Office will communicate directly with program directors and trainees via all available communication techniques to provide guidance for the affected trainees. These communications will include the Graduate Medical Education Office website, the DAGMEC website, and the ACGME website.

The ACGME will establish a fast track process for reviewing (and approving or not approving) submissions by programs relating to program changes to address disaster effects, including, without limitation, (a) the addition or deletion of a participating institution, (b) change in the format of the educational program, and (c) change in the approved resident complement.

Once information concerning a disaster-affected program's condition is received, the ACGME may determine that one or more site visits is required. Prior to the visits, the DIO will receive notification of the information that will be required. This information, as well as information received by the ACGME during these site visits, may be used for accreditation purposes. Site visits that were scheduled prior to a disaster may be postponed.

New ACGME policy will supersede these current policies as they become enacted.

Resident Transfer

As soon as feasible and to the extent that it is possible, the DIO, the GME Office, and the program directors will determine whether the disruption of each program's ability to maintain the educational experience is temporary or permanent.

At the outset of a temporary transfer, a program must inform each transferred resident of the minimum duration and the estimated actual duration of the temporary transfer and continue to keep each resident informed of such durations. In the event that the transfer will continue, the program must inform the resident who has transferred.

In the event that the DIO in conjunction with the program directors determines that a program can no longer provide an adequate educational experience for the trainees, the program directors and the DIO will do the following:

- Arrange for temporary transfers to available programs to complete the educational experience on an interim basis, or
- Assist the residents to achieve permanent transfers to other programs or institutions, if necessary

If more than one program/institution is available for temporary or permanent transfer of a particular resident, the preferences of each resident must be considered by WSU. Programs must make the keep/transfer decision expeditiously so as to maximize the likelihood that each resident will complete training in a timely fashion.

Offering to Accept Transfers

If offering to accept temporary or permanent transfers from programs affected by a disaster, the DIO will complete the form found on the ACGME website. Upon request, the ACGME will give information from the form to affected programs and residents, and post the information on its website, upon authorization.

The ACGME will expedite the processing of requests for increases in resident complement from non-disaster affected programs to accommodate resident transfers from disaster affected programs. The RRC will expeditiously review applications and make and communicate decisions.

3. Post-Disaster

Plans will be made with the participating institutions to which residents have been transferred for residents to resume training at WSU.

Appropriate credit for training will be coordinated with the ACGME and the applicable RRC and

Decisions as to other matters related to the impact of the disaster on training will be made.

Item 509: Accommodation for Disabilities Policy

Adopted: August 2008; Reviewed March 2018

Extending the opportunities of higher education to people with disabilities and making reasonable accommodations which will enable its employees to perform the essential functions of their positions are high priorities at Wright State University.

The WSU BSOM supports the reasonable accommodations which will enable its residents with a disability to perform the essential functions of their positions.

Each institution that is fiscally responsible for a WSU sponsored GME program and/or site where training occurs will determine what, if any, reasonable accommodation will be made based upon its individual policy.

Residents with disabilities are responsible for requesting reasonable accommodations. They should consult with their program directors and/or employing Human Resources office to initiate the request.

Item 510: Resident Transfers Policy

Adopted: August 2008; Reviewed March 2018

Before accepting a resident who is transferring from another program, the program director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring resident.

For residents who leave the program prior to completion, the program director must provide timely verification of residency education and summative performance evaluations.

Item 511: Social Media Policy

Adopted: June 2011; Reviewed March 2018

Overview

Online social networks such as Facebook, LinkedIn and Twitter have taken on increasing importance in both personal and professional life. These social media offer unique opportunities for people to interact and build relationships and have great potential to enhance interpersonal and professional communication. As health care professionals with unique social and ethical obligations, medical students, resident physicians and medical school faculty must be keenly aware of the public nature of social media and the permanent nature of its content.

This policy has been developed to ensure that actions taken on the social Internet by members of the WSU BSOM community reflect the school's core values of professionalism, compassion, accountability, integrity, honor, acceptance of diversity and commitment to ethical behavior.

Scope & Definitions

This policy applies to all resident physicians in residency and fellowship programs of the WSU BSOM, including contractors acting on its behalf, and covers all interaction with social media. It incorporates all WSU BSOM policies relating to professional conduct, ethical behavior and online communications, including but not limited to the Boonshoft School of Medicine Code of Faculty Behavior, the Medical Student Professional Honor Code, HIPAA and Responsible Use of Information Technology. Resident physicians should follow these guidelines whether participating in social networks personally or professionally, or using personal or university-owned computing equipment when doing so.

