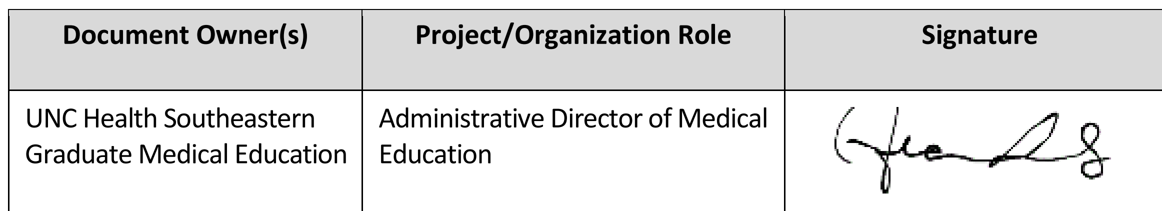
2021 – 2022 Resident Manual



Document Owner(s)	Project/Organization Role	Signature
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Resident Manual Version Control

Version	Date	Author	Change Description	
1	5/24/2017	Honor Sanderford	New	
Reviewed and approved by the UNC Health Southeastern Medical Education Committee (SHMEC):			Date	5/24/2017
2	7/20/2017	Honor Sanderford	Updated Parking and Duty Hour Policies	
3	6/2018	Patricia Matto, DO	Multiple	
4	6/2019	Patricia Matto, DO	Multiple	
5	6/2020	Jeannie Lenberg	Multiple	
6	4/2021	Jeannie Lenberg		

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UNC Health Southeastern reserves the right to add to this manual at any time, with notification via email and/or New Innovations. UNC Health Southeastern at its option, may change, delete, suspend, or discontinue parts or the policy in its entirety, at any time without prior notice.

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1 Introduction

The Department of Graduate Medical Education developed this manual to familiarize residents with UNC Health Southeastern's Residency Programs. In addition to this manual, program specific manuals highlight standards for residents and their successful completion of their assigned residency program.

As a member of the resident staff, you are entitled to well-defined rights and privileges while you participate in the educational goals of the program you have selected. This manual is a guidebook to the goals, regulations, and policies of the department and organization.

The goal of our training programs is to provide high quality training that gives each resident a foundation for independent practice while fulfilling ACGME requirements for the selected program. In conjunction with Campbell University Jerry M. Wallace School of Osteopathic Medicine (CUSOM), our organization has developed a curriculum that meets the goals and objectives of ACGME and provides a comprehensive base for independent practice.

1.1 Welcome and History

Welcome to UNC Health Southeastern! We are happy to have you as a new member of our family! Southeastern Regional Medical Center is a nonprofit organization. The history of UNC Health Southeastern dates back to 1906 when Dr. Neil A. Thompson opened the first hospital in Robeson County. The Thompson Hospital consolidated with the Baker Sanatorium, under the direction of Dr. Horace M. Baker, Sr., to form the Baker-Thompson Memorial Hospital in 1946. These two older facilities were replaced by a new 140-bed hospital known as Robeson County Memorial Hospital in 1953. On January 1, 1960, the hospital's name was changed to Southeastern General Hospital to reflect more accurately our service to all southeastern North Carolina. In 1994, after several expansion programs, the organization became Southeastern Regional Medical Center. On January 1, 2013, the organization's name was changed to Southeastern Health while the medical center retained the Southeastern Regional Medical Center name. The system then entered into a comprehensive Management Services Agreement with UNC Health on December 2, 2020 and became UNC Health Southeastern.

UNC Health Southeastern's vision is to be the health system of choice by advancing the health of our communities through partnerships, learning, and providing high quality and compassionate care. The mission of our organization is to provide quality regional healthcare in a safe, compassionate, and efficient environment. The UNC Health Southeastern system is a comprehensive health care system which offers a wide array of health care services through its affiliated divisions. As a non-profit organization, UNC Health Southeastern is operated by a local board of trustees whose only remuneration is the assurance that they are making available quality health care for their community. The organization is accredited by DNV-GL. UNC Health Southestern, which is licensed for 452 beds and offers a combination of acute care, intensive care and psychiatric services to more than 14,000 inpatients and 65,000 emergency patients annually. UNC Health Southeastern operates the only acute care hospital and is the largest employer in a 950-square-mile, nationally designated a tier 1 county with a population of approximately 130,000.

