

# CANTON MEDICAL EDUCATION FOUNDATION

## RESIDENT/FELLOW PHYSICIAN MANUAL

Internal Medicine  
Cardiovascular Disease  
Interventional Cardiology

AULTMAN HOSPITAL • CLEVELAND CLINIC MERCY HOSPITAL







## RESIDENT/FELLOW PHYSICIAN MANUAL



Dear Resident/Fellow Physicians,

Welcome! I am pleased that you have chosen to further your professional career through residency/fellowship training with CMEF. We are dedicated to your success! We will provide the resources that you will need to thrive while meeting the challenges in completing this phase of your professional development. Your faculty promises to set high standards and assist you in achieving them. You will practice along with others who value evidence-based, compassionate care of patients and their families.

The success of CMEF is measured by your success. You are encouraged to actively participate in assessing our programs and to assist us in our goal of continually enhancing the experience of all learners in our institution. You will also have the opportunity to teach medical students and other residents/fellows during your tenure here. Thank you in advance for taking this responsibility seriously and thus contributing to the future of our profession.

We are all privileged to have been given the opportunity to study and achieve the status of physician. We look forward to working with you as you discover the rewards of service to others, the joy of touching the lives of patients in your care while assisting them toward improved health, and the sense of accomplishment when you have done all in your power to excel in meeting your professional goals.

Sincerely,  
Roger Musa, M.D., D.I.O.  
Executive Director, Medical Education



**TABLE OF CONTENTS**  
EXHIBIT A

Page

**I. Administration and Governance of the Graduate Medical Education Program ..... 6**

Aultman Health Foundation Mission Statement..... 7

Aultman Health Foundation Values ..... 8

Cleveland Clinic Mercy Hospital Mission Statement..... 9

Canton Medical Education Foundation Statement of Commitment..... 10

Aultman Corporate Compliance Program ..... 11

Cleveland Clinic Mercy Hospital Corporate Compliance Program..... 14

Protecting Patient Privacy ..... 16

Graduate Medical Education Organization Chart ..... 18

Graduate Medical Education Accreditation ..... 19

**II. Terms of Contract ..... 19**

Hours on Duty ..... 19

ECFMG Certificate ..... 20

License/Training Certificate ..... 20

Pre-Employment Requirements ..... 20

Corporate Compliance ..... 20

Dress Code..... 21

**III. Stipends and Benefits ..... 21**

Educational Allowance..... 21

Travel Reimbursement..... 22

Financial Support for Resident/Fellow Research and Travel..... 22

### III. Stipends and Benefits *(continued)*

Sick Time .....	25
Bereavement .....	26
Jury Duty.....	26
Health Club Reimbursement .....	26
Hardship Loans .....	26
Health Care Insurance - Medical, Dental and Vision .....	27
Life Insurance .....	28
Short-Term Disability .....	28
Long-Term Disability.....	29
Professional Liability Insurance.....	29
Retirement Plan.....	29
Workers' Compensation .....	30
Vacation .....	30
Leave of Absence .....	30
On-Call Rooms.....	32
Meal Allowance.....	32
Dining Options .....	32
Lounge.....	34
Lab Coats .....	34
Lockers.....	34
Parking.....	34
Aultman Fitness Center.....	34

### IV. Policies and Procedures ..... 34

Eligibility and Selection.....	34
Nonimmigrant Visas .....	36
Resident/Fellow Transfers .....	37
Resident/Fellow Duty Hours .....	38
Moonlighting .....	42
Resident/Fellow Supervision and Responsibilities .....	43
Resident/Fellow Evaluation .....	46
Professionalism .....	47

#### IV. Policies and Procedures *(continued)*

Promotion and Reappointment.....	47
Harassment .....	48
Physician Impairment .....	49
Dismissal, Suspension, and Other Forms of Corrective Action .....	51
Grievance .....	52
Medical Services .....	53
Counseling/Psychological Services.....	54
Disability Accommodations for Residents/Fellows .....	54
Final Clearance .....	55
Reduction/Closure.....	55
Disaster Response .....	56

#### V. Hospital Information ..... 57

Medical Education Department.....	57
Health Sciences Library.....	57
Media Services.....	58
Medical Records .....	58
Transcription Services.....	60
Pharmacy.....	61
Autopsies.....	61
Pathology/Laboratory .....	61
Radiology .....	62
Pagers.....	62
Emergency Paging .....	63
Mail .....	64
Personal Status Change .....	64
Automatic Banking.....	64
Photo ID Badge .....	64
Personal Telephone Use .....	65
Social Events .....	65

Revised March 2022

## I. Administration and Governance of the Graduate Medical Education Program



The residents/fellows and faculty of Aultman Hospital and Cleveland Clinic Mercy Hospital comprise a community whose shared mission is the education and socialization of the health professional and the promotion of quality care in our community. To that end, the hospitals endorse certain beliefs, that provide a context for learning and teaching.

Through its education programs, Aultman Hospital and Cleveland Clinic Mercy Hospital seek to ensure academic excellence by providing highly qualified faculty, residents/fellows, and staff, the incentive necessary for excellence and the resources necessary to support the educational mission. The aims of this mission are to encourage personal growth and to facilitate the acquisition of the knowledge, skills, and attributes specific to the chosen profession in an environment characterized by openness and respect between the residents/fellows and faculty.

The hospitals' academic programs are designed to build on the competencies of general education, emphasize the development of critical thinking abilities, to encourage curiosity, and instill a desire of lifelong learning. Learning is viewed as an active, dynamic process for which residents/fellows and faculty share responsibility. The educational experiences of all the residents/fellows are designed to incorporate opportunities for interdisciplinary dialogue and collaboration in classroom, clinical and social settings.

The hospitals recognize and support individual differences in learning and teaching styles, values, interests and abilities, and believe that such variety enriches the academic climate. Embodied in the educational mission are the ideals of free expression, diversity, individual well-being, commitment to the common good, collegiality, tolerance, civility and equal opportunity for full and positive participation of each individual.

The community of education bears responsibility for preserving the hospitals' rich education heritage while also embracing opportunities for change and growth as the hospitals move toward the future.

This Resident/Fellow Manual is intended to help answer questions about the residency program and set forth information about what is expected from you and what you can expect as you complete your residency/fellowship program. The language in this manual is not intended to constitute a contract between Aultman Foundation or the hospital and you, although it does summarize or address certain requirements under your separate residency/fellowship contract. Should you have any questions about any provisions, please consult your program director or Aultman Human Resources.

Please note that all contents of this Resident/Fellow Manual are to be interpreted in conjunction with, and are subject to, all applicable laws, regulations and accreditation and governing authority requirements.



## MISSION: Lead Our Community to Improved Health

### OVERVIEW

Aultman Health Foundation is a not-for-profit health care system with a primary service area of Stark, Wayne, Carroll, Tuscarawas and Holmes counties. The vertically integrated organization includes Aultman Hospital, the locally managed health-insurance provider AultCare and the Aultman College of Nursing and Health Sciences. With more than 5,000 full- and part-time employees, Aultman is Stark County's largest hospital and employer.

### OUR ORGANIZATION

- **Aultman Hospital** has been providing high-quality health care services since 1892. Aultman is a teaching hospital with 808 licensed beds and more than 535 physicians offering over 40 medical specialties. Major clinical programs include cancer, heart, orthopedics, women and children's services, neurosurgery, emergency/trauma and critical care.
- **AultCare** is the largest hospital-based preferred provider organization in Ohio, with more than 500,000 enrollees from over 2,100 employers. AultCare offers health plans for individuals and families, along with Medicare Advantage plans for seniors.
- **Aultman College of Nursing and Health Sciences** prepares exceptional health care professionals who positively impact society. The college offers Associate of Science in nursing and Associate of Science in radiography degrees, along with a BSN completion program.
- **Aultman Orrville Hospital** is a 25-bed critical access facility that provides inpatient and outpatient services including diagnostic testing, obstetrics, medical/surgical care and emergency services.
- **The Aultman Foundation** provides grant funding to area nonprofit organizations that focus on health, education and human services.
- **Aultman Alliance Community Hospital** provides a full range of inpatient and outpatient services and is a Planetree-affiliated facility. The hospital is one of Alliance's largest employers with more than 1,000 employees.

### SATELLITE FACILITIES

- **Aultman Medical Group (AMG)** is a multi-specialty practice that provides primary and specialty care, diagnostic services and a health education center. AMG has satellite locations throughout our community, including primary care offices and an oncology center.
- **Aultman North, West and Carrollton** outpatient centers offer immediate care services for minor injuries and illnesses, imaging services, physical and occupational therapy, sports medicine and more.
- **Aultman Massillon** is a 24/7 emergency department serving residents of western Stark County and eastern Wayne County with emergency care, imaging services, physical, occupational and speech therapy, lab services, pain management, sports medicine and much more.
- **Aultman Woodlawn** features a 60-bed skilled nursing unit, 30-bed inpatient rehabilitation unit and offices for home health care and hospice services. The Woodlawn campus is home to the Women's Board of Aultman Hospital Compassionate Care Center inpatient hospice and grief center.
- **Aultman Tusc** offers outpatient physical and occupational therapy, occupational rehabilitation, balance and vestibular rehabilitation, lymphedema therapy, a speech therapy program and a limited fitness center. Aultman Weight Management – which offers three medically supervised weight-loss programs – is also housed there.



- **Aultman Louisville** features outpatient physical therapy and lab services.
- **Aultman Center for Pain Management** offers a variety of outpatient services to help patients manage chronic pain.
- **AultWorks** treats work-related injuries and offers services including drug and alcohol screenings, physical exams, X-ray and lab services, and immunizations.
- **Aultman Home Medical Supply** manages the selection, delivery, setup and maintenance of home-care products including breathing support systems, walkers and wheelchairs, hospital beds and oxygen systems.
- **Aultman Family Practice Center of Waynesburg** provides care to insured and underserved members of the community. Various physician offices are also housed there.

## OUR "RESPECT" VALUES

*Aultman will ...*  
**R**ecognize and accept the unique talents of every Aultman team member.

Creates an environment that celebrates diverse perspectives and experiences while leveraging teamwork in support of our mission.

*Aultman will ...*  
**E**xceed patient, enrollee and student expectations.

Incorporates courtesy, honesty and respect in all services to achieve excellence in customer satisfaction.

*Aultman will achieve ...*  
**S**uccess through teamwork.

Gives employees the opportunity to experience job fulfillment and satisfaction in a working environment where participation and productivity are encouraged and where open, honest working relationships exist.

*Aultman will ...*  
**P**romote a highly reliable organization.

Provides continuous quality improvement and creates a safe working environment by upgrading and maintaining facilities and procedures.

*Aultman will ...*  
**E**ducate our community.

Provides educational programs for physicians, nurses, employees, patients, families and community that focus on current and preventive health-care issues.

*Aultman will maintain ...*  
**C**ost-effective management of resources.

Emphasizes cost control and effective use of resources to maintain a financially stable organization; provides the community with both secure employment and quality health care.

*Aultman will maintain ...*  
**T**rust and integrity in all relationships.

Fosters fair, honest and open relationships through programs designed to promote appreciation, encouragement and recognition.



## MISSION STATEMENT

As a Catholic health care organization, our mission at Cleveland Clinic Mercy Hospital is to continue Christ's healing ministry by providing quality, compassionate, accessible and affordable care for the whole person.

## VALUES (R.E.A.C.H.)

### Respect

Each person is uniquely created by God, therefore, each life is sacred. We treat every person with dignity, promoting an inclusive, collaborative environment where all are empowered to work together.

### Excellence

We excel in our care of patients through competent employees and volunteers, continuous improvement, advanced technology, and on-going education. We provide excellence in clinical programs, service principles, and efficient use of resources.

### Attitude

We demonstrate enthusiasm and courtesy to our patients, co-workers, physicians and visitors, guided by moral and ethical standards.

### Compassion

We attend to the needs of each person with tender care and empathy by addressing his/her fears, pain and suffering.

### Holistic Care



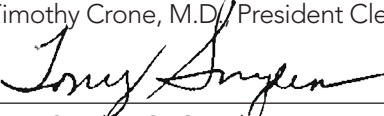

We work together to meet the physical, emotional and spiritual needs of our patients.

**CANTON MEDICAL  
EDUCATION FOUNDATION  
STATEMENT OF COMMITMENT**

Canton Medical Education Foundation is firmly committed to Graduate Medical Education. Graduate Medical Education plays an integral role in providing high-quality patient care in a humanistic care environment. Integral to this commitment is the responsibility to provide the necessary clinical, educational, administrative, financial and human resources to support Graduate Medical Education.

The Graduate Medical Education Committee and the Medical Education Department oversee and direct the residency and fellowship training program for the Canton Medical Education Foundation. The aim is to produce programs that meet or exceed all accreditation requirements, and to include all elements of a competency-based experience with ample program, faculty and trainee outcome assessment.

Through the auspices of the Canton Medical Education Foundation, Aultman Hospital and Cleveland Clinic Mercy Hospital reaffirm their support of the resident and fellowship education programs, which reflect the commitment to delivering quality health care in Stark and the surrounding communities.

 Michael Linz, M.D., Chairman, Board of Directors	<u>02/23/2021</u> Date
 Timothy Crone, M.D., President Cleveland Clinic Mercy Hospital	<u>2.24.2021</u> Date
 Tony Snyder, CEO Aultman Hospital	<u>3.17.2021</u> Date
 Susan E. Mercer, M.D., Designated Institutional Official Chair, Graduate Medical Education Committee	<u>3-17-2021</u> Date

# AULTMAN CORPORATE COMPLIANCE PROGRAM

The health care industry is very complex and subject to many rules and regulations, particularly regarding federal health care programs such as Medicare and Medicaid. The federal government requires health care providers have compliance programs designed to reduce health care fraud, waste, and abuse. As part of Aultman's effort to follow the laws that govern us, a Corporate Compliance Program was introduced in 1997.

Aultman is committed to conducting business legally and with integrity by complying with applicable federal, state, and local laws and acting in an ethical manner consistent with its Code of Conduct. We believe that Corporate Compliance is good business. It helps fulfill our caregiving mission to our patients and to the community. It is also evidence to our workforce members and the community of Aultman's strong commitment to honest and responsible conduct. Aultman's Chief Compliance Officer is responsible for the daily oversight of the Corporate Compliance Program.

**General Responsibility of Every Aultman Workforce Member:** Compliance is an important part of every workforce member's job. Each workforce member is responsible for having a general knowledge and understanding of Aultman's Corporate Compliance Program and Code of Conduct. Workforce members should also know (from a lay perspective) what laws apply to Aultman generally, and to them specifically, when performing their job.

Aultman believes that an effective way to prevent potential violations of legal and ethical standards is to encourage workforce members to ask questions and report concerns to management or to the Compliance Officer. Reporting to the Compliance Officer may be done in person, in writing, by email at [compliance@aultman.com](mailto:compliance@aultman.com), by phone at (330) 363-3380, or anonymously by using the confidential Compliance Line (1-866-907-6901). Workforce members and other persons appropriately reporting concerns and potential violations may do so without fear of retaliation or disciplinary action. Failure to report suspected violations could adversely affect Aultman's ability to identify, investigate, correct, and prevent potential or actual violations. For this reason, the deliberate failure by an workforce member to report a known or suspected violation will be considered unacceptable behavior.

Upon receiving a report of a suspected violation or non-compliant act, Aultman will conduct an investigation. If it determines that a violation has occurred, it promptly will take reasonable steps to: (1) Correct the violation or bring actions into compliance; (2) Prevent the same or similar violations from occurring in the future; and (3) Make any disclosures and repayments required by law.

## POLICY ON PROVIDING INFORMATION ABOUT FALSE CLAIMS ACT

**Applicable Federal and State Laws for Preventing Fraud, Waste and Abuse:** Aultman must comply with numerous federal, state, and local laws, including those aimed at preventing fraud, waste, and abuse in Medicare and Medicaid.

One of the biggest risk areas for hospitals, in general, is preparing, coding and submitting claims for repayment and reimbursement by federal and state health care programs. Section 6032 of the federal Deficit Reduction Act of 2005 requires hospitals to include in workforce member handbooks policies to educate workforce members about the False Claim Act, as well as policies for detecting and preventing fraud, waste, and abuse.

**False Claims Act:** The False Claims Act is a federal law enacted to prevent fraud, waste, and abuse by government contractors, including health care providers under the Medicare and Medicaid programs. To combat fraud, waste, and abuse, the False Claims Act allows the federal government to bring legal action against health care providers who submit “false claims.” A “false claim” arises when an individual or an organization: (a) knowingly presents, or causes to be presented, to the federal government a false or fraudulent claim for payment or approval; (b) Knowingly makes or uses, or causes to be made or used, a false record or statement in order to have a false or fraudulent claim paid or approved by the government; or (c) Conspires to defraud the government by getting a false or fraudulent claim paid or approved. A false claim is different from an “honest mistake.” Any individual or organization that knowingly submits a false or fraudulent claim for payment may be liable for significant fines and penalties.