The terms social media, social web and social networks comprise Internet- and mobile-based tools for sharing and discussing information based on user participation and user-generated content. Examples include social networking sites like LinkedIn and Facebook, social bookmarking sites like Del.icio.us, social news sites like Digg, Twitter, Youtube and other sites that are centered on user interaction. Social media content may take the form of blogs, social networks, social news, wikis, videos and podcasts.

Official School Business

Only resident physicians authorized by the medical school administration may use social media to portray themselves as representing the medical school or to conduct official business in the name of the school or one of its units. Use of any social media in an official context should have the approval of the school's Office of Marketing and Communications or the Office of the Dean. University or school logos may not be used on any social media site without the express written approval of Marketing and Communications.

Individual Use

Postings within social network sites are subject to the same professionalism standards as any other personal interactions. Resident physicians of the WSU BSOM should routinely monitor their own Internet presence to ensure that the personal and professional information on their own sites and, to the extent possible, content posted about them by others, is accurate and appropriate. Professionalism standards are outlined for students in the Principles of Medical Ethics and for faculty in the Code of Faculty Behavior.

Resident physicians of the WSU BSOM who participate in a social media site, whether in a personal or official capacity, should:

- Take steps to ensure that they have implemented appropriate privacy settings to avoid inadvertent dissemination of personal information to audiences outside their control. This includes making an effort to

ensure that you are not “tagged” in images posted by others that might be seen as portraying you in an unprofessional manner.

- Include a disclaimer with any posting that relates to their role as a member of the WSU BSOM community clearly stating that all opinions belong to the poster alone and do not necessarily reflect the views of WSU or BSOM.
- Not violate standards of patient confidentiality or communicate about patients in any manner on social media. This includes vague references even in the absence of names or other identifying information.
- Not express defamatory comments about employees, students, health professionals or patients associated with the medical school or its affiliates, post images that would denigrate anyone they come into contact with in the course of carrying out their roles as students or employees of the school or depict other students or employees engaging in unprofessional behavior.
- Not interact with or “friend” individuals through social networks when they are or have been in a physician-patient or similar relationship.

Responsibility

University administrators may look up profiles on social networking sites and may use the information in informal or formal proceedings without providing notice to the individuals involved. The same standards of professional conduct apply to social networking as to any other ethical or professional breach up to and including dismissal from the school or termination of employment.

Summary

Regardless of whether students, resident physicians, faculty, or staff are conducting official school or personal business, they are ambassadors for the school and the medical profession. In online social networks, the lines between public and private, personal and professional must not be blurred. By identifying oneself as WSU resident physician, those affiliated with the school portray an impression of the institution for those who have access to their social network profiles or blogs. Each member of the WSU BSOM community should ensure sure that all content he or she is associated with is consistent with his or her position at the school and with the school’s values and professional standards.

Reference:

(In an effort to promote learning by sharing case studies), “If the information that is shared is generic enough that nobody can identify a patient in the course of reading (Berkman, Massachusetts Medical Law Report, Social Networking 101 for Physicians, 2009), the post is permitted and is a valuable tool for physicians to share information and skills with other physicians faster than ever before.” From “Social Networking and the Medical Practice: Guidelines for Physicians, Office Staff and Patients,” published by the Ohio State Medical Association See: <http://www.osma.org/files/documents/tools-and-resources/running-a-practice/social-media-policy.pdf>.

Appendix

The American Medical Association adopted the following policy on Nov. 8, 2010

AMA Policy: Professionalism in the Use of Social Media

<https://www.ama-assn.org/delivering-care/professionalism-use-social-media>

The Internet has created the ability for medical students and physicians to communicate and share information quickly and to reach millions of people easily. Participating in social networking and other similar Internet opportunities can support physicians' personal expression, enable individual physicians to have a professional presence online, foster collegiality and camaraderie within the profession, provide opportunity to widely disseminate public health messages and other health communication. Social networks, blogs, and other forms of communication online also create new challenges to the patient-physician relationship. Physicians should weigh a number of considerations when maintaining a presence online:

- (a) Physicians should be cognizant of standards of patient privacy and confidentiality that must be maintained in all environments, including online, and must refrain from posting identifiable patient information online.
- (b) When using the Internet for social networking, physicians should use privacy settings to safeguard personal information and content to the extent possible, but should realize that privacy settings are not absolute and that once on the Internet, content is likely there permanently. Thus, physicians should routinely monitor their own Internet presence to ensure that the personal and professional information on their own sites and, to the extent possible, content posted about them by others, is accurate and appropriate.
- (c) If they interact with patients on the Internet, physicians must maintain appropriate boundaries of the patient-physician relationship in accordance with professional ethical guidelines just, as they would in any other context.
- (d) To maintain appropriate professional boundaries physicians should consider separating personal and professional content online.
- (e) When physicians see content posted by colleagues that appears unprofessional they have a responsibility to bring that content to the attention of the individual, so that he or she can remove it and/or take other appropriate actions. If the behavior significantly violates professional norms and the individual does not take appropriate action to resolve the situation, the physician should report the matter to appropriate authorities.
- (f) Physicians must recognize that actions online and content posted may negatively affect their reputations among patients and colleagues, may have consequences for their medical careers (particularly for physicians-in-training and medical students), and can undermine public trust in the medical profession.

Item 512: Patient Handoff Communication Policy

Adopted June 2013; Revised Sept 2017; Revised March 2018

Objective

To provide guidance on, and expectations for the development and implementation of a standardized process for handoff communication to ensure effective information transfer among providers during handoff with the overarching goal of minimizing the potential for medical errors. The primary objective of handoff communication is to provide accurate information about a patient's care, treatment, and services, current condition, and any recent or anticipated changes. The GMEC adopted SBAR for all WSUBSOM Programs with the exceptions of WSUBSOM Pediatric and Family Medicine Residency Programs who use IPASS.

The Accreditation Council for Graduate Medical Education, (ACGME) requires that residency programs maintain formal educational programs in handoff and care transitions. **The Agency for Healthcare Research and Quality, (AHRQ)**, emphasizes the importance of using a standardized care transition process especially for resident physicians. **The Joint Commission, (TJC)**, requires all health care providers to "implement a standardized approach to handoff communications including an opportunity to ask and respond to questions" (2006 NPSG 2E). **(Reference links are provided below.)**

Scope

This policy applies to all residency programs under the governance of WSU BSOM Individual clinical teaching sites may have additional requirements to which the residents are expected to adhere.

Definitions

Communication: the process by which information is exchanged between individuals, groups, and organizations. In order to be effective, communication should be complete, clear, concise, and timely.

Handoff (as addressed in this policy): the process of transferring patient information and knowledge, along with authority and responsibility, from one clinician or team of clinicians to another clinician or team of clinicians during routine changes of duty assignment.

Signout: as defined by the Agency for Healthcare Research and Quality (AHRQ) is used to refer to the act of transmitting information about the patient.

Transition of care: Patient movement from one area or level of care to another (e.g. emergency department to inpatient admission, general medical floor to intensive care). Such transitions are addressed in other hospital and program policies. Other examples of care transitions include shift change, a discharge, a new admission, a facility transfer, a level of care change, consulting service initiation, or admitting service changes.

Policy

Patient care responsibilities are shared among many team members including, but not limited to, residents. When a resident completes an assigned period of duty or prepares to leave the hospital/clinic to take care of other responsibilities, he/she is expected to "sign out" to the resident or attending assuming care for all assigned patients.

It is understood that specific handoff procedures will vary from one discipline to another and from one practice site to another. This policy outlines general principles and expectations for patient handoff, with the adoption of specific process and form to be determined by each program and site. Although no specific requirements are mandated, The

Joint Commission provides guidelines for the development of the handoff process. Each program and site will develop its own standardized process and incorporate The Joint Commission guidelines to include the following:

1. Interactive communication between the giver and receiver of patient information, including an opportunity for the receiver to ask for clarification of any issues or items presented.
2. A system for providing updated information regarding each patient's condition, treatment, and anticipated needs during the coverage period.
3. A strategy to minimize interruptions during the handoff process.