Our Mission:

"UNC Health Southeastern exists to provide quality regional health care in a safe, compassionate and efficient environment."

Our Vision:

"To be the health system of choice by advancing the health of our communities through partnerships, learning and providing high quality and compassionate care."

1.2 Organization Accreditation

UNC Health Southeastern is accredited by Det Norske Veritas (DNV-GL). Det Norske Veritas (DNV-GL) is an organization tasked with ensuring a safe and efficient healthcare environment for patients, staff and visitors. The hospital uses DNV for Deeming Authority, or in other words they survey the hospital on behalf of the Centers for Medicare and Medicaid Services (CMS). DNV-GL is the only accrediting organization that surveys on a yearly basis and works in conjunction with ISO standards (Quality Management System). ISO standards will consist of working guidelines to help with standardization and accountability. ISO 9001 became recognized in healthcare in 2008 when DNV received deeming authority from CMS to accredit hospitals and has been rapidly gaining recognition.

What is ISO 9001?

- ISO 9001 was developed through the International Organization for Standardization in 1946 and published the first revision of ISO 9001 in 1987.
- ISO 9001 is on the current version of 4 which was updated in September 2015.
- ISO 9001 is an international standard by which organizations manage the quality, business and compliance of the organization.
- ISO 9001 is used to
  - Close the gaps and improve patient care and organizational performance.
  - Helps organization become more efficient and improve patient satisfaction.

During your new resident orientation, please refer to the intranet under Survey Readiness/Regulatory & utilize the Survey Readiness Pocket Guide. This guide is very handy for when surveyors are here. Both State (CMS) and DNV, love to talk to residents. The link below will be helpful:

https://southeasternregional.sharepoint.com/:w:/r/sites/Regulatory-DNV-CMS/_layouts/15/Doc.aspx?sourcedoc=%7BFCD1E1A3-85C7-44F5-99D1-A47DE3DA23C1%7D&file=743434761Survey%20Readiness%20pocketguide%202021.doc&action=default&mobileredirect=true

1.3 UNC Health Southeastern

UNC Health Southeastern refers to the administrative section for all the components of the health system: the hospital, outpatient surgery centers, and hospital sponsored practices. The Department of Graduate Medical Education is a hospital subdivision responsible for all medical education sponsored by Campbell University School of Osteopathic Medicine (CUSOM), in collaboration with UNC Health Southeastern, for the appropriate academic and clinical education of residents. Policies and procedures for medical education are largely determined by the Accreditation Council for Graduate Medical

Education (ACGME) and Campbell University School of Osteopathic Medicine (CUSOM) and are applicable to all training programs.

1.4 Orientation Schedule

New resident orientation is structured to help the individual become familiar with their roles, responsibilities and institutional aspects of the organization. We understand that the orientation schedule provides a great deal of information, but remember – we encourage you to ask questions, to refer to your manual, and to seek assistance from the members of the Department of Graduate Medical Education.

During orientation, residents will participate in a comprehensive orientation program. All new residents are required to attend a new resident orientation prior to the start of residency training. This time is devoted to familiarizing the resident with the organization and peer group. Content outline includes:

- Customer Service
- Language of Caring
- Corporate Compliance
- Risk Management
- Regulatory Affairs
- Benefits and Retirement
- Employee Wellness
- Infection Control
- Safety and Security
- Employee Assistance Program (EAP)
- Quality Management
- UNC Health Southeastern Foundation

In addition, the graduate medical education department will schedule residents for the following training at the start of the academic year:

- BLS Certification
- ACLS Certification
- PALS Certification
- ATLS Certification (EM residents only)
- Hospital and Campbell's online medical library resources
- Program Director Orientation to Residency Program

1.5 Changes in Policies

This manual supersedes all previous Resident Manuals. While every effort is made to keep the contents of this document current, Graduate Medical Education and SRMC reserves the right to modify, suspend, or terminate any of the policies, procedures, and/or benefits described in this manual with subsequent notice to residents.

2 OPERATIONAL POLICIES

2.1 Educational Structure

The training program is structured to provide residents with the fundamental knowledge and essential principles requisite for the application of pre-doctoral knowledge to clinical decision-making and skills. The basic techniques of physical examination, the necessary skills for performing clinical procedures, and the capability to communicate clearly with patients, their families and other members of the health care team are stressed in our training program(s).