It is not necessary for the government to prove that a hospital or medical provider intended to defraud the government. The term “knowingly presents” includes reckless regard for the truth or falsity of claims, or acting with “deliberate ignorance” (i.e., looking the other way when one knew, or should have known, there is a problem with the truth and accuracy of claims at the time they are submitted).

Examples of potential false claims include inaccurate or incorrect coding, upcoding, unbundling of services, billing for medically unnecessary services, billing for services not done, duplicate billing, and insufficient or falsified documentation in the medial record to support the code. It is important that each workforce member who is involved in the preparation and submission of claims remains aware of and current on his/her legal obligations.

**Investigating and Qui Tam Actions:** The False Claims Act also contains what is known as a “qui tam” or “whistleblower” provision that allows private individuals to bring to the government’s attention suspected violations of the False Claim Act. The False Claim Act permits lawsuits to be brought by whistleblowers, typically workforce members or former workforce members, who have knowledge of fraudulent activities. Those who act in good faith in bringing whistleblower claims are protected under the law.

**Program Fraud Civil Remedies Act of 1986:** The Program Fraud Civil Remedies Act of 1986 authorizes federal agencies to investigate and assess penalties when a provider submits false claims or statements to an agency. The conduct is similar to that prohibited by the False Claims Act.

**Ohio Medicaid Law:** Under Ohio law, a health care provider can be liable for obtaining or attempting to obtain payment for false claims submitted in an attempt to defraud Medicaid. Specifically, Ohio Revised Code section 2913.40 prohibits hospitals and medical providers from knowingly making, or causing to be made, false or misleading statements to obtain Medicaid reimbursement. Those who violate this statute may be found guilty of “Medicaid Fraud,” which is a criminal offense.

Additionally, Ohio Revised Code section 5164.35 prohibits hospitals from willfully receiving payments that they are not entitled to receive, or from willfully receiving payments in an amount more than what they should receive. Those who violate this statute must repay three times the value of excess payments, plus additional civil monetary penalties.

Ohio law also provides protection for whistleblowers reporting violations under certain circumstances. If a workforce member reports a violation of Ohio’s Medicaid Laws in good faith to his/her supervisor or to another member of the management team, Aultman may not take disciplinary or other retaliatory action against the workforce member.



**Penalties:** Individuals and organizations who violate the False Claims Act are subject to civil monetary damages, including repayment of overpayments; payment of interest; a per claim fine between \$11,181 and \$22,363; trebling of damages (the amount of damages may be tripled); and payment of costs. Those who violate the Program Fraud Civil Remedies Act of 1986 may be assessed double the damages up to \$11,181 for each false claim or fictitious claim.

If a False Claim Act violation is serious, a health care provider may be subject to criminal prosecution under federal criminal statutes, including the fraud, waste, and abuse and anti-kickback laws, as well as HIPAA health care offenses. Besides criminal and civil penalties, those convicted of submitting a false claim or other program-related offenses may be excluded from participating in Medicare, Medicaid, and other federal health care programs.

A violation of the False Claims Act may also subject the violator to civil or criminal prosecution by the Ohio Attorney General under Ohio's Medicaid Laws. A health care provider who violates Ohio's Medicaid Laws must repay all excess amounts and interest. A provider may also be subject to a fine between \$5,500 and \$11,000 for each claim, in addition to the trebling of damages and repayment of costs.

**Prevention:** Consistent with its mission and values, Aultman has policies in place to detect, identify, investigate, correct, and prevent fraud, waste, and abuse. Aultman regularly conducts internal audits and engages qualified independent consultants to review its performance with the intent of complying with applicable laws.

**Duty to report:** If any workforce member has a question or concern about compliance, including the proper preparation and submission of claims, or a potential violation of the False Claims Act, Ohio statutes pertaining to the submission of claims to Medicaid, that workforce member has a responsibility to ask the question or report the concern.

**No Retaliation:** Any workforce member who asks a question or appropriately reports a concern or suspected violation of any applicable law, including the False Claims Act or Ohio Medicaid statutes, will not be subject to retaliation or disciplinary action by Aultman.

**Aultman Compliance Office:** (330) 363-3380

**Aultman Compliance Email:** [compliance@aultman.com](mailto:compliance@aultman.com)

**Aultman Confidential Compliance Line:** 1-(866) 907-6901

# CLEVELAND CLINIC MERCY HOSPITAL CORPORATE COMPLIANCE PROGRAM

**Program Structure:** Our Compliance Program is intended to demonstrate in the clearest possible terms the absolute commitment of the organization to the highest standards of compliance and to faithfully reflect the Catholic mission and values of the hospitals. This commitment permeates all levels of the organizations.

The Compliance Officer reports to the President and CEO of each hospital and the Board of Directors. The Compliance Officer can be reached through the facility's Administrative Offices.

**Resources for Guidance and Reporting Violations:** To obtain guidance on a compliance issue or to report a suspected violation, we may choose from several options. We encourage the resolution of issues at a local level whenever possible. It is an expected good practice, when we are comfortable with it and think it appropriate under the circumstances, to raise concerns first with your supervisor. If this is uncomfortable or inappropriate, another option is to discuss the situation with another member of management in our organizations. We are always free to contact the:

## **Compliance Reporting Contacts**

**Corporate Compliance Office: 216-444-1709**

**Email: [corporatecompliance@ccf.org](mailto:corporatecompliance@ccf.org)**

**Anonymous Reporting Line: 1-800-826-9294**

**Cleveland Clinic Mercy Hospital: 1-888-511-4103**

We will make every effort to maintain, within the limits of the law, the confidentiality of the identity of any individual who reports possible violation. It is a violation of the compliance program to retaliate against any individual for reporting a potential violation made in good faith. Any colleague who deliberately makes a false accusation with the purpose of harming or retaliating against another colleague will be subject to discipline.

**Personal Obligation to Report & Whistleblower Policy:** We strive to serve our patients through acceptable, ethical, and legal practices. All employees, medical staff members, agents, and contractors are responsible for promptly reporting actual or potential infringements of law, regulation, policy, or procedure related to federal or state fraud and abuse provisions, including any false claims provisions.

Any possible fraudulent or dishonest use or misuse of resources or property by management, staff, or members will be investigated. Anyone found to have engaged in fraudulent or dishonest conduct in conjunction with operations is subject to disciplinary action up to and including civil or criminal prosecution when warranted.

All patients and employees are encouraged to report possible fraudulent or dishonest conduct. Such employee or patient ("whistleblower") should report his/her concern to the Compliance Officer, who will report the incident and resolution of it to the CEO in a timely manner. If for any reason the whistleblower finds it difficult to report his/her concern to the Compliance Officer, the whistleblower can report it to the CEO or Chairman of the Board of Directors. A call may also be made to the respective Compliance Hotline. Anyone making a report or providing information alleging fraudulent or dishonest conduct shall not be subjected to reprisal, retaliation, or retribution. This policy does not excuse knowingly providing false information.

**Internal Investigations of:** We are committed to investigating all reported violations promptly and confidentially to the extent possible. The respective facility Compliance Officer will coordinate any findings from the investigations and immediately implement corrective action or changes that need to be made. We expect all employees to cooperate with investigation efforts for the well-being of the organization.

**Corrective Action:** Where an internal investigation substantiates a reported violation, it is the policy of the organization to initiate corrective action, including, as appropriate, making prompt restitution of any overpayment amounts, notifying the appropriate governmental agency, instituting whatever disciplinary action is necessary, and implementing systemic changes to prevent a similar violation from recurring in the future at any hospital.

**Discipline:** All violations of the Code will be subject to disciplinary action. The precise discipline utilized will depend on the nature, severity, and frequency of the violation and may result in any of the following disciplinary actions:

- Verbal warning
- Written Warning
- Suspension
- Termination
- Restitution

**Internal Audit and Other Monitoring:** Our hospitals are committed to the aggressive monitoring of compliance with its policies. Much of this monitoring effort is provided by the internal audit function, in collaboration with the facilities' Compliance Officers, who routinely conduct internal audits of issues that have regulatory or compliance implications. The hospitals also routinely seek other means of ensuring and demonstrating compliance with laws, regulations, and organization policy.

In addition, each facility will undertake an annual Mission and Ministry Audit to ensure the implementation of the Ethical and Religious Directive for Catholic Health Care Services as well as other practices. This audit should provide a context for the practice of ethical behavior and compliance.

**Acknowledgment Process:** The hospitals require all employees to sign an acknowledgment confirming they have received the Code of Conduct and understand it represents mandatory policies of the hospitals. New employees will be required to sign this acknowledgment as a condition of employment. Adherence to and support of the Code of Conduct and Ethical Behavior and participation in related activities and training will be considered in decisions regarding hiring, promotion, and compensation for all candidates and employees.

# PROTECTING PATIENT PRIVACY

Federal privacy regulations address patient rights and the type of information that is protected. Additional security regulations that apply to electronic protected health information. Collectively, these regulations are known as the Health Insurance Portability and Accountability Act (HIPAA) and they set standards for protecting patient privacy.

Most of us at some point will have contact with patient information. For some it may be every day, for others, just once in a while. But regardless of how often, we all have a responsibility to protect the privacy and confidentiality of patient information.

Our patients and our community expect us to protect their information.

As healthcare workers, we have legal, ethical and moral obligations to protect patient health information.

**What information is considered private?:** Protected Health Information (PHI) is any information generated in the course of treating a patient that may allow identification of that individual. PHI can be as simple as a prescription linked to a person's name or as in-depth as records listing someone's complete medical history.

**How do we protect patient information?:** Follow the Minimum Necessary Standard. This means that employees should only access information needed to do their job and disclose only the information that someone else needs to do their job.

## How do we safeguard patient information?

- Discuss patient information privately.
- Use individual passwords.
- Do not share or disclose your password.
- Log off before you leave your workstation.
- Use shredding containers.
- Use common sense and good judgment.

## How can we use and disclose patient information?

- for treatment, payment, and health care operations purposes
- for legally mandated reporting
- with patient authorization
- for inquiries about patients, limited to name, location in facility and general condition, unless the individual has chosen to be excluded from the Patient Directory (also referred to as a DNP)
- to family and friends of the patient – with approval from the patient



## What key rights does HIPAA provide to patients regarding their health information?

- The right to request access to and a copy of PHI
- The right to request amendments to PHI.
- The right to request an accounting of certain disclosures
- The right to request alternative communications or restrictions to PHI
- The right to file a complaint without retaliation
- The right to receive written Notice of Privacy Practices

**The HIPAA Privacy Rule:** The HIPAA Privacy Rule was created to protect the privacy of health care patients.

In summary, it:

- Sets boundaries on how we use and disclose patient information
- Provides patients with certain rights
- Includes penalties for violations of patient privacy

Aultman has always been committed to protecting our patients' privacy and will continue to do so by complying with the HIPAA Privacy Rule. Providing our patients with quality health care includes protecting their confidential information.

The HIPAA Breach Notification Rule.

A "breach" is the acquisition, access, use or disclosure of PHI in a manner not permitted under the HIPAA Privacy Rule, which compromises the security or privacy of PHI.

The Breach Notification Rule provides requirements for notifying affected patients, the U.S. Department of Health and Human Services Secretary and the media in the event of a breach of unsecured PHI.

Breaches are often a consequence of unsecured information. To avoid breaches, always follow approved procedures for encrypting information or making it unreadable.

Breaches most often occur when someone sends a misdirected e-mail message containing PHI in an unencrypted attachment or when PHI is redirected or stored on consumer grade file sharing systems or in personal e-mail accounts.

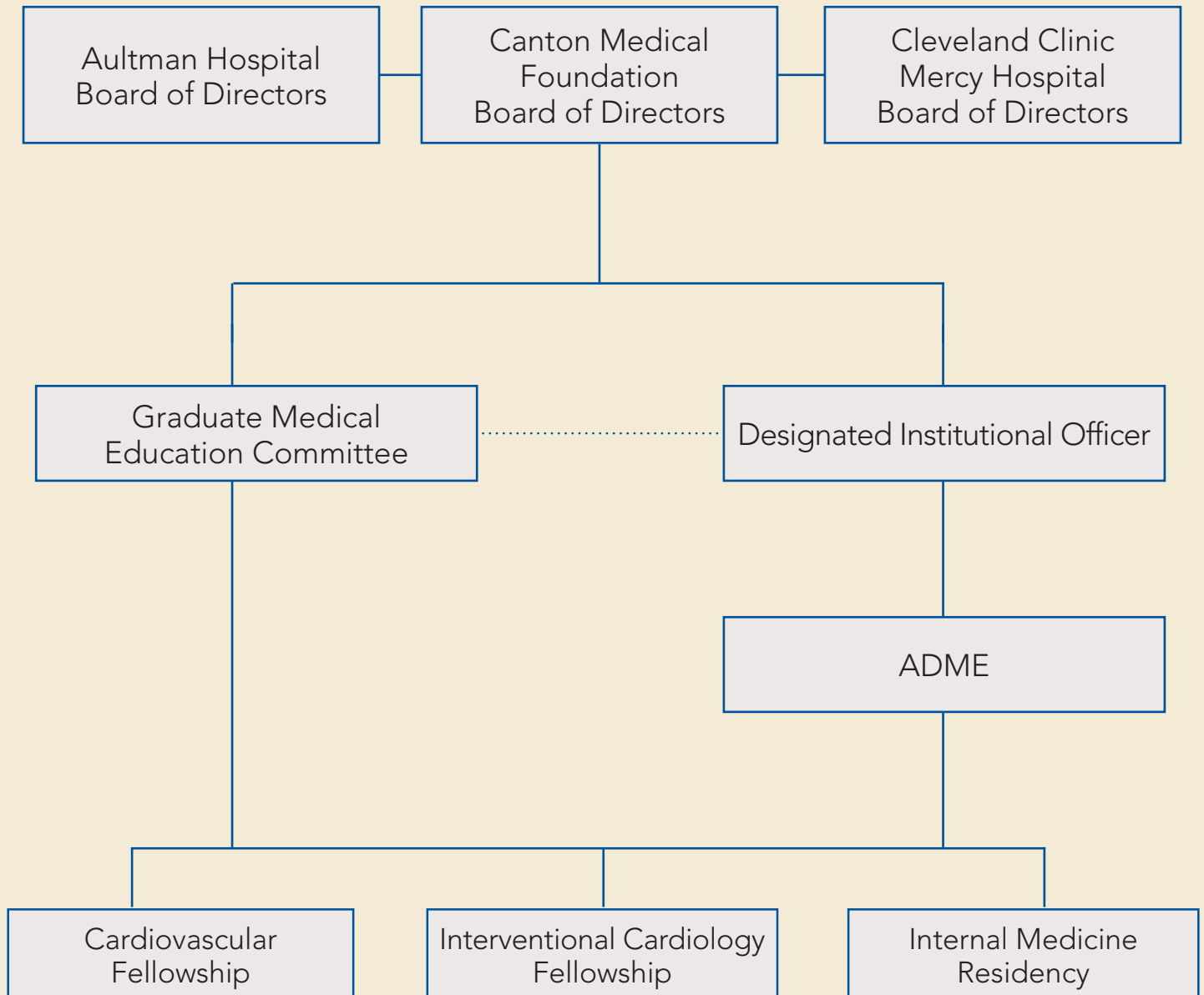
Contact your manager immediately if:

- You believe PHI is being transmitted or stored improperly
- A device is lost or stolen
- You become aware of a breach
- If you think there is even a slight chance that a breach occurred

## Where do I go for answers about protecting patient privacy or to report concerns?

- Talk to your manager
- Review HIPAA policies and procedures, forms, and guidelines on the Aultman Intranet in the HIPAA category under Knowledge Management
- Contact Aultman Medical Group Compliance Officer at 330-433-1493, or extension 46493
- Email [compliance@aultman.com](mailto:compliance@aultman.com)
- Contact Tim Regula, Chief Compliance and Privacy Officer, at 330-363-7448, extension 37448 or by emailing [tim.regula@aultman.com](mailto:tim.regula@aultman.com)

# CANTON MEDICAL EDUCATION FOUNDATION



# GRADUATE MEDICAL EDUCATION ACCREDITATION

The Accreditation Council for Graduate Medical Education (ACGME) sponsored by the American Board of Medical Specialties, the American Hospital Association, the American Medical Association, the Association of American Medical Colleges, and the Council of Medical Specialty Societies currently accredits all allopathic Graduate Medical Education Programs. The Canton Medical Education Foundation maintains institutional continued accreditation.

## II. SUMMARY OF TERMS OF CONTRACT

The resident/fellow agrees to perform satisfactorily, and to the best of his/her ability, those customary duties in the field of education and training, and to conform to all hospital policies, procedures, and regulations applying to residents/fellows.

Residents/fellows are not required to sign a non-competition guarantee.

### HOURS ON DUTY

Duty assignment will be made on all services by the program director and/or chief resident/fellow of the service involved, and will include on call rotations as well as usual working hours.