It is expected that every program will develop the handoff process to include the following items:

1. To whom each resident will sign out and whether handoff includes transfer of an on-call phone or pager.
Examples:
 - Intern to intern, senior to senior – handoff phone and code pager
 - Fellow to attending
 - Team to team
2. A location that will minimize interruptions
 - For many programs this will be a standard time and location for handoffs
Examples:
7:30 a.m. and 4:30 p.m. in the 6th floor conference room
 - Department conference room: all at 6:30 a.m., overnight at 11:30 a.m., short call at 5:30 p.m.
 - For other programs, a mutually agreed upon time and location that will minimize interruptions to the handoff process
 -

Standardized handoff content (consider inclusion of a standard hard copy [see sample] or electronic "signout form" with discipline-specific details for each patient as written communication may assist the person conveying clinical information in organizing his/her thoughts and presenting important details, and provides the receiving party hard copy information for future reference). The most effective handoff of patient information includes both verbal and written components. The required method is SBAR,(Situation, Background, Assessment & Recommendation), for all residency programs *except family medicine and pediatrics who use IPASS*, (Illness severity, Patient Summary, Action List, Situation awareness and contingency planning, Synthesis by receiver). Although the exact content may vary from one program to another most will likely include the following:

- a. Demographic information: name, room number, date of birth, medical record number
- b. Code status
- c. Reason for admission and active problem list
- d. Consultants currently involved in care
- e. Current medications (if not readily available from Electronic Medical Record)
- f. Allergies
- g. Selected specific therapeutics: oxygen or ventilator settings, dietary restrictions, NPO status for imaging study
- h. Expected action items (lab results, improvement in symptoms) and intended response. Examples:
 - If 9:00 p.m. Hgb < 7, transfuse one unit PRBC
 - If BP systolic consistently > 180, resume labetalol drip
 - If temperature > 101F, no need for additional cultures
- i. Special family or communication issues. Examples:
 - Minor children – custody or guardian
 - Non-English speaking, available translator

- j. Responsible attending physician, how to contact, and specific expectations for updates

If signout forms are used, they must be maintained in a confidential manner. Examples: specific document in the electronic medical record system, password protected document (Word, Excel, etc.) on a single computer workstation, handwritten hard copy passed directly from one resident to another.

Signout forms must never be:

1. Sent by unencrypted email, even through a hospital system
2. Left in a publicly accessible mailbox or other “drop area”
3. Copied for or sent to unauthorized users
4. Disposed of in non-confidential trash receptacles

Every program is expected to monitor the handoff process. Faculty should seek feedback from residents to make changes that will enhance the ability to cross-cover residents to deliver care as intended by the primary team. Residents should share ideas that will improve the quality of information delivered so covering residents can more easily adjust therapy based on changes in patient condition. The handoff processes should be revised as needed for ongoing improvement in the quality and safety of patient care.

References



Transitions Of Care
Presentation.pptx



SBAR_Rollout.docx



2017CLER_Pathways
_V1.1_Digital_Final.

<https://psnet.ahrq.gov/primers/primer/9/handoffs-and-signouts>

<https://www.jointcommission.org/toc.aspx>

Policy disclaimers: The policy described establishes a minimum standard of care and is not intended to be a substitute for more stringent processes when indicated.

Item 601: Institutional Information – Dayton Children's Hospital

Revised July 2000; reviewed March 2018

The following information pertains to residents enrolled in the WSU BSOM and Affiliated Hospitals Graduate Medical Education Program who are under contract with and receive their basic salary from Dayton Children's Hospital.

Disciplinary Actions

With respect to disciplinary procedures, the provisions of Article VIII, Hearing and Appellate Review Procedure of the JCAHO Guidelines for the Formulation of Medical Staff Bylaws, Rules and Regulations shall be applicable to the resident staff in the same manner as they are to all other members of the medical staff.

Due Process

The WSU BSOM due process policy applies to pediatric residents for non-advancement, suspension and/or termination.

Benefits, Conditions, and Policies

Stipulated or Referenced in Wright State University Boonshoft School of Medicine Graduate Medical Education Agreement

Benefit, condition, policy	In Resident Agreement?	Review benefit, condition or policy in:
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Financial Support for the Resident	Yes	WSU Resident Manual
Vacation Policies	Yes	WSU Resident Manual
Professional Liability Insurance	Yes	DCH Resident Manual
Professional Liability Insurance (Tail Coverage)	Yes	DCH Resident Manual
Disability and Health Insurance	Yes	DCH Resident Manual
Professional Leave of Absence Benefits	Yes	DCH Resident Manual
Parental leave of Absence Benefits	Yes	DCH Resident Manual
Sick Leave Benefits	Yes	DCH Resident Manual
Leave of Absence Policy	Yes	DCH Resident Manual
Policy on Effect of Leave for Satisfying Completion of Program	Yes	DCH Resident Manual
Conditions for Living Quarter, Meals, Laundry	Yes	DCH Resident Manual
Counseling, Medical, Psychological Support Services	Yes	DCH Resident Manual
Policy on Physician Impairment and Substance Abuse	Yes	WSU Resident Manual
Residents' Responsibilities	Yes	WSU Resident Manual
Duration of Appointment	Yes	DCH Resident Manual
Conditions for Reappointment	Yes	DCH Resident Manual
Policy on Professional Activities Outside of Program	Yes	DCH Resident Manual
Grievance Procedures	Yes	WSU Resident Manual
Policies on Gender or Other Forms of Harassment	Yes	DCH Resident Manual
Residency Closure/Reduction Policy	Yes	DCH Resident Manual