2.2 Net-Learning

Net-Learning is a UNC Health Southeastern on-line training application in which various learning modules, including patient safety topics, are located. All residents as employees must complete assigned modules prior to stated deadlines, with quiz completion required for credit. Residents are held to the highest standard of professionalism for timely completion. Disciplinary action may be taken for non-compliance. The health and safety of you and your patients is predicated on ongoing organizational education that cannot be done in-person.

2.3 Qualifications and Selection

A resident training program at UNC Health Southeastern will participate in the organized matching program, the National Residency Matching Program (NRMP).

Programs will select only from eligible applicants in ERAS. The program will evaluate each applicant on the basis of their preparedness, ability, aptitude, academic credentials, communication skills, and qualities such as motivation, honesty, and integrity. Resident must also qualify for licensure in the state of North Carolina.

In compliance with federal law, including the provisions of Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendment of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990, the ADA Amendments Act of 2008, Executive Order 11246, the Uniformed Services Employment and Reemployment Rights Act, as amended, and the Genetic Information Nondiscrimination Act of 2008, UNC Health Southeastern does not discriminate against individuals on the basis of their race, sex, sexual orientation, gender identity, religion, color, national or ethnic origin, age, disability, veteran status, or genetic information in its administration of policies, programs, activities or employment.

All applicants that are invited for interviews will be interviewed in person, or if extenuating circumstances make that impossible, by telephone or video conferencing. The Program Director evaluating potential residents who are attempting to transfer from another educational program (prior to completion of training offered in that discipline in that institution) will directly contact the referring Program Director, chair, and/or other appropriate references to assess the educational qualifications of the resident prior to making any offer to interview. A final letter of evaluation and recommendation will be obtained from the referring program for any transferring resident entering UNC Health Southeastern programs.

The residency application process at UNC Health Southeastern is as follows:

1. Application:
    - Interested medical school students must apply through ERAS.
    - Applicants are considered for interview upon receipt of information requested on ERAS, and who have submitted evidence of the following:
        - Graduate of an accredited medical school.
        - Three letters of professional reference, letter from the applicant's medical school dean stating you are a student in good standing.
        - Successful completion of COMLEX/USMLE 1, COMLEX/USMLE 2, & PE or scheduled to take COMLEX/USMLE 2 & PE by February 15th.
        - Medical school transcripts.
        - Personal statement.

2. Selection:
    - Programs at UNC Health Southeastern select from among eligible applicants on the basis of their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity and other relevant qualities pertaining to successful transition to an independent, compassionate physician.
    - Programs do not discriminate with regards to gender, race, age, religion, color, national origin, disability, sexual orientation or veteran status.
    - The residency program will contact applicants to arrange an appointment for an interview.
    - Interview days will be selected between August and January of each year.
    - Resident applicants are interviewed by the program director, program coordinators, and residents.
    - Applicants are discussed at the rank meeting after recruitment season ends and a rank list is generated.
    - Contracts are mailed to matched candidates per residency match rules.

2.4 Re-Appointment

Reappointment for the subsequent residency year is not guaranteed. All residency reappointment contracts carry the condition that residents must complete their present year of training in a satisfactory manner for the reappointment to be valid at the beginning of the new academic year, July 1 (or other pending an off-cycle start). Advancement to the next PGY level is the decision of the program directors and program faculty based upon the recommendations of the program director and Clinical Competency Committee of each training program.
The following are prerequisites for promotion of the resident to the following year of training:

1. Complete all rotations with a passing evaluation.
2. Copies of ALL activity (didactic) summaries, case logs including but not limited to Ambulatory Patients (as applicable), Continuity Clinic, Procedures, Attendance at Didactics, and Duty Hours. Evaluations demonstrate an acceptable performance for residents at his/her academic level of advancement.

3. Successful completion of the COMLEX/USMLE 3 by December of the PGY 2. This means no contract for PGY 3 will be offered without proof of satisfactorily passing the COMLEX Level 3 exam. Residents failing to pass COMLEX/USMLE 3 by stated deadline will be terminated by the program.
4. Evaluations demonstrate no significant academic disciplinary and/or professional behavioral problems.
5. Complies with didactic program per program requirements.