The chief resident/fellow or program director of the service to which you are assigned is responsible for the rotation of your various duties on that service. You are responsible to your chief resident/fellow, since he/she is responsible for you. If you have any questions, check with your chief resident/fellow (or assistant chief resident/fellow).

Your chief resident/fellow or program director will arrange a schedule of nights and weekends off. IF, BECAUSE OF AN EMERGENCY, YOU MUST LEAVE THE HOSPITAL AT A NONSCHEDULED TIME, YOU MUST REPORT TO YOUR CHIEF RESIDENT/FELLOW PRIOR TO SIGNING OUT. YOU CANNOT SIGN OUT TO A RESIDENT/FELLOW ON ANOTHER SERVICE WITHOUT PRIOR PERMISSION. Before leaving the hospital at any time, sign out to the telephone operator. Inform the operator who is taking your calls. Inform the physician taking your calls of any matter that may require special attention, such as seriously ill patients that you are leaving in his/her care. When you return, inform the operator that you are back.

When assigned to a service, residents/fellows will complete histories and physicals on patients assigned to the service. All elective surgeries must have histories and physicals prior to going into surgery. Changes in patients' conditions should be called to the attention of the senior resident/fellow assigned to the service or to the attending physician, if the senior resident/fellow is not available. Residents/fellows should consult with the attending physician before ordering unusual procedures, medications or treatments.

Residents/Fellows are to answer calls to the division promptly and courteously. While on night-call, "CODE BLUE" and "EMERGENCY" calls constitute the most urgent situations and are to be answered immediately by all assigned residents/fellows. The attending physician or resident/fellow assigned to the service the next day may handle calls of a non-urgent nature. Sleeping rooms are provided in designated areas. Unless an exception is made by the program director, when on call, a resident/fellow must stay in the hospital.

## ECFMG CERTIFICATE

ECFMG certification is necessary for graduates of foreign medical schools to enter US residency/fellowship programs accredited by ACGME (excluding Fifth Pathway residents/fellows).

## LICENSE/TRAINING CERTIFICATE

It is the responsibility of the residents/fellows to obtain either a training certificate or a permanent state license to practice medicine in the State of Ohio. When starting the residency/fellowship program, the hospital will provide the training certificate application and fees. If the resident/fellow obtains a permanent license, it is the resident's/fellow's duty to provide Medical Education with a copy of the permanent license immediately. Any cost and the renewal for the permanent license will be the responsibility of the resident/fellow.

## PRE-EMPLOYMENT REQUIREMENTS

All job offers are contingent upon satisfactory completion of a medical/physical examination that includes screening for drugs and nicotine. Aultman will assume the costs of the medical/physical examination, which must be performed by an Aultman approved physician/physician assistant/nurse practitioner who is familiar with the demands of the particular position and who can certify whether the candidate is capable of performing his or her specific responsibilities. In a case of an candidate with a disability, this examination will take into consideration any reasonable accommodations that the candidate may voluntarily request. All medical/physical examination results will be kept confidential as required by federal and state law.

Currently the medical examination includes, but may not be limited to, the following: a two-step tuberculosis skin test (if the candidate is unable to provide documentation of two consecutive years of negative TB tests including the measurement in mm induration), rubella/rubeola, a urine drug screen for substance abuse, a nicotine screening, a screening test for communicable diseases, and a consultation with a physician/physician assistant/nurse practitioner for a physical examination. Aultman reserves the right to test for other substances or diseases as permitted by law.

Pre-employment medical examinations are scheduled and provided by the Hospital at no cost to the job candidate. Arrangements for the physical and lab work are made through the Medical Education Department.

The offer of employment will be revoked if the job candidate declines to undergo a medical examination or fails to meet the minimum physical requirements for the job.

## CORPORATE COMPLIANCE

All residents/fellows are required to comply with all of the legal and other requirements related to his/her job. This includes, but is not limited to, completing yearly: a safety test, TB test and FIT test (for PPE mask fitting), signing a corporate compliance agreement, confidentiality agreement, and an electronic communications agreement. All residents/fellows are required to be certified in Basic Life Support (BLS), and Advanced Cardiovascular Life Support (ACLS). All ACLS/BLS certifications/recertifications must be endorsed by the American Heart Association (AHA) per hospital guidelines. The residency/fellowship will pay for all first time certification courses and materials, as well as the first recertification course. If a resident/fellow fails to pass the certification/recertification course on the first attempt, the resident/fellow is responsible for paying for the additional courses. In addition, if the resident/fellow fails to attend the class, he/she will be charged for the course. Additional life support classes may be mandatory for some residencies/fellowships.



## DRESS CODE

Residents/fellows are expected to maintain a standard of dress that projects an image of professional integrity and service excellence. Residents/fellows are expected to dress according to the service they are rotating on. Scrubs should not be worn in the office setting except when simultaneously covering OB/GYN service. Lab coats must be kept clean and worn in all clinical areas. Hospital-owned scrubs are prohibited from leaving hospital property.

Please also consult the dress code policy in the main employee handbook regarding other dress code requirements.

## III. STIPENDS AND BENEFITS

Each resident/fellow will be provided a stipend, as well as educational allowances, sick time, bereavement, and jury duty pay. These benefits represent compensation for patient care services and support for the educational components of the residency/fellowship program.

Salary and benefits are listed on the Resident/Fellow Benefit Sheet, which are specific to each program. (See Exhibit A-1). The annual stipends and benefits are reviewed and revised yearly. The appropriate stipend levels are reviewed and approved by GMEC. This is sent as a recommendation to the CEO for approval.

### STIPEND

Resident's/fellow's payments are made on alternate Fridays and are paid through automatic deposit. The annual stipend is divided into 26 equal pay periods, each covering a two-week period. All employees are required to sign up for direct deposit.

Federal, state and local laws require the following deductions be made from the gross income of residents/fellows: federal withholding tax, Social Security, Medicare, and State of Ohio tax. Any resident that is on a J-1 Visa may be exempt from Social Security and Medicare Withholding up to two tax years.

The resident/fellow will continue to be offered his/her appointment, with accompanying stipend and perquisites, only as long as his/her obligations, as described in this manual, continue to be performed in an acceptable and professional manner.

Chief residents/fellows will receive an additional annual stipend of \$1,500.00 that will be paid in a lump sum.

### EDUCATIONAL ALLOWANCE

Each resident/fellow will be allotted an educational allowance, in addition to the usual stipend, per academic year, based on his/her level of training within the residency/fellowship program. Approved expenditures for this allowance will be at the discretion of the individual residency/fellowship program. These expenditures cannot be carried over to the next academic year. Five days of conference time is allowed in addition to vacation time per academic year. Special exceptions may be made when there are schedule conflicts that prohibit a resident/fellow from taking his/her allowance and time. Each program has specific policies regarding educational allowance and conference time. Please refer to them for more detail.

## TRAVEL REIMBURSEMENT

All travel requests must be approved in advance by the Program Director.

Individuals will be granted travel time depending upon the location of the conference and the schedule of the conference. Should the person choose to extend his/her time at the conference, further time off will be deducted from their vacation time.

Educational travel should be limited to the continental United States.

The following travel costs will be reimbursed:

- Air Flight (coach) for one
- Hotel stay (number of nights depends upon location of conference and start time of the event). Hotel stays should be minimized.
- Meals: Maximum \$58/day
- Registration and course fees
- Travel between airport and hotel (shuttle bus or taxi)
- Necessary expenses for travel from hotel to meeting site (maximum \$75 per conference)
- Airport Car Parking Fees

The following are not reimbursable expenses:

- Car rental and all associated expenses\*\*\*
- Entertainment
- Travel expenses for companion(s)

\*\*\*An individual may choose to rent a car, but reimbursement will be capped at \$50 (reflects saving for airport/hotel shuttles).

Employees who choose to drive rather than travel by air will be reimbursed for the actual mileage, or up to the airline fee, whichever is lower. In these situations, documentation of airline fees must be submitted with the expense reimbursement form. These fees can usually be obtained from various travel websites.

All reimbursements must be accompanied by a receipt. Itemized hotel bills should be attached to expense reimbursements – no credit card summarized statements. All expense reports must be turned in within 30 days of the trip to receive reimbursement.

## INTERNAL MEDICINE: RESEARCH AND TRAVEL

Residents are required to complete a scholarly project. Original research is encouraged. Submission of abstracts/case presentations/research based on scholarly activity to regional/national conferences for presentation or for publication is strongly encouraged.

Each resident must have submission requests approved in advance. A flow diagram is provided demonstrating these steps. The resident must review the scholarly idea with faculty mentor and complete the initial abstract/case report, etc. with faculty oversight/supervision. The faculty must approve the final submission prior to notifying medical education.

A copy of this policy with signature by the resident and faculty mentor must be submitted, which includes the name, dates and venue of the conference. The resident will then provide a copy of the scholarly submission to medical education to identify any conflicts with resident scheduling of the proposed conference. If conflict is present, the submission will be denied. If no conflict, medical education will notify the resident to proceed with submission and dates will be tentatively placed in the vacation schedule.

Resident MUST notify the Internal Medicine Program Coordinator as soon as declination or acceptance of submission is made. The Coordinator will update vacation schedules as necessary.

Conferences are limited to the continental United States.

The resident may be eligible for a stipend of \$1,500 to support his educational endeavor. This may be awarded up to two times during the course of the resident's tenure in the program. If the resident is not successfully meeting the requirements of the residency program or is on a remediation plan, the resident may not be eligible for these stipends.

A maximum of three days is allocated for travel and time allowance for presentation at this conference.

The following travel costs for approved travel will be reimbursed:

- Air flight(coach) for one
- Hotel stay (number of nights depends upon location of conference and date/time of presentation)
- Meals: maximum \$58/day
- Registration fees
- Travel to and from hotel (shuttle bus or taxi)
- Airport parking fees

The following are not reimbursable expenses:

- Car rental and all associated expenses
- Entertainment
- Travel expenses for companion(s)

## CARDIOVASCULAR FELLOW: RESEARCH AND TRAVEL

### Purpose

To establish guidelines for the use of funds to support fellow research projects at Aultman Hospital post-graduate training.

### Description

Funds are available for the purpose of fostering and supporting fellow research. These funds are administered through the Aultman Hospital Graduate Medical Education Department.

These funds are available for the following research related needs:

- Research equipment or materials
- Special computer software
- Laboratory tests or equipment
- Travel expenses for the purpose of dissemination

Funds are only available by written request to the Administrative Director of Medical Education.

## PROCEDURE- TRAVEL & RESEARCH PRESENTATION:

### Eligibility

Travel expenses are only available to current fellows who have had research abstracts accepted at national and regional meetings for presentation. One fellow may receive funding per abstract accepted and that individual must demonstrate significant involvement with the project.

The fellow must be:

- First author of a research paper
- Presenting original research.

In the event the “first author” is unable to attend the meeting, another fellow who worked on the project may be designated to present the research.

### Exception

A second fellow with significant involvement in the project may receive funding for the presentation if this is the only presentation that the fellow will attend during the entire fellowship.

### Presentation

Fellow research presentation may include presentations of papers, abstracts and/or posters.

### Conference

Appropriate conferences for presentation include national college and academy meetings and other conference regarded as major peer review conference within the continental U.S. and Canada. International travel will be allowed only if it is a U.S. national organization meeting overseas.

### Fellow Time Off

This will be determined at the discretion of the program director; however, time off may be deducted from the fellow's vacation or education time.

### Travel/Meeting Allowance Time

The fellow will be granted one day travel to the conference, one day for the research presentation and one day travel home from the conference. Should the fellow choose to extend his or her time at the conference, further time off will be deducted from their vacation and education time.

### Fellow Conference Funds

Should the fellow choose to extend his or her time at the conference to further his or her own education, the fellow may be required to expend conference monies for those days at the program director's discretion.

### Covered Expenses

The following travel costs will be reimbursed:

- Air flight (coach fare) for presenter.
- Hotel (single occupancy) during convention [up to 3 days]. This may be extended if the posters are to be “up” for multiple days. Consult with ADME.
- Meals (\$58 per day).
- Registration and course fees.



- Travel to and from hotel (shuttle bus preferred).
- Necessary expenses for travel from hotel to meeting site (maximum \$75 per fellow per conference) \* e.g., bus or taxi rides. Does not include travel for recreation. A fellow may choose to rent a car, but reimbursement will be capped at \$75.

NOTE: Reimbursement is limited to two conferences per academic year. There is a maximum of \$2,500 for one conference, with a maximum total reimbursement of \$4,000 in an academic year. If expenses run over, the fellow may submit for reimbursement out of their Travel & Education Allowance.

The following travel costs will not be reimbursed:

- Travel expenses for spouse or friend
- Rental cars
- Entertainment

### Application for Travel Expenses

A request for a travel grant must be made in advance on the "Application for Fellow Travel Fund Approval" form by the responsible program director. A copy of a) the abstract of the presentation and b) the letter of acceptance should accompany the request. A request must be submitted to three (3) weeks prior to travel departure date.

Complete the "Application for Fellow Travel for Research Purposes" form. Once the form is completed and appropriate signatures have been obtained, the fellow will forward it to the administrative director of Medical Education for approval.

If approved, the fellow will fill out a Travel Expense Report in accordance with all Aultman Hospital travel guidelines. No monies will be available until travel is completed and appropriate original receipts are turned in.

### SICK OCCURRENCE POLICY

The sick time deposited into a resident's/fellow's "sick bank" at the beginning of the contract year should be used to provide a resident with continued income if the employee personally becomes sick or injured. Sick time is not to be used when taking time off for other instances such as: to care for ailing family members, family emergencies, or time lost for travel.

At the beginning of the academic year, each resident will be allotted 40 hours (5 days) of non-accrued sick days and 140 hours of non-accrued LOA.

**Sick Days:** This time is to be used to provide continued income if/when the resident/fellow becomes sick or injured. Sick time will encompass 5 work days at full pay.

**LOA:** This time is to be used to provide continued income when the resident is on a qualifying leave of absence. The sick time from the sick days balance will be automatically used first. Residents will then have an additional 12 working days at full pay and 11 working days at half pay. The other half days can be no pay or vacation at the discretion of the resident. Residents must reserve one week of vacation time for use outside of the approved LOA. The first FMLA approved LOA during residency/fellowship may be granted up to an additional 100 hours of LOA in order to ensure the first 6 weeks are paid at 100% of their salary.

Each instance a resident/fellow calls off sick is considered an "occurrence." An occurrence can consist of one day or multiple days. To be considered one occurrence, the multiple days must be concurrent. A Friday and Monday are NOT considered concurrent. The program coordinator/administrator will track the number of occurrences that each resident/fellow takes. Excessive absenteeism is part of the professionalism competency and will be considered part of the longitudinal evaluation. Sick days taken due to a qualifying disability under the law or under FMLA will not be considered an occurrence.

Generally, sick days taken abutting a weekend, vacation, conference or holiday will be deducted from vacation time, not sick time.

The Program Director may require a meeting to discuss sick occurrences. After the third occurrence, the resident/fellow must meet with the Program Director upon returning to work. If the Program Director feels that the number of occurrences is excessive, he/she has the discretion to assign extra make-up duties or other corrective measures.

NOTE: For paternity time off, a resident/fellow can use FMLA or Personal 1 leave (which is two weeks long and PTO only). Whether it is FMLA or Personal 1, sick time cannot be utilized.

## **BEREAVEMENT**

Each resident/fellow is granted up to three working days with regular pay in the event of death in his/her immediate family. Immediate family is defined as mother, father, spouse, children, stepchildren, sister, brother, stepparent, grandchildren, grandparents, mother-in-law and father-in-law. Any additional time that is reasonably required may be granted without pay that is reasonably required.

## **JURY DUTY**

GMEC recognizes the obligation of US citizens to serve on a jury when summoned. Any resident/fellow called to jury duty will be paid his/her regular stipend (less any compensation received for serving on the jury). If he/she is excused or not seated as a juror, it is expected that he/she be available to work. A written notice confirming the jury duty is necessary for any compensation.

## **HEALTH CLUB REIMBURSEMENT**

All residents/fellows are given a taxable allowance of \$120 per year to spend on membership at an area health club. Requests for reimbursement with a copy of the receipt should be made to the Medical Education Department. Employees will need to supply a yearly contract or proof you have paid for ONE year of payments in order to be reimbursed

## **HARDSHIP LOANS**

Hardship loans are available to aid residents/fellows to offset the expenses of relocation and to assist with the start/continuation of the education in the residency/fellowship program when financial pressures might prevent them from doing so. . The loans are available any time after his/her contractual start date. Written requests are made to the Department of Medical Education. The request must state the reason for obtaining the loan. The request requires the approval of the Administrative Director of Medical Education.

Residents/Fellows may request interest-free loans up to \$2,000. No interest is charged and loans must be repaid within a maximum twelve-month period. They are repaid via payroll deductions. Loan balances will become repayable in full should the resident/fellow terminate his/her contract or otherwise leave the residency/fellowship program and the resident/fellow agrees to such deductions.