Item 603: Institutional Information - Kettering Medical Center

Revised July 2000; Reviewed March 2018

The following information pertains to residents enrolled in the WSU BSOM and Affiliated Hospitals Graduate Medical Education Program who are under contract with and receive their basic salary from Kettering Medical Center (KMC).

Due Process

The Kettering Medical Center Procedure for Grievance, Demotion or Non-Advancement, Suspension and/or Termination of Housestaff is available in the KMC Housestaff Policy and Procedure Manual, as well as the Wright State University Boonshoft School of Medicine Resident Policy Manual.

Benefits, Conditions, and Policies

Stipulated or Referenced in Wright State University Boonshoft School of Medicine Graduate Medical Education Agreement

Benefit, condition, policy	In Resident Agreement?	Review benefit, condition or policy in:
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Financial Support for the Resident	Yes	Resident contract
Vacation Policies	Yes	Resident contract, KMC house staff manual
Professional Liability Insurance	Yes	Resident contract
Professional Liability Insurance (Tail Coverage)	Yes	Resident contract, KMC house staff manual
Disability and Health Insurance	Yes	Resident contract, KMC house staff manual
Professional Leave of Absence Benefits	Yes	Resident contract, KMC house staff manual
Parental leave of Absence Benefits	Yes	Resident contract, KMC house staff manual
Sick Leave Benefits	Yes	Resident contract, KMC house staff manual
Leave of Absence Policy	Yes	Resident contract, KMC house staff manual
Policy on Effect of Leave for Satisfying Completion of Program	Yes	KMC house staff manual
Conditions for Living Quarter, Meals, Laundry	Yes	Resident contract
Counseling, Medical, Psychological Support Services	Yes	Resident contract
Policy on Physician Impairment and Substance Abuse	Yes	KMC house staff manual
Residents' Responsibilities	Yes	KMC house staff manual
Duration of Appointment	Yes	Resident contract
Conditions for Reappointment	Yes	KMC house staff manual
Policy on Professional Activities Outside of Program	Yes	KMC house staff manual
Grievance Procedures	Yes	KMC house staff manual
Policies on Gender or Other Forms of Harassment	Yes	KMC house staff manual
Residency Closure/Reduction Policy	Yes	Resident contract

Item 604: Institutional Information - Miami Valley Hospital

Revised July 2000; Reviewed March 2018

The following information pertains to residents enrolled in the WSU BSOM and Affiliated Hospitals Graduate Medical Education Program who are under contract with and receive their basic salary from Miami Valley Hospital (MVH).

Due Process

The Miami Valley Hospital Procedures for Grievance, Demotion or Non-Advancement, Suspension and/or Termination of Housestaff are available in the MVH Housestaff Manual. Additional guidelines and rules regarding residency are referenced in the MVH Housestaff Manual.

Benefits, Conditions, and Policies

Stipulated or Referenced in Wright State University Boonshoft School of Medicine Graduate Medical Education Agreement

Benefit, condition, policy **In Resident Agreement?** **Review benefit, condition or policy in:**