2.5 Promotion

<u>Promotion Criteria for PGY1:</u>

In order to advance from a PGY1 to PGY2, the resident must complete the following curricular objectives:

<u>Patient Care:</u>

1. Prioritizes a patient's problem
2. Prioritizes a day of work
3. Monitors and follows up patients appropriately
4. Demonstrates caring and respectful behaviors with patients and families
5. Gathers essential/accurate information via interviews and physical exams and reviews other data
6. Provides services aimed at preventing or maintaining health
7. Works with all health care professionals to provide patient-focused care
8. Consistently develops appropriate care plan
9. Recognizes situations requiring urgent or emergent care
10. Knows indications, contraindications, and risks associate with common procedures
11. Competently performs some common procedures – *Refer to requirements for individual programs for types and numbers requirements for procedures.*
12. Provides appropriate preventative care and chronic disease management in the ambulatory setting

<u>Medical Knowledge:</u>

1. Uses written and electronic reference and literature sources to learn about patients' diseases
2. Demonstrates knowledge of basic and clinical sciences as well as application of knowledge by documenting progress on semi-annual review using a standardized evaluation system such as the ACGME milestones
3. Consistently interprets basic diagnostic tests accurately

<u>Practice-Based Learning and Improvement:</u>

1. Understands his/her limitations of knowledge
2. Asks for help when needed
3. Recognizes sub-optimal practice or performance as an opportunity for learning and self-improvement
4. Actively engages in self-improvement efforts
5. Uses PowerPoint, Word, Internet and other computerized sources of results and information; such as "Up-To-Date: to enhance patient care
6. Accepts feedback and develops self-improvement plans

Interpersonal and Communication Skills:

1. Writes pertinent and organized notes
2. Has timely and legible medical records
3. Uses effective listening, narrative, and non-verbal skills to elicit and provide information
4. Works effectively as a member of the health care team including written and verbal communications during times of patient transition

Professionalism:

1. Establishes trust with patients and staff
2. Consistently respectful in interactions with patients, caregivers, and members of the interprofessional team, even in challenging situations
3. Does not refuse to treat patients
4. Is available and responsive to needs and concerns of patients, caregivers, and members of the interprofessional team to ensure safe and effective care
5. Recognizes the importance of written and verbal communication during times of transition even as it relates to duty hours regulations
6. Emphasizes patient privacy and autonomy in all interactions
7. Completes the assigned professional responsibilities without questions or the need for reminders
8. Is honest and forthright in clinical interactions, documentation, research, and scholarly activity
9. Is free from substance abuse or satisfactorily undergoing rehabilitation
10. Has a basic understanding of ethical principles, formal policies, and procedures, and does not intentionally disregard them
11. Is responsive to the needs of patients and society, which supersedes self-interest

Systems-Base Practice:

1. Is a patient advocate
2. Makes constructive comments
3. Advocates for high quality patient care and assists patients in dealing with system complexity
4. With assistance, appraises clinical research reports based on accepted criteria

Promotion Criteria for PGY2:

In order to advance from a PGY2 to PGY3, the resident must complete the following curricular objectives:

Patient Care

1. 1 through 12 of PGY1; and,
2. Understands and weighs alternatives for diagnosis and treatment
3. Utilizes basic and complex diagnostic procedures and therapies appropriately
4. Performs accurate physical exams that are targeted to the patient’s complaints.
5. Acquires accurate histories from patients in an efficient, prioritized, and hypothesis driven fashion.
6. Synthesizes data to generate a prioritized differential diagnosis and problem list.
7. Manages complex acute and chronic diseases simultaneously.
8. Makes informed decisions about diagnosis and therapy after analyzing clinical data
9. Develops and carries out management plans
10. Considers patient preferences when making medical decisions
11. Triages patients to appropriate location

12. Continues to build competencies with performing some common procedures – *Refer to requirements for individual programs for types of numbers requirements for procedures*
13. Knows indications, contraindications and risks of an increasing number of common procedures
14. Initiates management plans for urgent or emergent care

<u>Medical Knowledge:</u>

1. 1 through 3 of PGY1; and,
2. Fully understands the rationale and risks associated with common procedures
3. Possesses the scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventative care
4. Pass COMLEX 3 prior to December of the PGY2 year (residents who do not pass COMLEX 3 will not advance to the PGY3 level)