## HEALTHCARE INSURANCE: Medical, Dental, and Vision

The following sets forth a summary of health care insurance benefits that are currently provided and/or offered to residents/fellows. Please note that all benefits are subject to the terms of the applicable benefit plans, which may change from time to time.

### Eligibility/Coverage:

Health Insurance coverage through AultCare is provided starting the first day of July for residents/fellows and their families. For off cycle residents/fellows, the coverage starts on their contractual start date. If any resident/fellow is required to report before their contractual start date for any reason, they will be offered an opportunity to begin their coverage on that day. He/She will be responsible for the cost of this “gap” coverage.

The Internal Medicine residents are offered two plans from Aultcare. The 1000/100C and 2500a (High Deductible Health Plan). The standard premium rates for the health insurance apply.

The Cardiovascular fellows choose between a Traditional plan or two High Deductable Plans offered by AultCare. To be eligible to purchase medical insurance under all available plan options, the fellow must complete the “Health Insurance Eligibility Form” and return it to Human Resources by the deadline stipulated on the form. This requirement must be completed annually or an additional per pay surcharge will be assessed. The standard premium rates for the health insurance apply otherwise.

The resident must fill out an AultCare enrollment form when starting residency. The fellow will make AultCare insurance selection via the Aultman Employee Portal. Medical Education will supply fellow with the instructions to access the employee portal to make insurance selections. Insurance selections must be made within the first 30 days of employment in order to be eligible. In general, eligible family members are spouses (unless legally separated) and dependent children to 26 years old. If the resident’s/ fellow’s spouse has medical health care coverage offered through his/her employer, he/she is required to take that coverage on himself/herself as primary. If the spouse’s birthday comes first in the calendar year, his/her insurance must also be primary for any children. A divorce decree naming someone responsible for health care expenditures for natural and stepchildren who live in the home will be honored.

Bee Healthy is a voluntary wellness program available to fellows. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008 and the Health Insurance Portability and Accountability Act, as applicable, among others.

Employees who choose to participate in the wellness program will receive a monetary incentive of and qualify for reduced health premiums (if offered) for having an age- or gender-specific screening, having a dental and/or vision screening and completing an online HRA for having an annual physical with your primary care provider. Although you are not required to complete the HRA or participate in the screenings, only employees who complete your verified biometrics will receive the incentive.

Dental insurance is provided to the resident/fellow through Aultcare. Dental Insurance coverage is provided to the resident through the Hospital's Dentemax Dental Plan. The resident/fellow has to choose either Premier or Premier/Orthodontia. The cost of the dental coverage is contingent on the plan and family coverage that the resident/fellow chooses.

Vision Insurance is provided to the resident/fellow and family through VSP. The cost of the coverage is contingent on those covered.

### Change in Coverage:

If a marital status number of dependents changes, the Medical Education Department must be notified within 30 days of the date of change in status. The coverage will then become effective on the first day of the following month. An exception is made for the birth of a child for whom coverage will take effect on the date of birth. A change from family to individual coverage may be made at any time. However, a change from individual to family coverage cannot be made until the next open enrollment period, unless there is a change in family status. Open enrollment is usually in November or December.

### Coverage Ends:

Health care coverage terminates when the residency/fellowship program is finished, either by graduation or termination. Coverage may be continued through a period of time under COBRA. Cost of continued coverage is the resident's/fellow's responsibility after they leave the residency/fellowship program.

## LIFE INSURANCE

The following summarizes life insurance benefits that are currently provided and/or offered to residents. Please note that all benefits are subject to the terms of the applicable benefit plans, which may change from time to time.

### Claim

All active residents/fellows are provided with a group term-life insurance policy of \$30,000. The life insurance policy is in affect the first day of active training. A beneficiary must be designated at the time of hire. If a change of beneficiary is needed to be made at any time while insured, a request must be made in writing.

### Beneficiary

Benefits payable upon the resident's/fellow's death are payable to the beneficiary living at the time. Unless otherwise specified, if more than one beneficiary survives the resident/fellow, all beneficiaries will share equally. If no beneficiary is alive on the date of the resident's/fellow's death, payment will be made to the estate. The resident's/fellow's insurance will cease on the date of termination of employment.

### Elective Life Insurance

Additional life insurance is available through Reliance Standard. Evidence of insurability is required. Enrollment forms are available in Human Resources.

## SHORT-TERM DISABILITY

The following summarizes short-term disabilities benefits that are currently provided and/or offered to residents/fellows. Please note that all benefits are subject to the terms of the applicable benefit plans, which may change from time to time.

Short-term disability is provided to any resident/fellow that becomes totally and continuously disabled because of 1) injury; 2) sickness; or 3) complicated pregnancy (excluding delivery and maternity leave).

Under short-term disability, the resident/fellow can receive benefits if he/she becomes totally and continuously disabled under the plan. The resident/fellow approved for benefits will be paid a weekly disability benefit of 50% of his/her weekly earnings, not to exceed a weekly benefit of \$300.00. These benefits will commence on the 61st day of disability and will continue through a maximum period of 26 weeks. No benefit will be payable for any day that the resident/fellow is not under the care of a physician. The maximum benefit will be reduced by any benefits that are payable on account of disability by any Workers' Compensation, employer's liability or similar law. This benefit has a buy up option.

Insurance coverage and any benefits will terminate on the date the resident's/fellow's employment terminates.

## LONG-TERM DISABILITY

The following summarizes long-term disability benefits that are currently provided and/or offered to residents. Please note that all benefits are subject to the terms of the applicable benefit plans, which may change from time to time.

Long-term disability is an optional insurance plan for the protection of income that a resident/fellow may elect to purchase in the event of a continuous disability. Enrollment may be done at the time of hire, with no medical exam or during open enrollment during the month of November, at which time he/she will be medically underwritten. The cost of the premium is generally based on age per \$100 of covered salary.

To be eligible to receive benefits, the resident/fellow must be continuously disabled for 180 days. The resident/fellow approved will receive 50% of his/her monthly earnings up to a maximum monthly amount. The resident/fellow approved for benefits is not required to pay the premium while receiving benefits. This benefit may be reduced by the amount of other income replacement the resident/fellow receives for the same disability, i.e. Social Security, Workers' Compensation, etc.

## PROFESSIONAL LIABILITY INSURANCE

During the term of the resident's contract, Aultman Hospital shall provide physician professional liability coverage through Aultman's self-insurance program, with limits of \$1,000,000 per occurrence and \$3,000,000 annual aggregate. Upon termination of employment or expiration of the resident's contract for any reason, Aultman will provide physician with tail coverage, or the functional equivalent thereof, through a self-insurance program or a commercially available "tail coverage" policy.

If a resident/fellow is served a subpoena, he/she should report the fact to the Medical Education Department, Risk Management, or to his/her Program Director immediately so that efforts may be made to assist the resident/fellow in responding to the legal requirements of the subpoena.

Aultman Hospital reserves the sole right to settle any claim or lawsuit out of court, without the consent of the physician.

This insurance coverage does not extend to resident/fellow physicians for any activity, that is not an assigned part of the formal residency/fellowship program, such as moonlighting. Professional liability insurance is also provided by the Cleveland Clinic Mercy while residents/fellows are at that facility. Residents/Fellows should consult Cleveland Clinic Mercy to learn the details of malpractice coverage by that entity.



## RETIREMENT PLAN

The GMEC believes that all residents/fellows deserve an employer contribution retirement plan. Each resident/fellow may participate in a retirement plan under which they will receive a contribution equal to 3 percent of his/her gross wages in a retirement account. All residents/fellows have a 401(k)/403(b) retirement plan available to them. This plan contributes 3 percent of their biweekly gross wages into a retirement account. Residents/Fellows may also contribute to this plan at any time and can deduct a range from 1 to 75 percent of their pay up to any applicable statutory limits.

Enrollment for CMEF residents: See the Administrative Director of Medical Education for instructions.

## WORKERS' COMPENSATION

The State Workers' Compensation Act provides compensation for all accidental injuries that occur while at work. Aultman Hospital pays the entire cost of this benefit for all residents/fellows.

## VACATION

Each resident/fellow is entitled to 120 hours (15 working days) of non-cumulative vacation time per contract year. Vacation time cannot be applied or carried over from one contract year to the next.

Vacations in all cases are to be scheduled well in advance and only with the concurrence of the Chief Resident/Fellow and/or Program Director. Vacation requests should be made by the established deadline for each department.

Requests are to be made in writing by completing a vacation request form available in the Residency/Fellowship Departments. Ordinarily, no vacations will be permitted during the first two weeks or the last two weeks of any academic year.

Residents/Fellows are encouraged to fully utilize this benefit during the contract year it is provided. Any unused vacation time will not be paid upon completion of training and/or upon termination of employment. National and religious holidays are not considered automatic holidays for residents/fellows.

## LEAVE OF ABSENCE

Aultman recognizes that, during your employment, you may need to take an extended period of time off from work (generally three or more calendar days) for medical or other reasons.

To apply for a leave, the resident/fellow must contact his/her Program Director and the Administrative Director of Medical Education (ADME). From that point, the ADME will work with Human Resources and the resident/fellow to complete the paperwork requirements. The Office of Graduate Medical Education follows the Aultman Health Foundation guidelines and the Federal Family Medical Leave Act for leaves of absence.

All residents/fellows are eligible for leave immediately upon employment.

## FMLA

**Basic and Active Duty Leave:** This includes:

- a) The birth of a child and to care for such child or placement for adoption or foster care of child.
- b) To care for an immediate family member (spouse, child under 18 years or 18 and over that is incapable of self-care due to a disability defined by the Americans with Disabilities Act, or parent) with a serious health condition.

- c) A serious health condition which renders you unable to work.
- d) Because of any qualifying exigency arising out of the fact that the employee's spouse, son, daughter or parent who is a member of the Armed Forces (including the National Guard and Reserves) and who is on covered active duty or has been notified of an impending call or order to covered active duty ("Active Duty Leave"). For purposes of Active Duty Leave, an employee's son or daughter on covered active duty refers to a child of any age. You may be eligible for up to 12 weeks leave in a rolling backward 12 month period. A resident's FMLA leave for the birth or placement of a child must conclude within 12 months of the birth or placement. Please consult the full FMLA policy contained in the main Aultman employee handbook for addition requirements and information.

**Military Caregiver:** Any resident/fellow may take Military Caregiver Leave to care for a spouse, son or daughter (of any age), parent or next of kin who is a current member of the armed forces, including the National Guard or Reserves, who is undergoing medical treatment, recuperation or therapy, is otherwise in outpatient status or is otherwise on the temporary disability retired list, for a serious injury or illness incurred by the service member in the line of duty while on active duty. A covered service member incurs a serious illness or injury for purposes of this paragraph when he or she is medically unfit to perform the duties of his or her office, grade, rank or rating. Residents/fellows are entitled to a total of 26 weeks of unpaid Military Caregiver Leave during a single 12-month period. This single 12-month period begins on the first day an eligible employee takes Military Caregiver Leave and ends 12 months after that date.

**Intermittent:** Intermittent leave also may be available depending upon a resident's/fellow's serious health condition or an employee's immediate family member's serious health condition. Military Caregiver Leave may be taken intermittently or on a reduced leave schedule when medically necessary. Residents/fellows taking intermittent leave must follow their department's standard call-in procedures absent unusual circumstances. When calling in, residents/fellows must state that their absence is for FMLA Leave.

### Notice of Need for FMLA Leave

If the leave is foreseeable (including birth or placement of a child, planned medical care, leave due to active duty of immediate family member, etc.), the resident/fellow must provide at least thirty (30) days' advance notice to their manager. If circumstances prevent providing the thirty (30) days' advance notice, then the resident/fellow should provide notice to their Program Director/ADME as soon as practicable after learning of the need for leave (normally within two business days). For an extension of requested leave, the resident/fellow must inform the Program Director/ADME of the qualifying reason for the extension as soon as practicable after learning of the need for the extension (normally within two business days). Resident/fellow must make every reasonable effort to schedule medical treatments so as not to disrupt the ongoing operations of their department.

If a resident/fellow fails to give the required notice for foreseeable leave with no reasonable excuse, the resident may be denied the taking of the leave until the resident/fellow provides adequate notice of need for the leave.

### Personal I Leave

This type of leave may be granted to residents/fellows for unusual and pre -approved reasons. Although a request for leave form does not need to be completed, a Personal I Leave must be documented with a memo from the resident's/fellow's program director for the resident's/fellow's personnel file. This memo must be forwarded to the Human Resources Department. All unused vacation must be used first. Personal I Leave may not exceed two (2) calendar weeks and may not be extended for any length of time. Residents/fellows must notify their Program Director/ADME of the date they will return to work.

## Military

Residents/fellows who volunteer or are called to active military duty in a branch of the U.S. Armed Forces will be granted a leave of absence upon written request in accordance with applicable federal and state laws. Upon return from military service leave of absence, employees will be reinstated in accordance with applicable federal and state law.

**Individuals with Disabilities:** Aultman will reasonably accommodate employees with disabilities as defined by the Americans with Disabilities Act who are otherwise qualified to safely perform the essential functions of the job with appropriate leave, unless such accommodation would create an undue hardship. Should you require disability leave (or any other disability) accommodation, please contact the Human Resource Department.

**Health care benefits** will remain in effect for the resident/fellow and their family for any approved leave. Arrangement for payment of dental premiums must be made. If a resident/fellow does not return from FMLA Leave, COBRA will be triggered when FMLA Leave ceases for any reason. Any leave that a resident takes may affect the necessary requirement for fulfillment of board certification that is set by the specialty board. Residents/fellows may be required to make up any educational experiences that were missed due to a leave of absence. Residents/fellows must contact their Program Director to determine if they are required to make up any time to assure the leave of absence will not interrupt Board eligibility.

More detailed information about leaves may be found in the Aultman Health Foundation Leave of Absence policy. A copy may be obtained from either the office of the Administrative Director of Medical Education or Aultman Hospital Human Resources. This policy is to be used in conjunction with specific residency program leave policies.

## ON-CALL ROOMS

On-call rooms are assigned by the program coordinator. These rooms are to be used whenever the resident is on call. Housekeeping provides fresh linens and towels at least daily, or more often as needed. They will also provide cleaning service. Any problems with on-call rooms should be brought to the attention of the Administrative Director of Medical Education.

## MEAL ALLOWANCE

Internal Medicine residents will receive an allowance to cover the costs of on-call meals. The allowance will be distributed quarterly in the form of a gift card.

The fellows are provided with a meal allowance for call coverage. The stipend is in the amount \$125.00 per block. A maximum of \$40.00 can be carried over to the next block. Negative balances will not be allowed.

## DINING OPTIONS

Breakaway Cafe (cafeteria) is open 6 a.m. to 7:30 p.m.

Seasons Café is open Monday through Thursday from 6 a.m. to 5 p.m. and Friday from 6 a.m. to 3 p.m.

Express Café is open 6 p.m. to 6 a.m. Anyone with an employee badge can access the Aultman Express Café and choose grab-and-go items. Additionally, a hot item will be available daily starting at 12:30 a.m. Payment methods are payroll deduction, declining balance, and credit/debit card only.

Vending options have expanded and now include machines that accept credit cards as well as offer sandwiches and other perishable food items. These vending machines are located at:

<b>BEDFORD BUILDING</b>	<b>BEVERAGES</b>	<b>COFFEE</b>	<b>FOOD</b>	<b>SNACKS</b>
Emergency Room – Near Waiting Area	√*	√	√	√*
2nd Floor – Main Elevators/Stairs	√			√
3rd Floor – Main Elevators/Stairs	√			√
4th Floor – Main Elevators/Stairs	√*	√	√	√
<b>MAIN HOSPITAL</b>				
Lower Level – Radiology	√			√
Basement - Engineering	√			√
Basement – Sterilization Area	√			√
1st Floor – Administration/Laundry	√			√
2nd Floor – ICU Waiting	√			√
2nd Floor - Surgery	√			√
2nd Floor – Surgical Waiting	√	√	√	√
3rd Floor – Service Elevator	√			√
4th Floor – Purchasing Department	√			√
4th Floor – Microbiology Break Room	√			√
4th Floor – Service Elevator	√	√		√
4th Floor - Solarium	√			√
5th Floor – Service Elevator	√	√		√
5th Floor - Solarium	√			√
6th Floor – Service Elevator	√	√		√
6th Floor - Solarium	√			√
6th Floor – Psychiatric Community Room	√			
<b>AULTMAN COLLEGE</b>				
3rd Floor	√			√
<b>PARKING DECK</b>				
On Bridge	√			√

√\* indicates credit cards accepted for these items

## EXPRESS CAFE

Located on the second floor of the Memorial Building, prior to the Bedford hallway, anyone with an employee badge can access the Aultman Express Cafe and choose grab-and-go items. Additionally, a hot item will be served each night starting at 12:30 a.m.