Resident/Fellow Responsibilities	Yes	Resident contract, MVH housestaff manual
Duration of Appointment	Yes	Resident contract, MVH housestaff manual
Financial Support for the Resident	Yes	Resident contract
Conditions for Reappointment and Promotion to Subsequent PGY Level	Yes	MVH house staff manual
Grievance and Due Process	Yes	MVH housestaff manual, WSU housestaff manual
Professional Liability Insurance (Tail Coverage)	Yes	Resident contract, MVH house staff manual (occurrence based policy)
Hospital and Health Benefits for residents and dependents	Yes	Resident contract, MVH house staff manual
Disability Insurance for Residents/Fellows	Yes	Resident contract, MVH housestaff manual
Vacation	Yes	Resident contract, MVH housestaff manual
Parental leave of Absence Benefits	Yes	MVH house staff manual
Sick Leave Benefits	Yes	MVH house staff manual
Leave of Absence Policy	Yes	MVH house staff manual
Policy on Effect of Leave for Satisfying Completion of Program	Yes	MVH house staff manual
Professional Leave of Absence Benefits	Yes	MVH house staff manual
Parental leave of Absence Benefits	Yes	MVH house staff manual
Sick Leave Benefits	Yes	MVH house staff manual
Leave of Absence Policy	Yes	MVH house staff manual
Residents/Fellows Must Adhere to the duty hours		
Conditions for Living Quarter, Meals, Laundry	Yes	MVH house staff manual
Counseling, Medical, Psychological Support Services	Yes	WSU Resident Manual, MVH house staff manual
Policy on Physician Impairment and Substance Abuse	Yes	WSU Resident Manual, MVH house staff manual
Policy on Professional Activities Outside of Program (Moonlighting)	Yes	MVH house staff manual
Policies on Gender or Other Forms of	Yes	WSU Resident Manual, MVH house staff

Harassment		manual
Residency Closure/Reduction Policy	Yes	WSU Resident Manual

Item 605: Institutional Information - Veterans Affairs Medical Center

Revised July 2000; Reviewed March 2018

The following information pertains to residents enrolled in the WSU BSOM and Affiliated Hospitals Graduate Medical Education Program who are under contract with and receive their basic salary through a disbursement agreement with the Department of Veterans Affairs.

Disciplinary Actions

Disciplinary action will be in accordance with the guidelines for due process which were promulgated by the Wright State University School of Medicine. The Residency Review Committee at the Veterans Affairs Medical Center (VAMC) is the administrative body, chaired by the Chief of Staff, that ensures disciplinary actions are followed in accordance to the guidelines. These guidelines involve adherence to medical ethics, prevention of sexual harassment, avoidance and correction of personal impairment, and completion of medical records.

Prescription Privileges

Granting of prescription privileges and a prescription number is accomplished through the Chief of Staff office. It is essential that residents/fellows place the number next to their signature when writing orders.

Electronic Resident Manual

An electronic resident manual is available to residents/fellows over the Decentralized Hospital Computer Program (DHCP). The manual assists with all facets of duties as well as important information regarding rotation at the VAMC. Each department has personnel available to train residents/fellows how to use the electronic resident manual and make entries into the electronic medical record for the patient.

Benefits, Conditions, and Policies

Stipulated or Referenced in Wright State University Boonshoft School of Medicine Graduate Medical Education Agreement

Benefit, condition, policy	In Resident Agreement?	Review benefit, condition or policy in:
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Financial Support for the Resident	Yes	VAMC electronic manual
Vacation Policies	Yes	VAMC electronic manual
Professional Liability Insurance	Yes	VAMC electronic manual
Professional Liability Insurance (Tail Coverage)	Yes	Federal Tort Claims Act details the VAMC's involvement in liability situations
Disability and Health Insurance	Yes	VAMC electronic manual
Professional Leave of Absence Benefits	Yes	VAMC electronic manual
Parental leave of Absence Benefits	Yes	VAMC electronic manual
Sick Leave Benefits	Yes	VAMC electronic manual
Leave of Absence Policy	Yes	Policies for specific leave categories are addressed in the manual
Policy on Effect of Leave for Satisfying Completion of Program	Yes	VAMC electronic manual
Conditions for Living Quarter, Meals, Laundry	Yes	VAMC electronic manual
Counseling, Medical, Psychological Support Services	Yes	VAMC electronic manual
Policy on Physician Impairment and Substance Abuse	Yes	VAMC electronic manual
Residents' Responsibilities	Yes	VAMC electronic manual

Duration of Appointment	Yes	VAMC electronic manual
Conditions for Reappointment	Yes	VAMC electronic manual
Policy on Professional Activities Outside of Program	Yes	VAMC electronic manual
Grievance Procedures	Yes	VAMC electronic manual
Policies on Gender or Other Forms of Harassment	Yes	VAMC electronic manual
Residency Closure/Reduction Policy	Yes	VAMC electronic manual

Item 606: Institutional Information - Wright-Patterson Airforce Medical Center

Revised July 2011; Reviewed March 2018

The following information pertains to Active Duty military residents enrolled in the WSU BSOM sponsored Graduate Medical Education Programs and assigned to Wright-Patterson Airforce Base Medical Center (WPMC).