<u>Practice-Based Learning Improvement:</u>

1. 1 through 6 of PGY 1; and,
2. Undertakes self-evaluation with insight and initiative
3. Facilitates the learning of students and other health care professionals

<u>Interpersonal and Communication Skills:</u>

1. 1 through 4 of PGY1; and,
2. Anticipates, advocates for, and proactively works to meet the needs of patients and caregivers
3. Positively acknowledges input of members of the interprofessional team and incorporates that input into plan of care as appropriate
4. Is able to discuss end of life care with patient/families
5. Works effectively as a member or leader of the health care team

<u>Professionalism:</u>

1. 1 through 11 of PGY1; and,
2. Prioritizes multiple competing demands in order to complete tasks and responsibilities in a timely and effective manner
3. Recognizes and accounts for the unique characteristics and needs of the patient/caregiver
4. Demonstrates commitment to ethical principles pertaining to the provision of withholding of care, patient confidentiality, informed consent and business practices
5. Demonstrates sensitivity to patient culture, gender, age, preferences, and disabilities
6. Acknowledges errors and works to minimize them

<u>Systems-Based Practice:</u>

1. 1 through 4 of PGY1; and,
2. Applies knowledge of how to partner with health care providers to assess, coordinate, and improve patient care
3. Uses systematic approaches to reduce errors
4. Participates in developing ways to improve systems of practice and health management

<u>Promotion Criteria for PGY3:</u>

In order to graduate from the residency program, the resident must complete the following curricular objectives:

<u>Patient Care:</u>

1. 1 through 14 of PGY2; and,
2. Possesses technical skill and has successfully performed all procedures required for certification – *Refer to requirements for individual programs for types and numbers requirements for procedures.*
3. Knows indications, contraindications and risks of all programs required invasive and common procedures
4. Spends time appropriate to the complexity of the problem
5. Effectively uses history and physical examination skills to minimize the need for further diagnostic testing
6. Appropriately modifies care plans based on patient's clinical course, additional data, and patient preferences
7. Recognizes disease presentations that deviate from common patterns and require complex decision making
8. Independently manages patients across inpatient and ambulatory clinical settings who have a broad spectrum of clinical disorders including undifferentiated syndromes

<u>Medical Knowledge:</u>

1. 1 through 4 of PGY2 and; and,
2. Demonstrates an investigatory and analytic approach to clinical situations
3. Teaches the rationale and risks associated with common procedures and anticipates potential complications when performing procedures
4. Understands the concepts of pre-test probability and test performance characteristics

<u>Practice-Based Learning Improvement:</u>

1. 1 through 3 of PGY2; and,
2. Analyzes personal practice patterns systematically, and looks to improve
3. Compares personal practice patterns to larger populations
4. Locates, appraises, and assimilates scientific literature appropriate to specialty
5. Identifies systemic causes of medical errors and navigates them to provide safe patient care
6. Activates formal system resources to investigate and mitigate real or potential medical error
7. Incorporates cost-awareness principles into standard clinical judgments and decision-making

<u>Interpersonal and Communicative Skills:</u>

1. 1 through 5 of PGY2; and,
2. Actively engages in team meetings and collaborative decision-making
3. Role models and teaches effective transitions of care

<u>Professionalism</u>

1. 1 through 6 of PGY2; and,
2. Is effective as a consultant
3. Welcomes unsolicited feedback
4. Consistently incorporates appropriate feedback
5. Teaches others regarding maintaining patient privacy and respecting patient autonomy

6. Willingness to assume professional responsibility regardless of the situation
7. Appropriately modified care plan to account for a patient's unique characteristics and needs

Systems-Based Practice:
1. 1 through 4 of PGY2; and,
2. Demonstrates ability to adapt to change
3. Provides cost effective care
4. Understands how individual practices affect other health care professionals, organizations, and society
5. Demonstrates knowledge of types of medical practice and delivery systems
6. Practices effective allocation of health care resources that does not compromise the quality of care

2.6 Non-Renewal of Contract

If at any time a program director determines that a resident is not meeting the standards of the program, he/she may recommend non-renewal of appointment as outlined in the Corrective Action section of this manual.

In instances where a resident agreement is not going to be renewed, the program will provide the resident with a written notice of intent not to renew within a reasonable amount of time prior to the end of the resident's current agreement. Resident administrative and clinical assessment is an ongoing process throughout resident training. Each program's Clinical Competency Committee (CCC) meets to review resident progress in the program.