Hours of operation will be 6 p.m.-6 a.m. seven days a week. An employee from Nutrition Services will also be available from 10 p.m.-6 a.m. for any inpatient needs and/or other nutrition needs. This employee can be reached at ext. 39084. Menus and more information will be posted on the employee portal. Please remember that an employee badge is required to enter and Aultman Express Cafe is self-checkout ONLY. Payment methods are payroll deduction, declining balance and credit/debit card ONLY.

## LOUNGE

The resident/fellow lounge is located on Harter 2. This room is equipped with a refrigerator, pop machine, T.V., pool table, ping-pong table, couches, dinette and computers. The lounge is provided as an area of relaxation and fun. The bulletin boards are in the lounge for posting Housestaff activities, items for sale, conferences, etc. All residents/fellows are expected to maintain the appearance of the lounge area and to keep the area clean, neat and professional in appearance.

## LAB COATS

Medical Education will provide three lab coats when a resident/fellow begins the program. After that, two additional lab coats will be available upon request before the start of each academic year (varies per each program).

## LOCKERS

Lockers can be obtained for any resident/fellow upon request. Locker rooms are to be kept clean and neat. Contact the Medical Education department for a locker assignment.

## PARKING

Parking spaces are provided to the residents/fellows in the lot at the corner of Seventh Street and Dartmouth Avenue (surrounding the Ambulatory Care Building) at no cost. The name badge that the resident/fellows receives will allow access into the lot. Residents/ fellows are not to park in the parking deck. This area is for patient parking.

## AULTMAN FITNESS CENTER

All residents/fellows may use the Aultman Fitness Center located in the basement of the Morrow House. The Center is open 24 hours a day, seven days a week and can be accessed using the name badge. Residents/Fellows who wish to use the Center must sign a waiver form.

# IV. POLICIES AND PROCEDURES

All policies and procedures are in accordance with the Aultman Health Foundation and have been approved by the Graduate Medical Education Committee (GMEC). These policies and procedures are subject to change with the approval of the GMEC.

If you would like to request other any administrative policies not covered in this manual or to receive a more complete explanation, please contact the Medical Education Department.

## ELIGIBILITY & SELECTION POLICY

Residents/fellows are selected on a fair and equal basis without regard to age, race, color, religion, sex, disability, veteran status, sexual orientation, gender identity, national origin, or any other applicable legally protected status. Selection is based upon preparedness, ability, aptitude, academic credentials, and personal characteristics such as motivation and integrity, and the ability to communicate verbally and in writing.

The below describes the current residency/fellowship eligibility and selection process, but please note that this is subject to change to reflect any applicable legal or industry credentialing or other residency/fellowship selection requirements.

The applicant applies to the residency/fellowship program through the Electronic Residency Application Service (ERAS). The applicant must submit three letters of recommendation, transcripts, and his/her Medical School Dean's letter (if available).

To be eligible, the applicant **MUST** have passed USMLE II or COMLEX II, and meet one of the following criteria by the beginning of their employment contract:

- A) Graduate of a medical school in the United States or Canada accredited by the Liaison Committee on Medical Education (LCME).
- B) Graduate of college of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA).
- C) Graduate of a medical school outside the United States or Canada which meets one of the following criteria:
  - a. Has received a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG); or
  - b. Has full and unrestricted license to practice in a U.S. licensing jurisdiction in his or her current ACGME specialty/subspecialty program; or
  - c. Graduate of medical school outside the United States and completed a Fifth Pathway program provided by an LCME-accredited medical school.

The individual residency/fellowship program reviews the applications, recommendation letters, Dean's Letter and the ECFMG certificate. Based on criteria specific to the individual program, a decision is made whether to invite the applicant to a personal interview with their program in Canton. Applicants with a J1 visa will be eligible for admission to the programs. Other visas will be considered on an individual basis.

The residency/fellowship program director must comply with the criteria for resident/fellow eligibility as specified in the ACGME Common Program requirements.

The Program Director and Faculty are to follow the policies of the National Resident Match Program (NRMP) that are published each year in the NRMP Institutional Officials, Institutional Administrators, and Program Directors User Guide.

During the interview, the applicant receives instructions as to how to access the following documents from the website: the Eligibility & Selection Policy, Nonimmigrant Visas Policy, employment contract for residents, a Resident/Fellow Physician Manual, and benefits for that residency/fellowship program. Hard copies of these documents are available upon request. The applicant should sign a receipt that they received instruction and/or copies of the information and the signed receipt is sent to the Office of Medical Education.

All residency/fellowship programs **MUST** participate in the match. The programs will assess all the applicants that have been interviewed and rank the applicants based on the recruiting criteria developed by the program. Each program prepares its match list and submits it to the National Resident Match Program (NRMP).

Upon completion of the NRMP ranking process, Aultman Hospital is notified regarding the residents that have matched.



Incoming residents/fellows are provided with a contract, a Resident/Fellow Physician Manual, and a Benefits Sheet. The term of appointment specified in the contract is restricted to a maximum of twelve (12) months, with no implied promise of extension. Each resident/fellow is required to sign this contract, signifying acceptance of the appointment. The residents/fellows must set up a time to have a pre-employment interview with the Administrative Director of Medical Education and a pre-employment physical. This should be completed two weeks before the contracted start date.

New residents/fellows are required to attend a full day orientation to train the resident/fellow on Aultman Hospital policies.

All information received from individuals through ERAS will be retained for seven years. All information received from an eligible individual who is invited for an interview and accepted into our program will be retained indefinitely or as required by law.

## NONIMMIGRANT VISAS

**J-1:** The J-1 Exchange Visitor Program's purpose is to provide foreign nationals with opportunities to participate in educational and cultural programs in the United States and return home to share their experiences. The Educational Commission for Foreign Medical Graduates (ECFMG) is designated by the U.S. Department of State to sponsor J-1 physicians in clinical training.

CMEF will assist in the coordination of communication among the ECFMG, the program and the trainee. The J-1 is valid for 1 year, and is renewed annually.

In order to obtain the J-1 Visa, the physician and Aultman will provide to the ECFMG:

- Valid ECFMG Certificate
- Contract
- Statement of Need from Ministry of Health
- CV
- Copy of Passport(s)
- Fee (provided by Aultman)

The J-1 physician must understand and comply with all laws and regulations pertinent to foreign nationals such as:

- Address reporting (SEVIS )
- Special registration
- Obtain and maintains J-1 visa status (J-2 for dependents)
- Fulfills contractual obligations to US training Program
- No outside or internal remunerative work (moonlighting)

**H-1B:** H-1B visas are temporary worker visas issued to professional level foreign nationals performing services in a "specialty occupation".

As a sponsor to H-1B residents/fellows, CMEF maintains wage requirements. The annual AAMC Survey of Resident/Fellow Stipends & Benefits or Hospital & Healthcare Compensation's Physician Salary & Benefits Report is used as the prevailing wage source to set wages. CMEF will also maintain the public examination files. The H-1B application is for up to a period of three years, with an extension for a second three year period possible. CMEF pays the application and anti-fraud fees.

In order to be eligible, the residents/fellows must be ECFMG certified, have successfully completed STEP 1, 2, and 3 of the USMLE and have a valid training certificate issued by Ohio Medical Board.

The documentation required for the application process, including the Labor Condition Application (LCA) can be burdensome. We prefer that the documents be completed by an attorney familiar with immigration law and chosen by the office of Medical Education. The lawyer fees, and premium processing filing fees if necessary, will be paid for by the residency/fellowship program. Exceptions for bypassing a lawyer to process the application must be approved by the Administrative Director of Medical Education.

Due to delayed and growing processing times, we encourage all residents/fellows to initiate the visa process as far in advance as possible. To ensure enough time so that the H1B can be processed by July 1, a passing STEP 3 score must be submitted by the time of the NRMP match date. If a passing STEP 3 score has NOT been obtained, then the resident/fellow must be prepared to proceed with a J1 application.

Being that an H-1B visa is employer specific, these residents/fellows are prohibited from engaging in any outside remunerative work of any kind or nature.

If CMEF terminates an H-1B employee before the end of that employee's period of authorized stay, we will be liable for the "reasonable costs" of return transportation for the employee to his or her last country of residence. This liability does not extend to the cost of relocating family members or property.

**OPT/CPT:** Optional Practical Training and Curricular Practical Training are employment authorization documents obtained by students during/after the conclusion of university studies in the United States. The students will be responsible for obtaining their own OPT/CPT status when eligible.

Additionally, Aultman/CMEF will accept medical residents/fellows who demonstrate valid Optional Practical Training (OPT) or Curricular Practical Training (CPT) status to join residency/fellowship training provided the aforementioned employment authorizations specifically permit the resident/fellows physicians to accept such employment. In circumstances where OPT/CPT permits are issued for purposes other than training with Aultman/CMEF, these documents will not be accepted as valid proof of employment authorization and the affected resident/fellows will be required to secure other means of employment authorization.

## RESIDENT/FELLOW TRANSFERS

According to the ACGME Glossary, residents/fellows are considered as transfer residents/fellows under several conditions including:

- Moving from one program to another within the same or different sponsoring institution
- When entering a PGY 2 program requiring a preliminary year even if the resident was simultaneously matched right out of medical school.

Before accepting a transfer resident, the program director of the receiving program must obtain written or electronic verification of prior education from the current program director. This includes:

- Evaluations
- Rotations completed
- Procedural/operative experience
- Summative competency-based performance evaluation

## MILESTONES

Meeting the requirement for verification BEFORE accepting a transferring resident/fellow is complicated in the case of a resident/fellow who is completing one year just prior to starting the next/transfer year. In this case, the “sending” program should provide the “receiving” program a statement regarding the resident’s/fellow’s current standing as of one to two months prior to anticipated transfer along with a statement indicating when the summative competency-based performance evaluation will be sent to the “receiving” program. An example of an acceptable verification statement is: *“(Resident/Fellow Name) is currently a PGY (level) intern/resident/fellow in good standing in the (residency/fellowship) program at (sponsoring institution). S/he has satisfactorily completed all rotations to date, and we anticipate s/he will satisfactorily complete her/his PGY (#) year on June 30, (year). A summary of her/his rotations and summative competency-based performance evaluation will be sent to you by July 31, (year).”*

The “sending” program director must provide timely verification of residency education and summative performance evaluations for residents who leave the program prior to completion.

## CLINICAL WORK AND EDUCATION HOURS

### HOURS OF WORK PER WEEK

Resident/Fellows must not be scheduled for more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting. Individual programs may apply to the GMEC for a rotation specific increase in this limit, up to 10 percent, or a maximum of 88 hours, by following the procedure for Granting Resident/Fellow Clinical Work and Educational Hour Exceptions.

### FREE TIME

Resident/Fellows must be given at least one (24 hours) day in seven free of clinical work and required education, averaged over a four week period, inclusive of at home call.

Residents/Fellows should have eight hours off between scheduled clinical work and educational periods. There may be circumstances when residents/fellows 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 on-day-off-in-seven requirements.

Residents/Fellows must have at least 14 hours free of clinical work and required education after 24 hours of in-house call.

### PERIOD LENGTH

Clinical and educational work periods for residents/fellows must not exceed 24 hours of continuous scheduled clinical assignments.

Residents/Fellows may be allowed additional time for activities related to patient safety, such as providing effective transitions of care and/or resident/fellow education. However, this period of time must not exceed an additional four hours (28 hours total). Additional patient care responsibilities must not be assigned to a resident/fellow during this time.

### CLINICAL & EDUCATIONAL WORK HOURS EXCEPTION

In unusual rare circumstances, after handing off all other responsibilities, residents/fellows, on their own initiative, may elect to remain or return to the clinical site under the following circumstances:

- to continue to provide care to a single severely ill or unstable patient,
- humanistic attention to the needs of a patient or family.
- to attend unique educational events

These additional hours of care or education will be counted toward the 80 hour weekly limit.

### IN-HOUSE NIGHT FLOAT

Night float must occur within the context of the 80 hour and one-day-off-in-seven requirement.

Please note that the number of consecutive weeks of night float, and maximum number of months of night float per year may be further specified within each program.

### IN HOUSE CALL

In-house call is defined as those hours beyond the normal work day when residents/fellows are required to be immediately available in the assigned institution. Residents/Fellows must be scheduled no more frequently than every third night, averaged over a four week period.

### AT HOME CALL

At-home call is defined as call taken from outside the assigned institution. This call is not subject to the every third night call limitation. However, at home call must not be so frequent as to interfere with reasonable rest and personal time of the resident/fellow and the 1 day in 7 off rule. Time spent on patient care activities by resident/fellow on at-home call must count toward the 80-hours maximum weekly limit.

Residents/Fellows are permitted to return to the hospital while on at-home call to care for new or established patients. These hours of inpatient patient care must be included in the 80-hour maximum weekly limit.

The Program Director and faculty will monitor the demands of at-home call to guard against excessive demands and make adjustments as necessary.

NOTE: Clinical work and education hours encompass all time spent in meeting the educational objectives of the residency/fellowship program, including:

- All patient care activities, both inpatient and outpatient.
- Administrative duties related to patient care
- The provision for transfer of patient care
- Time spent in-house during call activities

- Didactic activities, such as conferences, grand round, and one-on-one and group learning in clinical settings.
- When resident/fellows take call from home and are called into the hospital, the time spent in the hospital is counted.
- Moonlighting that occurs within the residency/fellowship program and/or the sponsoring institution. (Internal Moonlighting)
- Clinical work and education hours DO NOT include reading and preparation time spent away from the duty site  
Some programs may have more stringent requirements. Each residency/fellowship program will develop policies and procedures concerning resident/fellow clinical work and education hours that are consistent with this institutional policy and the program requirements that apply to each program. Please check your departmental policy. The program will monitor the residents'/fellows' work hour schedule, and arrange back-up support, as needed for patient care responsibilities that are especially difficult or prolonged.

## MONITORING

To help monitor clinical work and education hours compliance, the residents/fellows will continuously record their work/education hours by using the resident/fellow management system New Innovations. The program director will review each violation when notified by New Innovations. The response/corrective action must be documented using the "Explanation for Violation of Clinical Work & Education Hours" form.

The program will review the clinical work & education usage, compliance and violations reports at the end of each block to assure that the residents/fellows are submitting their times. These reports will be reviewed by the Program Director at the end of each block. Violations for the block will be summarized using a "Duty Hours Scorecard" The scorecard will be presented to GMEC, along with the explanation form for monitoring/oversight.

Each resident/fellow is expected to complete an annual evaluation of the program and submit this to the GME office. This survey will give the residents/fellows an opportunity for providing feedback on duty hours to the Vice President of Medical Education.

## EXPLANATION FOR VIOLATION OF DUTY HOURS

Resident Name: \_\_\_\_\_ Block/Month \_\_\_\_\_

Program: \_\_\_\_\_ Date of Violation: \_\_\_\_\_

Violation: \_\_\_\_\_

\_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Program Director Response/Corrective Action: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Justification (if applicable):

- ☐ Continuity of severely ill/unstable patient
- ☐ Academic importance of event
- ☐ Humanistic attention to the need of patient/family

\_\_\_\_\_  
Program Director



## MOONLIGHTING

The GMEC subscribes to the belief that residency/fellowship training is a full-time experience. Residents/Fellows are NOT required or encouraged to engage in professional and patient care activities that are external to the educational program (moonlighting). This policy provides guidelines for any resident/fellow who wishes to engage in moonlighting activities. Internal medicine does not approve any outside moonlighting.

Residents/Fellows have a primary responsibility to achieve maximum performance in their educational endeavors and provide optimal care to the patients in their charge. Therefore, residents/fellows may not participate or engage in any outside work, medical or non-medical, without the knowledge and written permission of the Program Director and must adhere to the following guidelines.

Moonlighting must not interfere with the ability of the resident/fellow to achieve the goals and objectives of the educational program, and must not interfere with the resident's/fellow's fitness for work nor compromise patient safety.

The resident/fellow must notify the Program Director, in advance and in writing, of the intention to moonlight. The Program Director must provide written approval before the moonlighting can begin. This documentation is made part of the resident's/fellow's file. The resident/fellow will be monitored by the Institution and the Program Director for the effects of moonlighting on performance. The Program Director may prohibit the resident/fellow from moonlighting if it is deemed to interfere with the resident's/fellow's obligations or performance in the program. Approval may also be rescinded if such activity violates the rules and regulations of any federal agency, accrediting organization, and/or the hospital's credentialing policies.

All PGY-1 residents are prohibited from moonlighting. It is highly recommended that these residents have time availability to spend spent in furthering his/her training and education through attendance at meetings, conferences, journal clubs, the library and self-study.

While engaging in any medical external moonlighting activities, residents/fellows must have a state license to practice medicine in the state of Ohio and the resident/fellow must acknowledge that they are not covered by Aultman's self-insurance program, unless those activities are performed at an Aultman facility or Aultman has agreed by separate contract to provide such coverage. It is the responsibility of the institution hiring the resident for external moonlighting to determine whether licensure is in place and liability coverage is provided.