Salary Levels

Salary is determined by federal statute and varies according to rank and time in service.

Benefits

Insurance

Professional liability. Liability coverage is provided by the hospital at which the resident performs the patient care. While performing duties within the scope of their residency at WPMC, liability is covered by the Federal Tort Claims Act and provides coverage on an occurrence basis rather than a claims-made basis.

Disability. The Military Disability System is based on public law and provides comprehensive benefits. Members of the armed forces are also covered by the Social Security Disability System.

Medical/Dental. Active duty military officers receive comprehensive medical and dental benefits. Outpatient medical and dental care are provided at no charge. Inpatient care is charged at the rate of \$7.50 per day. Comprehensive mental health services ranging from counseling to psychiatric care are provided without fee from the WPMC Mental Health Clinic.

Family members are provided medical insurance through TRICARE, which provides a choice of TRICARE Prime, Standard or Extra. Family members must be enrolled in DEERS to be eligible for medical benefits. TRICARE Prime requires additional enrollment to that plan and assignment to a Primary Care Manager. There is no cost to enroll, but varying co-pays and deductibles apply depending on the choice of plan. Information about TRICARE can be obtained from the TRICARE Service Center at 1-877-874-2273.

Family Dental insurance is provided through United Concordia. Coverage is available for one family member or more than one family member and premiums vary. Information about United Concordia can be obtained online at www.tricaredentalprogram.com or by calling 1-888-622-2256.

Life. Active duty military personnel are automatically provided Serviceman's Group Life Insurance (SGLI) in the amount of \$400,000 for a fee of \$27 per month deducted from military pay. Lesser amounts must be requested in writing at the Military Personnel Flight.

Leaves

Educational. Educational leave is subject to program director approval. Short courses of study and educational meetings will be included in each program's annual budget requests and are subject to Medical Group Commander approval. Other requests for permissive TDY will be considered on an individual basis and managed in accordance with Air Force regulations.

Vacation. Vacation time is governed by the individual program and guided by ACGME rules. "Military Leave" is earned at a rate of 30 days per calendar year. Active duty members must be on Military Leave when on vacation regardless of whether they are at WPMC or a civilian hospital and must follow Air Force regulations pertaining to leave. Accrued Military Leave may exceed the amount of vacation time allowed by the individual program and may be carried forward to the next duty assignment.

Sick Leave. Active duty members have unlimited sick leave. However, if they miss more than one duty day, they must be placed on "Quarters" or "Convalescent Leave" through a military medical provider. Extended leaves of absence may affect completion of current rotations and is managed by the program director.

Parental Leave of Absence. Maternity and paternity leave follows Air Force Regulations. Military members may use their earned Military Leave for this purpose. Advance Leave may be granted if necessary. All leave is coordinated through the program director and authorized in accordance with Air Force Regulations.

Personal Leave of Absence. Federal regulations prohibit active duty military members from taking unpaid leave. If a leave of absence is granted from the residency program, the military resident must report to their Squadron Commander for duties to be performed during the leave of absence. If a period of absence is of such a length as to require the training program to be extended, this request must be coordinated through the WPMC Director of Medical Education who must obtain permission from the Air Force for this extension. The need for program extensions will be determined by the program director based upon the specialty board requirements for months of training needed for board eligibility and by ACGME specified required rotations.

Meals. Meals are on a cash basis. Food service is provided for breakfast, lunch, and dinner 7 days per week. Air Force regulations prohibit the hospital from providing food items free of charge to the residents' lounge.

Parking. Parking is free. Hospital staff, including residents, are not allowed to park in lots immediately adjacent to the hospital (adjacent to the pharmacy entrance and the emergency room entrance) or in any lots marked as patient parking.

Other Benefits. Sleep rooms are provided for residents required to provide in-hospital overnight call. A resident lounge is provided. A small gym is open 24 hours/day, is located in the hospital basement, and is available to all residents free of charge.

Outside Employment

Active duty military residents are not allowed to pursue outside employment.

Medical Licenses

Active duty military physicians may obtain a medical license from any state or US jurisdiction. Air Force regulations (AFI 44-119) require residents to take the licensure exam and obtain a medical license when first eligible. This is usually after completion of the first post-graduate year of training. Addresses of various state medical licensing boards may be obtained from the Graduate Medical Education Office at WPMC.