If at any time the resident decides not to renew their contract, a minimum of 120 days written notice of separation is appreciated in writing from the resident to the program director and ADME.

2.7 Termination

The Hospital may terminate the resident agreement immediately for any of the following reasons:
1. Professional incompetence of the resident.
2. Substantial breach of the terms of the Agreement by the resident.
3. Serious neglect of duty of violation of Hospital rules, regulations of policies by the resident.
4. Conviction of a crime thought by the program director to render the resident unfit professionally to practice medicine.
5. Conduct by the resident seriously and clearly prejudicial to the best interest of the hospital.
6. Unapproved absences of the resident from the program.

2.8 Breaks in Training and Completion of Training

When a resident is absent from the program for more than the allowed days per specialty, the program director and ADME will make a decision as to the appropriateness of the absence. Collaboration with Human Resources will also occur. Since residents are employed by the organization in which they train, employment laws for time off and performance will apply. If the absence is approved, the resident contract will be extended to make up for the additional time away from the program and a new graduation date determined.

Before departing UNC Health Southeastern at the conclusion of residency training, an official UNC Health Southeastern Residency Program Exit Sheet must be completed and turned into the Department of Medical Education. This form can be obtained from the medical education office. A forwarding address, email, and telephone number must be included. Human Resources will mail required documents to the address provided per policy for departing employees. Residents are required to keep their address and contact information up-to-date with the medical education office and human resources.

In the event that a resident leaves the program prior to completion of the residency, a letter verifying the successfully completed rotations during their training at UNC Health Southeastern will be provided to the resident and will be maintained in the resident's UNC Health Southeastern resident file.

2.9 Term of Contract

The resident contract shall be one year in accordance with the Accreditation Council for Graduate Medical Education (ACGME).

2.10 Resident Contract

Upon completion of the NRMP, UNC Health Southeastern's Department of Graduate Medical Education will send to the matched residents, the institutional contract within 10 days of receiving the Match results. The resident must return this contract within 30-days of issuance for the contract to become valid.
Residents are expected to fulfill all contract responsibilities.

The resident contract shall reference: (these items shall be outlined in detail throughout this manual)

1. Responsibilities
2. Duration of appointment
3. Financial support
4. Conditions for reappointment and promotion
5. Grievance and due process procedures
6. Professional liability insurance (include summary of pertinent information regarding coverage)
7. Health and disability insurance
8. Leaves (vacation, parental, sick, and other leave(s))
9. Policy on effects of leaves on satisfying criteria for program completion
10. Information related to eligibility for specialty board examination
11. Policy on moonlighting

The contract will be maintained in the individual resident's personnel file.

All institutional human resource policies are applicable to residents as employees of UNC Health Southeastern.

2.11 Educational Stipend – CME/Resident Scholarship

Each resident will be allocated a specific dollar amount as outlined in the letter of appointment to be used for educational expenses during the training year. These dollars will not carry over into the next academic year. Funds will be available on July 1 while in the program.

If the resident is unsure whether an expense can be counted toward these educational dollars, they are responsible for speaking with the Coordinator and/or Administrative Director **prior** to the purchase of the item. The list of approved and excluded items can be found under the resident Education Stipend Policy. Monies are, in essence, to be used to enhance the residents' academic achievement in the program and support independent study, resulting in a passing score on specialty boards.

To be reimbursed for educational expenses, the resident must complete a "Voucher Disbursement," found under Forms on the Intranet, sign and attach the original receipt(s) with a zero balance. Return completed form and receipts to the Graduate Medical Education Office no later than one week after the event or purchase for further processing and tracking of educational expenses. This deadline ensures timely processing time by the program. Per organizational travel and reimbursement policy effective March 1, 2019, delinquent reimbursement submissions to finance will NOT be paid if submitted to the finance office greater than 30 days after purchase.

To ensure achievement in scholarship during residency training, residents can submit a request for an additional $1000 to use for expenses to present a poster or to present their scholarly activity at regional or national conference. Only first authors are eligible to submit a request. If the first author is not available to attend, the second author may submit the request, noting the first author is not available to attend. Residents are to give at least 60 days notice to the program director and program coordinator of poster/presentation acceptance. When requesting funds for scholarship, the resident must submit the following:

1. Letter of acceptance from designated conference leader
2. Conference name, dates, and location
3. Program agenda with residents' name

The program director and program coordinator will evaluate requested resident time off. Each resident is limited to three poster/presentations during their training program.