Residents/Fellows working under J-1 sponsorship or H-1B visas are prohibited from engaging in any outside remunerative work of any kind or nature (e.g., external moonlighting) whatsoever in accordance with the ECFMG and Homeland Security regulations. Both visas are employer specific and any resident/fellow found in violation is immediately considered in violation of status and is subject to disciplinary action up to and including termination from the program. Moonlighting that occurs within the residency/fellowship program, the sponsoring institution and/or the non-hospital sponsor's clinical site; (internal moonlighting) is acceptable for the H1B resident/fellow. J-1 Visa residents/fellows are prohibited from engaging in internal moonlighting. (per ECFMG)

All moonlighting, internal and external, must be counted toward the 80 hours weekly limit on duty hours.

## SUPERVISION

Patient safety and quality of medical care are the responsibility of the medical staff. Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each resident's/fellow's development required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.

Resident/Fellow supervisors must be licensed independent practitioners and hold clinical privileges at Aultman and/or Cleveland Clinic Mercy Hospital. These privileges must reflect the patient care responsibilities given to the residents/fellows. Teaching physicians may only supervise, teach or perform procedures for which they are appropriately credentialed.

- This information is available to residents/fellows, faculty members, other members of the healthcare team and patients through the medical staff office, and Mercy Net for those at Cleveland Clinic Mercy Hospital.
- Residents/Fellows and faculty members must inform patients of their respective roles in each patient's care when providing direct patient care.

Responsibilities of the supervising physician include:

- The responsibility and accountability for all patient care rests with the attending physicians. Supervision of housestaff is considered a 24 hour, 7 days a week responsibility. The supervising physician must always be accessible to answer questions and supervise on site when necessary. Faculty call schedules are structured to assure that support and supervision are readily available to residents/fellows on duty.
- Teaching physicians must establish an educational climate in which the trainee is comfortable asking for help or education at any time.
- If the teaching physician is unable to be accountable for the supervision of residents/fellows due to illness or absence, he/she must designate an appropriate teaching physician to take his/her place.
- The teaching physician participating in care of patients shall make appropriate entries in the medical records in accordance with Aultman Hospital/Cleveland Clinic Mercy Hospital regulations and policies of the respective residency/fellowship program.
- Teaching faculty physicians are responsible for the patient care delivered by residents/fellows including the care that is appropriate in content, safe, and consistently high quality. Quality monitoring is accomplished through patient satisfaction surveys, variance reports and attending evaluations of the resident/fellow.
- Faculty assignments must be of sufficient duration to assess the knowledge and skills of each resident/fellow and delegate to him/her the appropriate level of patient care responsibility.
- The teaching physician remains responsible for patient safety when supervising procedures.

Competency of the housestaff for a given procedure is not based solely on the number performed. Once a resident/fellow is certified to perform a procedure independently, this information is readily available using New Innovations. This electronic residency management system serves as an official source for verification of procedure certification.

Any nurse or healthcare professional may gain access and can verify procedure competency by following these steps:

1. Go to [www.new-innov.com/Login/Login.aspx](http://www.new-innov.com/Login/Login.aspx).
2. Use the following universal log in & password:  
Log in: procedureverification (lower case/no spaces)  
Password: aultman (lower case)

3. Click on Logger, then privilege report.
4. Search by resident name, procedure or CPT code.

The Internal Medicine residents wear “procedure” badges along with their name badges. This serves as a visible display of procedure certification earned. Once the residents’ certification is confirmed through New Innovations by the Program Director, a color coded initialed sticker is added to their badge. The color code key is available at the nurses’ station and posted on [www.cmefonline.com](http://www.cmefonline.com)

The residency/fellowship programs must demonstrate that the appropriate level of supervision in place for all residents/fellows is based on each resident’s/fellow’s level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. (The RRC may specify which activities require different levels of supervision).

For many aspects of patient care, the supervising physician may be a more advanced resident or fellow. Other portions of care provided by the resident/fellow can be adequately supervised by the immediate availability of the supervising faculty member, fellow or senior resident physician, either on site or by means of telephonic and/or electronic modalities. Some activities require the physical presence of the supervising faculty member. In some circumstances, supervision may include post-hoc review of resident-delivered care with feedback.

To promote oversight of resident supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:

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

Programs must set guidelines for circumstances and events in which residents/fellows must communicate with appropriate supervising faculty members.

Each resident/fellow must know the limit of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence. In particular, a PGY-1 resident must be supervised either directly or indirectly with direct supervision immediately available. Refer to the RRC requirements for details.

Resident/Fellow responsibilities are delineated in the annual contracts, which include the Resident/Fellow Physician Manual. They are also included in individual program manuals and rotation competency based goals and objectives. The clinical responsibilities for each resident/fellow must be based on patient safety, the resident’s/fellow’s competency and education, severity and complexity of patient illness/condition, and available support services. The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident/fellow must be assigned by the Program Director and faculty members.

- The Program Director must evaluate each resident's/fellow's abilities based on specific criteria, guided by the Milestones.
- Faculty members functioning as supervising physicians must delegate portions of care to residents/fellows, based on the needs of the patient and the skills of the residents/fellows.
- Senior residents/fellows should serve in a supervisory role of junior residents/fellows in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident/fellow.

The quality of housestaff supervision and adherence to the above guidelines are monitored by the Program Director through the review of the resident's/fellow's evaluations of their faculty and rotations. In order to continue teaching, the rating of teaching ability must remain favorable.

For any significant concerns regarding an attending or resident/fellow, the appropriate Program Director will inform the Graduate Medical Education Committee (GMEC) of the problem and propose a plan of action. The Program Director will follow up with progress reports until the situation is resolved.

Each residency/fellowship program develops specific guidelines concerning resident/fellow supervision in accordance with the respective requirements. These must include the following key principles:

- This supervision must supply timely and appropriate feedback about performance. When the feedback describes deficiencies, these will be addressed in accordance to the individual residency/fellowship policy.
- There must be a mechanism for communicating to the attending physician the level of responsibility and patient care activities of the resident/fellow(s). This can be accomplished by distributing the competency-based goals and objective for each assignment at each education level. This must be done at least annually, in either written or electronic form.

Medical Education will use their best efforts to promote adherence with supervision requirements and adequate supervision is provided so that the residents/fellows can perform their jobs to the highest quality. The residency/fellowship programs will use their end of rotation evaluation to monitor the adequacy of supervision.

**The residents/fellows can report inadequate supervision issues by completing a variance report. They can also report inadequate supervision issues to their chief residents, Housestaff President, faculty advisor/mentor, Program Director, or Designated Institutional Official. A resident/fellow can report any issues anonymously using the following Compliance Lines:**

**Aultman: 1-866-907-6901**

**Cleveland Clinic Mercy Hospital: 1-888-511-4103**

The Designated Institutional Official (DIO) is responsible to keep the medical staff of each member hospital informed of issues regarding inadequate supervision. He/She will also bring any concerns of the organized medical staff and instances when residents/fellows have failed to meet standards of patient care to GMEC.

The DIO must submit a written annual executive summary of the Annual Institutional Review (AIR) to the CMEF Board of Directors.

## RESIDENT/FELLOW EVALUATION

Evaluation is a key component of a residency/fellowship program. It helps to assess individual performance and needs, which can be used to improve resident/fellow performance. Residents/Fellows are evaluated in writing at the end of each clinical rotation by their attending faculty. In addition, they are evaluated at least semiannually, with a summative evaluation prepared at the completion of the program. Attending faculty must assess resident/fellow performance and document this evaluation in a timely manner upon completion of the clinical rotations. These forms are signed by the faculty member(s) and the resident/fellow and are placed in the resident's/fellow's file.

The Program Director of each program must appoint a Clinical Competency Committee (CCC). At a minimum, the CCC must be composed of three members of the program faculty. Additional members may be appointed as outlined by the ACGME Common Program Requirements.

The Clinical Competency Committee should:

- review all resident/fellow evaluations semi-annually.
- prepare and ensure the reporting of Milestones evaluations of each resident/fellow semi-annually to ACGME.
- advise the Program Director regarding resident/fellow progress, including promotion, remediation and dismissal.

Each residency/fellowship program will use evaluation methods in compliance with its RRC requirements. They must use specialty-specific Milestones to assess resident/fellows' competence in: Patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism and systems-based practice

The residency/fellowship programs must:

- use multiple evaluators: faculty, peers, patients, self and other professional staff.
- document progressive resident/fellow performance improvement appropriate to educational level.

The Program Director, or designated faculty member, will meet semiannually with each resident/fellow to discuss evaluation of performance with feedback. At that time, the Program Director, or his/her designee, will provide objective assessments of the core competencies as indicated by the evaluations. The resident's/fellow's strengths as well as areas for improvement are noted at this time. Any corrective measures should be also discussed. The evaluation must document progressive performance improvement appropriate to educational level. A written summary, signed by both the Program Director (or his/her designee) and the resident/fellow, of this meeting/ evaluation is to then be placed in the resident's/fellow's file. The progress of each resident/fellow will be reviewed by the GMEC annually.

The Program Director must provide a summative evaluation for each resident/fellow upon completion of the program. The evaluation must include a review of the resident/fellow's performance during the final period of education and should verify that the resident/fellow has demonstrated sufficient professional ability to practice competently and independently. The specialty-specific Milestones must be used as one of the tools to ensure resident/fellows are able to practice core professional activities without supervision upon completion of the program. The summative evaluation must become part of the resident's/fellow's permanent record maintained by the institution. This summative evaluation is accessible for review by the resident/fellow.

A resident/fellow may review any part of their permanent file upon request. This review of a file must be in the presence of an individual who is part of the residency/fellowship program and designated by the Program Director.

## PROFESSIONALISM POLICY

Along with the Sponsoring Institution, the program director is responsible for:

1. Educating residents, fellows and faculty members concerning the professional responsibilities of physicians, including their obligation to be appropriately rested and fit to provide the care required by their patients.
2. Promoting patient safety and resident/fellow well-being in a supportive educational environment.
3. Ensuring residents/fellows are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs.
4. Structuring the learning objectives of the program to be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events without excessive reliance on residents and fellows to fulfill non-physician obligations, while ensuring manageable patient care responsibilities.
5. Providing a culture of professionalism that supports patient safety and personal responsibility.
6. Providing a professional, respectful, and civil environment that is free from mistreatment, abuse, or coercion of students, residents, faculty and staff. The confidential process for reporting, investigating, and addressing of such concerns, includes event reporting via submission of a variance report thru the Aultman intranet. Events can also be reported to the Aultman Compliance Line (1-866-907-6901), and communicating directly with Aultman's Compliance Officer and/or the Designated Institutional Official.
7. Residents and faculty members must demonstrate an understanding of their personal role in the following:
  - a) Provision of patient- and family-centered care.
  - b) Safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and adverse events.
  - c) Assurance of their fitness for work, including
    - Management of their time before, during, and after clinical assignments.
    - Recognition of impairment, including illness, fatigue, and substance abuse in themselves, their peers, and other members of the health care team.
  - d) Commitment to lifelong learning.
  - e) Monitoring of their patient care performance improvement indicators.
  - f) Accurate reporting of clinical and educational work hours, patient outcomes and clinical experience data.
  - g) Demonstrate responsiveness to patient needs that supersedes self-interests. This includes the recognition that under certain circumstances, the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider.

## PROMOTION AND REAPPOINTMENT

Residents/Fellows are promoted on the basis of acceptable periodic clinical evaluations, which may be supplemented by other evaluation methods.

In most instances, contractual reappointment is equated with academic promotion. Under some circumstances, a resident/fellow may be reappointed to repeat an entire academic year or extend a current year.

The decision to reappoint at the same level or promote to the next level of post-graduate training shall be done annually. The decision will be made after review of the resident's/fellow's performance.

The following factors are used in the decision to promote CMEF residents:

1. All evaluations of the resident's performance
2. USMLE III/COMLEX III must be attempted at least once by December 31st of the PGY-2 year and passed by April 1st of PGY-2 year in order to be eligible for promotion to PGY-3.
3. Any other criteria deemed appropriate by the Program Director

The following factors are used in the decision to promote CMEF Fellows:

1. All evaluations of the fellow's performance
2. Any other criteria deemed appropriate by the Program Director

The Program Director will communicate reappointment and promotional decisions to the GMEC. All appointments (same and next academic year) are restricted to a maximum period of 12 months with no implied promise of extension. Each resident/fellow is required to sign a contract signifying acceptance of the appointment.

If significant deficiencies in the resident's/fellow's performance are identified, a decision may be made not to promote. The program must provide the resident/fellow with as much written notice of intent to not promote as the circumstances will reasonably allow, prior to the end of the contract.

When remediation is decided upon rather than promotion, the Program Director, when appropriate, may arrange a plan which includes monitoring performance. The Program Director may choose to extend the existing contract for the length of time necessary to complete the remediation process.

The resident/fellow may use the grievance procedure to appeal the decision not to promote.

## HARASSMENT

Aultman Hospital and Cleveland Clinic Mercy Hospital is committed to providing a professional work environment that maintains employee quality, dignity, and respect. In keeping with this commitment, the hospital strictly prohibits discriminatory practices, including sexual harassment. Any harassment, whether verbal, physical, or environmental, is unacceptable and will not be tolerated. Please consult the main Harassment Policy in the main Aultman employee handbook to review the entire policy.

This policy was written to define forms of harassment and give guidelines for reporting any such situations. Sexual harassment under this policy is defined as any unwelcome sexual advances, requests for sexual favors, and other verbal or physical contact, or written or pictorial material of a sexual nature when:

1. Submission to such conduct is made explicitly or implicitly a term or condition of progress; or
2. Submission or rejection of such conduct by an individual is used as the basis for progress decisions affecting such individuals; or
3. Such conduct has the purpose or effect of unreasonably interfering with an employee's performance or creating an intimidating, hostile, or offensive learning or working environment.

Aultman also forbids harassment of any employee on the basis of race, color, national origin, disability, religion, age, sexual orientation or gender identity.



Any resident/fellow who has a workplace harassment complaint against a supervisor, co-worker, visitor, patient, guest or other person must bring the complaint to the attention of the administrative director of Medical Education, the program director or the Human Resources Department. It is the right and responsibility of the resident/fellow to report any harassment. All complaints will be immediately and thoroughly investigated in a professional manner.

Actions taken to investigate and resolve any harassment complaints shall be conducted confidentially to the extent practical and appropriate in order to protect the privacy of the parties involved.

Any person who has been found by the hospitals to violate this policy will be subject to appropriate disciplinary action, depending on the circumstances, including termination of employment.

## PHYSICIAN IMPAIRMENT

The GMEC has established this physician impairment policy in coordination with Aultman Health Foundation's policy to establish and maintain a safe, healthy, working environment for all employees.

A physician is considered to be impaired when problems (e.g., chemical addiction, physical disabilities, or neuropsychiatric difficulties) interfere with his/her ability to function professionally or personally. This policy details Aultman's rules on substance abuse and requirements for drug and alcohol testing and provides a corrective action procedure for substance abuse.

The key to recognizing impairment is knowing the behaviors that commonly emerge in the impaired physician.

Because physicians usually do not diagnose their own impairment, colleagues, staff and family members need to heighten their awareness of the signs of impairment and be willing to take the steps necessary to assist the physician in getting help.

Early detection, treatment and rehabilitation are essential to getting the physician on the road to recovery and to reducing the risk to patients.

Most physicians do not drink or use drugs on the job, so a problem is not always easily recognized. Due to stress in the medical profession, practitioners are often granted more leeway in their behavior and appearance.

It is important to look for trends in attitude, actions and appearance. Signs of impairment typically emerge in six areas of a physician's life: physical appearance, family and home, community, office, hospital, and employment history.

The appearance of one of these signs does not necessarily indicate impairment, but a combination of signs may signify a problem.

Physicians impaired by addictive disease or by neuropsychiatric disorders are offered assistance by intervention, referral to treatment, monitoring and other support services. (See Counseling Services Policy).

**Rules** - The following represent the rules of Aultman Hospital and apply to residents/fellows:

- All employees are prohibited from working under the influence of alcohol or illegal drugs.
- The sale, possession, transfer, or purchase of illegal drugs on Aultman Health Foundation property or while performing hospital business is strictly prohibited and will be reported to the appropriate law enforcement officials.

- The use, sale, possession of, or intoxication by an illegal drug, controlled substance, or alcohol while on duty may be cause for termination.
- Employees cannot bring or consume alcoholic beverages on hospital property except in connection with a company-authorized event.
- Only the person for whom a prescription drug is issued can bring a medication on to hospital premises. Employees must use a prescription only in the manner, combination, and quantity prescribed.
- Any employee whose off-duty abuse of alcohol or illegal or prescribed drugs results in excessive absenteeism, tardiness, accidents, or performance problems will face termination for refusal to seek rehabilitation, if requested by the Impaired Physicians' Committee.