Discrimination/Harassment Policy

The Air Force has a strict policy against discrimination and sexual harassment. Such behavior will not be tolerated, practiced, or condoned, and will be met with administrative or judicial action. The Air Force has a well-organized program to investigate and act when such behaviors are reported or discovered through monitoring activities. If a resident believes he/she has been the subject of sexual harassment or discrimination, the resident may report it to the Wright-Patterson Residency Program Director or Director of Medical Education, or to the Flight Squadron or Medical Center Commander. Additionally, the resident may report the event directly to the Social Actions Office for Wright-Patterson AFB (937-257-5028) who will conduct the official investigation.

Standards of Professional Appearance

See Memorandum for Resident and Medical Students.

Residency Closure/Reduction Policy

In the event that either a WSU BSOM Integrated GME program or the Air Force intends to close or reduce the size of a residency program, the residents so affected will be notified as soon as possible. In the event of such a reduction or

closure, every effort consistent with the requirements of the US Air Force will be made to allow the residents already in the program to complete their education. If any residents are displaced by such closure or reduction, the program director will make every effort to assist the residents in enrolling in a program in which they can continue their education.

Disciplinary Action

Through affiliation agreements established between WSU BSOM, military residents are enrolled in the WSU BSOM Integrated Graduate Medical Education Program. In addition to maintaining academic good standing, enrollment in this program is contingent upon the military resident maintaining his or her status as a member of the Armed Forces.

As military officers, residents are under continual obligation to demonstrate the highest standards of conduct, integrity, and officership. At all times, military residents are subject to and must comply with the Uniformed Code of Military Justice (UCMJ), Department of Defense Instructions, Directives, and Regulations, and Air Force Directives and Instructions. In addition, while enrolled in the WSUBSOM Graduate Medical Education Program, military residents are also subject to WSUBSOM policies. When adverse actions are taken by faculty against military members on purely academic grounds, faculty shall comply with the due process policies established by WSUBSOM and the due process standards of AFI 41-117, *Medical Service Officer Education*.

Military Disciplinary and Administrative Actions. Occasionally, a military resident's conduct or medical/mental health condition may render the member unfit for continued service. In such cases, military disciplinary and administrative policies shall be followed to address the situation. As examples, these situations include, but are not limited to, violations of the UCMJ or other military regulations, unsatisfactory compliance with military weight and fitness standards, and development of medical or mental health conditions that disqualify the resident for world-wide duty. In the event a member is discharged, retired, or placed in a no pay status as the result of military disciplinary or administrative action, WSU BSOM shall be notified and the resident will be automatically dis-enrolled from the Graduate Medical Education Program. WSU BSOM due process policies do not apply in this situation. Due process and appeals of such military actions are outlined in DOD and AF policies.

The fact that military disciplinary or administrative actions are taken against a member does not preclude appropriate academic action. Certain offenses or medical/mental health condition may implicate both a military resident's fitness for continued military service and his or her potential for successfully completing the academic program. In such cases, both military disciplinary or administrative actions and academic actions may be done concurrently.

Wright-Patterson Medical Center
Resident Issue Resolution Policy

This policy applies to military residents assigned to Wright-Patterson either in a freestanding or integrated residency program, and to civilian residents while rotating at Wright-Patterson. It is Medical Center policy residents shall have their issues addressed and resolved in a professional manner and without fear of intimidation or retaliation.

Residents should first address their issues within their academic program using the various resources available, such as their program director or associate program director, faculty advisor or other faculty member, chief resident, department chairperson/flight commander, or education committee for that program. If a degree of anonymity is desired, the residents may address their concerns through their chief resident or resident representative to their program's education committee.

In the event the resident's issues are not resolved within the academic program, or if the resident feels intimidation or realization may occur if his or her issues are brought to the attention of their program, the resident may present their issues to the following:

Substance Abuse		
Residents' Responsibilities	Yes	AFI 41-117, ¶134.1
Duration of Appointment	Yes	WSUBSOM GME agreement
Conditions for Reappointment	Yes	WSUBSOM GME agreement
Policy on Professional Activities Outside of Program	Yes	Resident Manual; AFI 44-102
Grievance Procedures	Yes	Resident Manual; AFI 41-117, UCMJ
Policies on Gender or Other Forms of Harassment	Yes	Resident Manual; AFI 36-2701, Chap 7; Mandatory 2 hr course in Equal Opportunity during orientation
Residency Closure/Reduction Policy	Yes	Resident Manual

Item 605: Institutional Information – Wright State Physicians