Acceptance at an international conference will not be reimbursed and time off will be taken from the resident's PTO, if the time off request is approved.

2.12 Program Closure or Reduction

If UNC Health Southeastern intends to reduce the size of, or close a training program, the sponsoring institution will inform the residents as soon as possible. In the event of such a reduction or closure, the sponsoring institution will make every effort to allow residents already in the program to complete their education. If any resident is displaced by the closure of a program or a reduction in the number of residents, the institution will make every effort to assist the resident in identifying a program in which they can continue their education. The sponsoring institution will immediately notify the ACGME and its residents of a program closure or reduction in positions, which would impact residents prior to program completion.

2.13 Disaster/Interruption

In the event of a disaster or loss of site's ability to participate in the Medicare program, Campbell University will continue to provide administrative support for its GME programs through the disaster. In the event that such a disaster or its aftereffects warrant reduction or closure of a program(s), then the Training Program Reduction/Closure Policy will take effect.
If, because of a disaster, an adequate educational experience cannot be provided for each resident/clinical fellow the sponsoring institution will:

1. Arrange temporary transfers to other programs/institutions until such time as the residency/fellowship program can provide an adequate educational experience for each of its house officers/fellows.
2. Cooperate in and facilitate permanent transfers to other programs/institutions. Programs/institutions will make the keep/transfer decision expeditiously so as to maximize the likelihood that each resident will complete the resident year on schedule.
3. Inform each transferred resident of the minimum duration of his/her temporary transfer, and continue to keep each resident informed of the minimum duration. If and when a program decides that a temporary transfer will continue to and/or through the end of a residency year, it must so inform each such transferred resident.

The Designated Institutional Official (DIO) will call or email the ACGME Institutional Review Committee Executive Director with information and/or requests for information. When appropriate, the DIO will contact executive directors of specific residency review committees (RRCs).
Within ten days after the declaration of a disaster, the DIO will contact the ACGME to discuss due dates that the ACGME will establish for the programs

1. To submit program reconfigurations to the ACGME and
2. To inform each program's residents of resident transfer decisions.

The due dates for submission shall be no later than 30 days after the disaster unless other due dates are approved by the ACGME.

Salary support and benefits shall be provided consistent with commitment made to residents in the hospital contract for a reasonable period of time as defined by the hospital affiliate's policy.

2.14 Resident Resignation

1. Residents may submit a written notice to the Program Director and ADME resigning from the training program with date of departure.
2. The resignation request will acknowledge that, by resigning from training program, the resident has terminated all ties to the training program and institution.

2.15 Restrictive Covenants/Non-Competition

UNC Health Southeastern strictly prohibits the request for any resident to sign non-competition guarantees or restrictive covenant.

621 **2.16 Visa Policies & Procedures for Foreign/US Medical School Graduates**
622
623 It is the policy of UNC Health Southeastern to comply with the immigration laws of the United States,
624 and all residents must obtain and maintain an immigration status that permits employment by the
625 hospital in a clinical capacity if applicable. UNC Health Southeastern will not sponsor any visas for any of
626 its programs.
627
628 All offers of employment are contingent on verification of the candidate's right to work in the United
629 States. Prior to the first day of work, every new employee will be asked to provide original documents
630 verifying his or her right to work and, as required by federal law, to sign Federal Form I-9, Employment
631 Eligibility Verification Form.
632
633 **2.17 Vendor Policy**
634
635 Purpose: Management of vendor/pharmaceutical representative access
636 Policy: Meetings with vendor/pharmaceutical representatives are to be scheduled in advance.
637
638 1. Meetings are permitted with written prior approval (email) from the program director.
639 2. Vendor/Pharmaceutical representatives must submit an outline of the talk to the program
640 director at least one week prior to the scheduled meeting.
641 3. Vendor/Pharmaceutical representative talk must include pathophysiology of the disease entity,
642 and mechanism of action of drug presented. Content must provide scientific and educational
643 value.
644 4. Vendor/Pharmaceutical representatives are not permitted to bring food or other giveaways to
645 the meetings.
646 5. Vendor/Pharmaceutical representatives are required to abide by UNC Health Southeastern
647 protocols for sample medications.
648 6. Vendor/Pharmaceutical representatives may leave literature with the program director only.
649 7. UNC Health Southeastern under the "Teaching Hospital" status will comply with reporting
650 requirements of the Patient Protection Affordable Care Act, Section 6002.
651
652 **2.18 Elective Out-Rotation**
653
654 Residents are permitted to rotate outside of UNC Health Southeastern once during the duration of their
655 training program. A minimum of 4 months notice of intent is required by the resident. Approval for
656 elective out-rotations is at the discretion of the program director and ADME. Any resident wishing to
657 schedule an out-rotation must have approval by the program director and ADME before any
658 arrangements can begin. Residents must be in good standing with the program, including, but not
659 limited to, up-to-date patient/procedural logging, duty hour logging, completion of medical records, and
660 completion of evaluations via New Innovations. PGY1 residents cannot complete an out-rotation in their
661 first six months.
662 PGY 3 and 4 residents are strongly discouraged from requesting an out-rotation in the final block of their
663 training.