**Testing** - Drug and alcohol tests will be administered for the following reasons:

- At hiring time, when all residents/fellows will be required to pass a pre-employment drug screening and alcohol test as a condition of employment;
- When the hospital has reasonable suspicion that a resident/fellow may be abusing drugs and/or alcohol;
- When a resident/fellow shows signs of impairment or intoxication on the job;
- After any accident or occurrence that results in significant injury or damage on the job.

Residents/Fellows who refuse to submit to drug and alcohol testing, if required to do so under this policy, will be terminated.

### Corrective Action:

Substance abuse policy violations will subject a resident/fellow to corrective action. Suspected offenders will be suspended indefinitely pending an investigation. A team of two physicians (one from the Impaired Physicians' Committee) and a member of Administration will conduct the investigation. This Corrective Action Committee, headed by the member of Administration, will designate corrective action, if necessary. Notwithstanding anything to the contrary elsewhere in this policy, the Corrective Action Committee may take whatever actions it deems necessary to protect the patients, the public, and the resident/fellow, including but not limited to termination, suspension or restriction of responsibilities.

If the resident/fellow is unwilling to cooperate with the investigation, this alone will be grounds for termination of his/her contract and employment. If the investigation concludes that there was no violation of policy, the resident/fellow will be returned to active status. If the investigation concludes that there was a violation, the resident/fellow may be offered the opportunity to seek professional evaluation and treatment.

The Corrective Action Committee will be governed by the following guidelines.

1. The resident/fellow must acknowledge substance abuse and impairment and request and be willing to seek professional help, which may include entering an inpatient treatment program.
2. The treatment undertaken by the resident/fellow must be acceptable to the Committee.
3. The Committee reserves the right to request and receive medical documentation at any time and the resident/fellow must execute release forms to accomplish this.
4. If the resident/fellow is medically certified by a physician as unable to return to work at the end of the approved time, due to impairment as determined by the Committee, the resident's/fellow's contract will be terminated, except where otherwise required by law.

5. If a leave from the residency/fellowship can no longer be justified by medical reasons, the resident/fellow is expected to return to work that is consistent with the determination of the Committee.
6. In order to be considered for reinstatement to the residency/fellowship, all requirements that have been set by the Committee must be met.
7. Periodic status reports, physical exams and random drug and alcohol testing may be requested by the program director or the Corrective Action Committee.
8. Nothing in this policy shall prevent the Corrective Action Committee from taking any action, including termination of the resident/fellow from the program, provided such actions are in compliance with applicable law..

## DISMISSAL, SUSPENSION AND OTHER FORMS OF CORRECTIVE ACTION

The Department of Graduate Medical Education has developed a procedure that, in most cases, offers the resident/fellow an opportunity for remediation prior to an adverse action.

### Immediate Dismissal/Suspension

Whenever a resident's/fellow's professional conduct or behavior appears illegal, requires reporting to a regulatory agency or licensing board, is disruptive, presents the potential of harm or serious disruption to patients or others, substance abuse is involved, or in cases involving any type of harassment, the Program Director, Director of Medical Education, or a member of hospital administration or designee, may take immediate corrective action. This action may include immediate dismissal/suspension of the resident/fellow without pay pending an appeal.

Within 7 (seven) working days, the corrective action must be communicated in writing to the resident/fellow, along with a copy of this Resident/Fellow Grievance Policy. It may either be hand-delivered to the resident/fellow, in which case the resident/fellow shall sign a receipt, or sent by certified mail, return receipt required. The notice shall inform the resident/fellow of the action and briefly describe the basis for it. It shall also inform the resident/fellow of the opportunity to implement the institution's grievance policy.

### Corrective Action:

If a resident's/fellow's educational performance and/or professional conduct appears unsatisfactory, deficient, or not conducive to the Residency/Fellowship Program, the Program Director, or member of hospital administration and/or designee, where circumstances warrant, will attempt through discussion with the resident/fellow to resolve the problem informally. The resident/fellow should be evaluated, informed of deficiencies and given the opportunity to respond.

A remediation plan may be formulated. The remediation plan should be conveyed to the resident/fellow in writing. The resident/fellow should acknowledge, by signature, receipt of and understanding of the plan. The remediation plan should include:

- Identification of the problem
- Requirements to correct the deficiency
- Duration of remediation
- Options at the end of the plan.

If this does not result in resolving the problem within a reasonably acceptable period of time, or if any problem is so serious that it presents the potential of harm or serious disruption to patients or others, then the Program Director, Director of Medical Education or member of hospital administration or designee shall request that corrective action be taken by the appropriate committee within the resident's/fellow's individual program.

Formal corrective action may include, but is not limited to: dismissal, suspension, reappointment to the same academic year, non-renewal of contract, probation, counseling, rehabilitation or other appropriate action. Grounds for corrective action should be detailed in writing and supported by evidence.

Any formal corrective action taken must be communicated in a timely fashion in writing to the resident/fellow, along with a copy of the Resident/Fellow Grievance Policy. It may either be hand-delivered to the resident/fellow, in which case the resident/fellow shall sign a receipt, or sent by certified mail, return receipt required. The notice shall inform the resident/fellow of the action and briefly describe the basis for it. It shall also inform the resident/fellow of the opportunity to implement the institution's grievance policy.

If the decision is made to not renew a contract or to reappoint the resident/fellow to the same academic year, the program will provide written notice of its intent no later than four months prior to the end of the resident's/fellow's current contract.

However, if the primary reason(s) for the non-renewal or non-promotion occur(s) within the four months prior to the end of the contract, the program must provide the resident/fellow with as much written notice of the intent not to renew as the circumstances will reasonably allow prior to the end of the contract.

## GRIEVANCE

A grievance is any dispute or controversy about the interpretation or application of the resident's/fellow's contract, any rule or regulation, or any policy or practice. If a grievance arises, the resident/fellow may contact the housestaff president, chief resident/fellow, the faculty advisor/mentor, or the Designated Institutional Official in an attempt to resolve the issue confidentially.

If resolution is unsuccessful, the resident/fellow will formally present his or her grievance in writing to the Program Director of that department, the Designated Institutional Official or the Administrative Director of Medical Education. Hopefully, through mediation, the issue can be resolved. If resolution is not achieved, the matter should follow the same due process for a resident following a formal corrective action.

The resident/fellow, following receipt of a notice of formal corrective action, shall have seven (7) calendar days to request in writing an opportunity to be heard before an independent five member committee, comprised of four physicians on active Medical Staff at Aultman Hospital or Cleveland Clinic Mercy Hospital and an administrator, which will serve as an appellate body. The CMEF Chairman of the Board and the Chairman of the Graduate Medical Education Committee shall appoint the committee. The request shall be addressed to the Administrative Director of Medical Education or the Designated Institutional Official. Failure to request an opportunity to be heard within seven days shall operate as a waiver of the right of appeal.

If the residency/ fellowship program participates at only one of the two hospitals, then the five member committee will be comprised of four physicians from their active Medical Staff and an administrator from that hospital, The Chief of that hospital Medical Staff and the Chairman of the Graduate Medical Education Committee shall appoint the committee.

The resident's/fellow's opportunity to be heard shall be conducted within a mutually convenient time set to give each side a reasonable opportunity to prepare. The meeting should take place within 30 days of the request for appeal by the resident/fellow. The Program Director or his designee shall present the position of the Program. The resident/fellow shall represent himself or herself. No attorneys shall be present. Both sides have the right to present evidence supporting their respective positions, and may bring one witness. A written request for additional witnesses can be submitted to the Designated Institutional Official or Administrative Director of Medical Education. The request must include the name(s) of the additional witness(es) and the justification. Each side shall have an opportunity to question the supporting and/or opposing witness(es), if any. The Program Director and resident/fellow will be informed in advance if a witness will be present. The resident/fellow has the option of bringing a fellow employee for observation and support. He/She shall not participate in the proceedings. The proceedings need not be conducted according to technical rules of evidence. A permanent record of the meeting will be maintained.

The appellate body may affirm, modify or overturn the corrective action taken, based on the evidence before it. Its decision shall be rendered as soon as practicable after the hearing. The appellate body shall notify the resident/fellow and the Program Director in writing of its decision, which shall be final.

The resident's/fellow's stipend and benefits are usually maintained until a final decision is rendered, unless circumstances warrant a suspension without pay, as outlined in the dismissal policy.

## MEDICAL SERVICES AULTMAN HOSPITAL

For all injuries or minor medical problems, the Health Services Department provides treatment. Minor illnesses are covered by standing orders. Any medical treatments that cannot be treated by Health Services will be referred to a physician.

All residents/fellows that incur an injury or have a minor medical problem while on duty are to immediately report to Health Services. Health Services is located on the first floor of the Main Hospital in the hallway beside the information desk. Hours of Operation are Monday through Thursday 7 a.m. to 5:30 p.m. and Friday 7:30 a.m. to 4 p.m. If employees are injured have a medical problem after these hours, they are to report to the Emergency Department.

Injuries and illnesses other than minor conditions will be directed to the Emergency Department, private family physician or other selected health care facilities.

If a resident/fellow receives an injury while on duty, he/she is required that he/she notify the Unit Director/charge person on the floor immediately. The resident/fellow then fills out the Illness Report/Exposure online under the safety tab on the employee portal within 24 hours.

If the resident/fellow has a significant exposure they should follow the following protocol.

1. Notify the Unit Director/charge person. He/she will contact the patient and order the corresponding lab work.
2. Notify the Program Director
3. Complete the Illness Report/Exposure online under the safety tab on the employee portal within 24 hours.
4. Health Services will then contact the resident regarding any follow-up.

## Cleveland Clinic Mercy Hospital

For injuries and illnesses, the residents should go to the ED for treatment if necessary and follow the policies of the residency program for any follow up.

The only exception is Employee Health Services will do the follow up for any of the residents that have Blood and Body Fluid exposures (splashes or contaminated sharps injury). We are located on the 5th floor of the Medical Office Building (MOB) Suite # 520. Our phone number is 330-489-1322. Our office hours are 7:30a.m. to 4 p.m. Monday through Friday.

## COUNSELING/PSYCHOLOGICAL SERVICES

The GMEC has developed this policy to help residents/fellows that develop personal problems regarding marriages, finances, and the ability to cope with stress and chemical dependency.

Many residents/fellows do not seek help for their problems due to the anxiety that this will become part of their records and follow them throughout their career. There is also the anxiety that this would inhibit their ability to progress through their residency/fellowship program. It is the sincere commitment of the GMEC to provide constructive, rather than punitive, direction to resident/fellows having personal problems.

Counseling/psychological services are available to our residents/fellows. A referral to a counseling service may be obtained by contacting his/her Program Director. This may also be done by contacting Health Services or by calling Aultman's Physician Referral line at 330-363-6254. To retain confidentiality, all visits will be scheduled at the counseling service office. No visits will be allowed at the hospital.

In the event of Physician Impairment, counseling may be a condition of reappointment and/or continuation of program. (See policy on Alcohol and Substance Abuse).

## DISABILITY ACCOMODATIONS FOR RESIDENTS/FELLOWS

An individual with a **disability** is someone who has a physical or mental impairment that substantially limits one or more major life activities.

A **qualified individual with a disability** is an individual with a disability who satisfies the fundamental requirements outlined in the Institutional and Program Specific Selection & Eligibility Policies and who, with or without reasonable accommodation, can perform the essential functions of the position

An individual who poses a **direct threat** to the health or safety of the individual or others in the workplace is not considered a qualified individual with a disability. The determination as to whether a resident/fellow with a disability poses a direct threat will be made by the Designated Institutional Official in accordance with applicable legal guidelines.

**Notification:** All qualified residents/fellows with a disability who are seeking a reasonable accommodation should notify their Program Director or Designated Institutional Official.

**Interactive Process:** To determine if there is an appropriate reasonable accommodation, Aultman Hospital and/or Cleveland Clinic Mercy Hospital may need to engage in an informal, interactive process with the qualified individual with a disability who is seeking the accommodation. Accommodations that impose an undue hardship are not considered reasonable. Qualified individuals who request an accommodation may be required to provide certain information and documentation regarding their disabilities and functional limitations to assist in that process. The Designated Institutional Official will be responsible for determining in accordance with legal guidelines the reasonableness of any requested accommodation.

Aultman Hospital and/or Cleveland Clinic Mercy Hospital may request written documentation from residents/fellows seeking an accommodation. In such instances, the resident/fellow will be responsible for providing the requested medical documentation.

All such medical and disability related information shall be kept confidential as required by law.

**Appeal Process:** Residents/Fellows have the right to appeal the denial of a request for reasonable accommodation within 15 business days of receipt of notification of the denial. Residents/fellows should submit the appeal in writing to the Designated Institutional Official.

NOTE: This policy is made pursuant to the Americans with Disabilities Act (ADA) and applicable state and local laws.

## FINAL CLEARANCE

Upon expiration of the residency/fellowship contract, and termination, the resident/fellow must return all hospital property including books, keys, and ID badges, complete all medical records, and settle his/her professional and financial obligations. A clearance list is provided for final clearance and must be completed and returned to the Medical Education Department.

## REDUCTION/CLOSURE

If for some unforeseen circumstances a residency/fellowship program must close or reduce its complement of residents/fellows, arrangements will be made to accommodate the current residents/fellows within the program.

### Closure

If the ACGME withdraws accreditation of a program, or if a decision is made voluntarily to close a residency/fellowship program, the Department of Graduate Medical Education will notify the GMEC, DIO, Program Directors and the residents/fellows at the earliest possible time. The Office of GME will work with the department to establish a phase-out plan that allows currently enrolled residents/fellows to complete their training. If that is not possible, the Office of GME, in conjunction with the department, will assist the displaced residents/fellows in attempting to obtain positions in another accredited program.

The Program will not recruit, and Aultman will not hire any residents/fellows after the date that the program is notified of termination.

### Reduction

In the event Aultman decides to reduce the number of positions in any residency/fellowship training program, the Office of GME will notify the GMEC, DIO, Program Directors and residents/fellow in that program immediately. Every



effort will be made to accomplish the reduction without adverse effect on residents/fellows currently in training. If that is not possible, the Office of GME, in conjunction with the department, will assist the residents/fellows in attempting to obtain a position in another accredited training program.

## DISASTER RESPONSE

In the event of a disaster impacting the graduate medical education programs sponsored by Aultman Hospital, the GMEC established this policy to protect the well-being, safety and educational experience of residents/fellows enrolled in the training programs.

The definition of a disaster as determined by the ACGME is an event or set of events causing significant alteration to the residency/fellowship experience in one or more residency/fellowship programs. Following declaration of a disaster, the GMEC, working with the DIO and other sponsoring institution leadership, will strive to restructure or reconstitute the educational experience as quickly as possible following the disaster.

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

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

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

The DIO will be the primary institutional contact with the ACGME Executive Director regarding disaster plan implementation and needs within the sponsoring institutions.

In the event of a disaster affecting other sponsoring institutions of graduate medical education programs, the program leadership at Aultman Hospital will use reasonable efforts to work collaboratively with the DIO of that organization to determine our ability to accept transfer residents/fellows. This will include the process to request complement increases with the ACGME that may be required to accept additional residents/fellows for training.

Programs currently under a proposed or actual adverse accreditation decision by the ACGME will not be eligible to participate in accepting transfer residents/fellows.

## IV. HOSPITAL INFORMATION

Aultman Hospital was founded in 1892 and is the largest healthcare provider, in our five-county service area. The Hospital is a locally managed, not-for-profit, teaching facility, and is part of the Aultman Health Foundation. The Foundation was formed in 1995 as the not-for-profit parent organization for its healthcare-related companies. The following information applies to Aultman Hospital residents/fellows. Internal Medicine and Radiology residents/fellows doing rotations at Cleveland Clinic Mercy Hospital may receive additional hospital information and policies for that hospital.

### MEDICAL EDUCATION DEPARTMENT

The Medical Education Department reception desk is located in the Aultman Education Center on the first floor. Medical Education offices are also located the third floor of the Harter building in the hospital. In addition to responsibility for the overall administrative coordination of graduate, undergraduate and continuing medical education, the office provides the following services:

- The Department keeps a supply of forms regarding travel request and reimbursements; end-of-contract-year clearance forms; residency/fellowship applications and resident's/fellow's contracts; and health club memberships.
- The Department holds a file on every resident/fellow presently under contract, in addition to past residents/fellows.
- The monthly conference calendar containing Continuing Medical Education conferences is produced and distributed by the Office.
- Information regarding ECFMG requirements, the National Resident Matching Program, the Intern Resident/Fellow Registration Program and state requirements, etc. is kept on file.

### HEALTH SCIENCES LIBRARY

The Health Sciences Library is a comprehensive library supporting the needs of the teaching facilities at Aultman Hospital. The Library is staffed with two professional librarians and one paraprofessional (Bachelor of Arts Degree) for a total of 2.8 FTEs.

The Library is normally staffed from 8 a.m. until 4:30 p.m. Monday through Friday. Medical Staff and residents/fellows have 24/7 access to the Library via a card reader at the door (or via Security).

The Library provides residents/fellows and faculty with a comprehensive local collection, including online access to many of its journals. It also provides access to much larger collections (both print and online) through agreements with NEOMED (Northeast Ohio Medical University), NEOLINK (a local consortium of area hospitals and NEOMED), and OhioLINK (a consortium that includes most of the public and private colleges and universities in the state of Ohio). Most of these resources are accessible within the Library, anywhere on campus, and even from home. These resources include online databases and full-text programs such as: PubMed (with Linkout and Lonesome Doc), Medline, AccessMedicine (fulltext medical books), over 4,000 electronic books via OhioLINK, the Cochrane Databases (including Cochrane Systematic Reviews), citation databases, psychology databases, and databases from all disciplines, as well as thousands of online journals through the EJC (Electronic Journal Center via OhioLINK and the full-text citation databases). Additionally, onsite access is available anywhere on campus for UpToDate (web version) and Lexi-Comp (pharmaceutical database).

Library Staff are available to assist with online mediated searches upon request and are able to obtain copies of nearly any articles in a timely matter (both from our collections and from any other participating libraries throughout the United States and abroad). All of these services, as well as unlimited photocopying, are provided to the user at no cost to him/her.

## MEDIA SERVICES

Media Services provides assistance with everything from PowerPoint slides to educational displays to color copies.

### **PowerPoint slides, line copy or X-rays**

- Contact: Liz Haney, ext. 35429 or Liz.Haney@aultman.com
- Office location: Ground level, main hospital, just past wound care.
- Hours: Monday – Friday, 9:00 a.m. to 5:00 p.m.

### **Consultation/preparation of presentation displays, overhead transparencies, original artwork and color copies:**

- Office location: Media (Ground level, main hospital, just past wound care).
- Hours: Monday – Friday, 8:00 a.m. to 5:00 p.m.

Media Services needs at least seven working days to complete the above services, longer for detailed layouts. Aultman Hospital Media Services is proud to offer you professional-quality media services. To ensure maximum quality, we ask that you help us by adhering to our guidelines.

## MEDICAL RECORDS

All physicians must complete medical records according to CMS regulations and hospital policy. A medical record is considered delinquent if it is not fully completed within 30 days following discharge. Medical records must be maintained for every individual who is evaluated or treated at the hospital. Medical records must be accurately written, promptly completed, properly filed and retained and accessible. All entries must be legible and complete, and must be authenticated and dated promptly by the person who is responsible for ordering, providing or evaluating the service furnished. The responsible resident will receive a notice of the incomplete records each week. Residents with excessive delinquent charts are reported to their respective program directors. Failure to complete the medical record will impact your attending physician services since a physician's medical staff privileges will be temporarily suspended for a period of up to 30 days in either of the following situations:

- a. The physician has 10 or more delinquent records.
- b. The physician has one or more records that remain delinquent more than 90 days following discharge.

All transcribed documents are sent to your inbox for electronic signature. All verbal and telephone orders are also sent to your inbox for electronic signature. All signatures must be completed promptly.

It is expected that residents enter their History & Physical examinations, Discharge Summaries and Progress Notes in the electronic health record.

Hospital approved abbreviations may be documented in the medical record. An Approved Hospital Abbreviation List is available on all nursing units, and can also be accessed via the Intranet and PIN systems to reduce the risk of any misinterpretations. Aultman Hospital also has a list of unapproved abbreviations that CANNOT be used under any circumstances. DO NOT use unapproved abbreviations including anything that resembles a test message. Refer to the appropriate content below for documentation requirements.

## Medical Record Documentation Requirements

### 1. History and Physical Exam Requirements

- Inpatient, ambulatory surgery/invasive procedures and observation bed visits.
- Dictated/written within 24 hours of admission.
- H&Ps must be dictated according to individual program rules.
- H&Ps must be dictated and posted prior to surgery; if H&P is completed prior to admission, an update to the H&P is required.
  1. H&P update content includes date, time, and signature of entry, and any changes to the patient's condition including lack of changes.
- For OB and nursery the following pre-printed forms may be used:
  1. Doctor's Summary Notes OB patient
  2. Doctor's Summary Notes Well-Baby Nursery
- H&P must include:

Chief Complaint	Allergies
History of Present Illness	Impression
Past Medical History	Treatment Plan
Family/Social History	Present Medications
Review of Systems	Admit Date

### 2. Discharge Summary Requirements:

- Dictated summary as required by individual program rules.
- Dictated summary for all deaths.
- Transfer summary when a patient is sent to another facility or discharged to another level of care within the facility (i.e. MICU to Psych).
- For OB and nursery the following pre-printed forms may be used:
  1. Ambulatory Surgery Summary Report
  2. Doctor's Summary Notes OB Patient
  3. Doctor's Summary Notes Well-Baby Nursery
- Any delivery requiring more than four (4) days of hospitalization must have a dictated discharge summary.
- Any delivery with a surgery must have a dictated discharge summary.
- JC Requirements for a Discharge Summary:

Reason for admission	Care/treatment/services provided
All applicable diagnoses	Diet, activity, medications and follow up
Hospital course	Condition/Disposition at discharge
Procedures performed	Abnormal lab values/tests
Discharge Date	Information provided to patient and/or family as appropriate

### 3. Operative Report Requirements:

- Dictated immediately after surgery.
- Progress note indicating outcome immediately after surgery.
- JC Requirements for an Operative Report:

Preoperative diagnosis	Technical procedure used
Postoperative Diagnosis	Specimen removed and disposition of these
Indications	Findings
Estimated blood loss	Name of primary surgeon & assistants
Date of procedure	

#### 4. Progress Notes Requirements

- Progress notes written with continuity, reflecting the steps taken to arrive at a proper diagnosis and justifying the management and care given to the patient.
- Must be dated, timed, and signed.

#### 5. Physician Orders Requirements

- Physician orders must be dated, timed and signed

A chart assessment form is used to identify all deficiencies. The form is added after discharge to facilitate chart completion. A database is maintained in Medical Records to track all incomplete records. A weekly chart notification letter is sent to Program Directors showing all charts to be completed with the chart age date. General Notification letters are sent to every resident on Monday of each week stating any incomplete charts that the resident has.

Medical Records requires a 48-hour notice to pull charts for studies. Any request received after 8:00 a.m. is considered the next working day, and weekend and holidays do not count in the 48-hour notice. When requesting records, the patient name, medical record number and dates of service must be provided. It is mandatory that residents have all charts completed before leaving for vacation, conference time, or the completion of their residency program. Medical Records is located on the main floor of the East Wing of the Hospital.

### TRANSCRIPTION SERVICES

The Transcription Department is located within the Medical Records Department. Transcription is staffed 24 hours a day, 7 days a week. The dictation system is accessible by using any touch-tone telephone and entering the necessary fields of information when prompted. All transcribed reports are uploaded to Cerner and are also available for viewing in MPAC via the PIN System.

#### Dictation Instruction

You will be provided with a wallet-sized dictation instruction card. The card includes how to access the dictation system, work type codes for each report, and system function instructions.

#### Stat Reports

Should you need to have a report transcribed as a stat, call ext. 36142. When a patient is being transferred to another facility, please allow time for the report to be transcribed prior to the patient being discharged.

#### Problems

Should you encounter any problems while dictating, or have any questions regarding the status of a dictated report, please call Transcription at ext. 36142.

#### Heart Lab and Radiology Reports

Should you have questions regarding either Heart Lab or Radiology reports, please contact those departments. (Heart Lab ext. 34230 and Radiology ext. 36200)

## PHARMACY

### Prescribing Narcotics and Dangerous Drugs

All residents/fellows are required by the Hospital to obtain a temporary license to practice within the limitation of the Hospital, unless the physician is a fully licensed physician in Ohio.

After the training license number has been issued or proof of permanent Ohio Medical License has been provided, a special DEA number will be assigned by the Pharmacy Department. This number will permit the physician to write prescriptions for narcotics and controlled substances (barbiturates, hypnotics, certain tranquilizers and stimulant drugs), which are under special controls by the federal government. These prescriptions may be written only for inpatients and outpatients cared for as part of the physician residency/fellowship responsibilities.

Physicians without a special or regular DEA number may not write prescriptions for the drugs which require it. Another physician MUST sign the prescription.

### Hospital Formulary

A computer formulary listing of the drugs approved for use at Aultman is available in each patient care area. Another reference, which provides a comprehensive description of drug indications, dosage, side effects, etc., is also available on each nursing unit such as the American Hospital Formulary Service. The AHFS book is designed to provide unbiased information useful to physicians, nurses and pharmacists. It is not to be removed from the nursing units. A copy is available in the Health Sciences Library.

The drugs approved for the Hospital formulary have been evaluated for indications, quality, standardization and cost. The formulary is broad in scope and there should be little necessity to special order drugs not included in the formulary.

*Radiology residents: Cleveland Clinic Mercy Hospital has a separate formulary.*

## AUTOPSIES

Please refer to the Hospital Policy for autopsies. A copy can be obtained from your department.

## PATHOLOGY/LABORATORY

The Clinical Laboratory is located on McKinley 4, while the Anatomic Pathology and Blood Bank and morgue facilities are located on McKinley 3. A Stat Lab is located on the ground floor in Building A for Emergency Room and Chest Pain Center patients and a satellite laboratory is located at Aultman West.

All laboratory work is performed at the written or electronic request of a physician or lawfully authorized person. The laboratory does not accept verbal orders for any patient work. Tests may be ordered on a manual requisition or electronically via the Hospital Information System (HIS). Orders placed into the HIS are sent to the Laboratory Information System (LIS) via an interface. Physicians, nurses or phlebotomists collect specimens upon the physician request and send to the Laboratory for testing. All test results are available in the HIS for viewing by authorized individuals. Inpatient critical results are called to the floor. Outpatient critical results are called to the physician's office during office hours or paged to the ordering physician or the physician on call.

Further information may be obtained by calling the Laboratory Office at ext. 36311.

## RADIOLOGY

This department is located on the ground level of the Hospital. Hours: 8 a.m. to 5 p.m.

Technologists are on duty 24 hours per day. A Radiology Resident is on duty 6 p.m. to midnight. A staff radiologist is in-house 24 hours and is available for consultations.

### Requisitions

To avoid misunderstandings, a "Request for Radiological Consultation" should be completed by a resident (to include pertinent clinical data) and is not to be delegated to the ward clerk or other personnel. All examinations are scheduled. Unnecessary "emergency" exams raise the cost of medical care and decrease overall efficiency.

### Reports

Except in an emergency, no "phone call reports" will be given to residents. It is considered an important part of graduate training to review radiographic studies on your patients by direct consultation with radiology residents or staff.

### Films

NO FILMS MAY BE REMOVED FROM THE DEPARTMENT UNTIL THEY ARE CHECKED OUT AT THE OFFICE. The original film envelope is the permanent location of the film and must never be removed from the department.

### Radiology Library

Residents are welcome to use the Radiology departmental library during the hours of 8:30 a.m. to 5 p.m. Monday through Friday (locked on weekends) but cannot remove books or journals from the library except by special arrangement with departmental librarian.

### Conferences

All radiology conferences listed on the weekly conference schedule are open to all residents/ .

## PAGERS

Upon employment, the Program Coordinators will assign residents/fellows a long-range alphanumeric pager. The pagers are furnished through the Telecommunications Department, located on the ground level of the Hospital. Once a pager is assigned to the resident/fellow, he/she will keep it during the completion of the entire residency/fellowship and will be responsible for it.

If the resident's/fellow's pager is broken, needs repair, etc. he/she should take it to the Medical Education Department to exchange it for a new pager which will have the same number.

If the resident's/fellow's pager is lost, he/she will pay the amount for the replacement of the pager at that particular time. Please inform Telecommunications at ext. 36366 as soon as possible so that we can replace the pager. If batteries are needed, these can be obtained through the Department of Medical Education. Instructions for operating pagers will be available to the resident/fellow upon request from the Telecommunications Department.

## EMERGENCY PAGING

Situations of a medical or non-medical nature can arise anywhere within the hospital and may involve patients, employees, or visitors. The most important element in an emergency situation is time, which means professional help (physicians, nurses, security, police, firemen, etc.) must be summoned immediately to the scene. Aultman Hospital has special coded pages for medical and non-medical emergencies.

### Code Blue (Dial 35222)

This is used when an individual collapses and you are unable to arouse that person or the person appears not to be breathing. By dialing 35222 on the phone, you get through to the PBX operator. You should give the operator the exact location of the emergency (building and floor) and ask to page "CODE BLUE."

This will bring a special team of physicians, nurses and technicians to the scene, as well as emergency equipment.

### Rapid Response Team (RRT)

Nursing staff can activate the RRT when concerned that a patient is exhibiting signs of deterioration or change in condition; a call is then placed to the Attending Physician. The team is composed of an Intensivist nurse or clinical care-experienced RN and Respiratory Therapist. A Hospitalist also has the option to respond or may be called in by the team after triage of the patient. The RRT relies heavily on the attending; however, should the need for immediate orders/treatment arise, the RRT may contact the on-call Hospitalist until the attending physician has returned the page/assumed care.

### Emergency Request for Security or Medical Assistance (Dial 36777)

This is used when there is an emergency request for security personnel or when a patient, visitor, or employee in the Hospital or on Hospital grounds appears to need medical aid but is not serious enough for a Code Blue. Dial 36777, give the Security Officer the exact location and say "WE NEED MEDICAL ASSISTANCE." The security officer will page for Medical Assistance. Help will be on the way.

### Code Red

This is used to alert the Hospital of a fire. Review the appropriate procedures in your work area. Fire pull stations are located near the exits and stairwells. Please locate the one closest to your unit.

### Code Yellow

This is used to alert the Hospital that an External Disaster has occurred. Each department or unit has a specific plan. Refer to the Red Emergency Preparedness Manual in your work area.

### Code Gray

This is used to alert the Hospital that a tornado or severe weather has been sighted or reported in the hospital zone. Review the appropriate procedures in the Red Emergency Preparedness Manual in your work area.

### Code Pink

This is used when a Newborn is in Medical Distress in L&D, NICU, or OB. Dial 35222 to activate.



### Code Adam (Baby)

This is used to alert the staff of an infant abduction. Dial 36777 if an infant or child is missing or known to be kidnapped. Staff should immediately secure all halls, stairwells, exits and bridges leading to and from the hospital. Stop anyone carrying a package large enough to conceal an infant and inspect it.

### Code Black

This is used to alert the staff of a bomb or bomb threat. Keep the caller on the line, signal to a employee to notify Security immediately at extension 36777, and begin asking the caller the questions on the back of the green Bomb Threat sign.

### Code Orange

This is used to alert the staff of a hazardous material spill/release. Contain the hazardous material and refer to the yellow Hazmat/Hazcom manual for further instructions. Notify the Spill Consulting Team at extension 36238.

### Code Violet

This is used to alert the staff of a violent/combative patient. Dial 36777 for assistance from Security.

### Code Silver

This is used to alert the staff of a person with a weapon or a hostage situation. Dial 36777 for assistance from Security. Isolate patients, visitors, and staff, if possible.

### Code Brown

This is used to alert the staff of a missing adult patient. Dial 36777 and all units on the floor where the patient was last seen. Post staff at all entrances/exits to floor. Security will monitor remainder of hospital.

### Code Blue

This is used to alert staff of a medical emergency to secure immediate medical assistance for adults experiencing a cardiac or pulmonary arrest.

### Code Lavender

This is used to provide emotional support for patients and staff. Code Lavenders are often called after a series of stressful events occur in the hospital.

### Code White

This is used to alert staff to extended periods of severe weather that may adversely impact staffing levels for critical services, such as a severe snowstorm.

### MAIL

Residents/Fellows are assigned a mailbox in their residency/fellowship department. Please pick up mail daily if possible.

### PERSONAL STATUS CHANGE

Any change in your personal status such as address, telephone number, marital status, dependents, etc. must be given immediately to the Medical Education Department and to your Residency/Fellowship Department. The information is required in order to satisfy legal requirements and also to allow for quick communication in the event of an emergency.

## **AUTOMATIC BANKING**

Easy access to banking services is provided with an Automatic Teller Machine in the lobby of the Hospital.

## **PHOTO I.D. BADGE**

You will be issued a clip-on I.D. badge at orientation that must be worn at all times during working hours and displayed on a visible area of clothing above the waist. Your I.D. badge helps identify unauthorized persons in certain areas of the Hospital and provides for identification of employees attempting to get to the Hospital during a disaster. If you lose your I.D. badge, report to Security for a replacement. A \$20.00 charge will be assessed.

## **PERSONAL TELEPHONE USE**

Public telephones are located in various parts of the Hospital. Personal calls through the Hospital switchboard are discouraged. Personal long distance phone calls are prohibited. Any such calls will be charged to you.





HEALTHIER, TOGETHER.™

Canton  
Medical  
Education  
Foundation



INTERNAL MEDICINE RESIDENCY PROGRAM