664

665

666 Elective Out-Rotation Process:
667
668 1. A minimum of 4-months prior to the rotation start date,
669 2. Submit request form to the program director and program coordinator to include: confirmation
670 of acceptance of the possible out-rotation, with dates, by the other institution, clinic or
671 university system (email confirmation is acceptable)
672 3. All credentials of teaching attendings during the rotation, to include board certification in
673 rotation specialty (an updated CV will be accepted)
674 4. Full name and title (MD, DO, CEO, etc.) of Site Director at the rotation site who will be
675 responsible for the resident rotation evaluation and officially sign the program letter of
676 agreement
677 5. Name of person to send the program letter of agreement to (i.e. coordinator) and their contact
678 info (phone and email)
679 6. Proof of malpractice insurance purchase if rotation is not in the state of North Carolina - proof of
680 malpractice coverage must be submitted to the program director prior to the rotation getting
681 final approval
682 7. Keep in mind different states vary on the length of time to complete the medical licensure
683 application process; research the process for the state of your rotation and apply timely.
684 8. Resident must obtain a training license in the state of rotation at their own expense.
685 9. Once all items have been completed, an Office of Graduate Medical Education clearance email
686 will be sent to the resident confirming the out-rotation.
687
688 **2.19 Research**
689
690 MANDATORY RESEARCH TIMELINE AND DELIVERABLES FOR RESIDENTS

691 Required Minimum Deliverables:
692 1. Interns: a. case report and b. QI involvement
693 2. 3-year programs: a. case report, b. original research, and c. yearly QI involvement
694 3. 4-year programs: a. 2 case reports, b. original research, and c. yearly QI involvement
695 4. 5-year programs: a. case report, b. 2 original research, and c. yearly QI involvement

Deadline (end of month)	Deliverable	Status
PGY 1/Intern		
August	Complete CITI/Human Subjects Training (citiprogram.org) required by hospital	
September	Write up a **case report** identified by faculty or resident	
October	Identify a research idea (for non-interns)	
	Identify research team and individual tasks (up to 2 faculty, up to 2 residents, students, biostatistician	
	Identify a **Quality Improvement** project (PGY1s)	
November	Conduct literature search to refine research idea	
	Identify a target journal to follow for format style guide	
	Refine idea with faculty mentor and Campbell research faculty	
	Submit case report abstract to the **CUSOM Regional Residency Conference**	
December	Begin proposal writing (Introduction, Methods, References)	
	Check in with faculty mentor and Campbell research faculty	

January	Continue to work with faculty mentor and biostatistician to finalize research proposal	
February	**Present case report at CUSOM Regional Residency Conference**	
	Complete Institutional Review Board (IRB) application (cut and paste from final proposal) (non-interns)	
	Submit IRB application/Revise as needed	
March	Send IRB approval to faculty and Campbell research leadership	
April, May, June, July	Data collection	
March, April	**PGY-1**-present to QI committee and write up final QI project	
May	**Progress report due to Program Director, faculty mentor, and Campbell research leadership**	
May-June	**Graduation Celebration for TY/PGY-1**	
PGY 2		
August	Collect data	
	Submit **abstract of preliminary data to a regional, national or international conference**	
September, October	Analyze data (Biostatistician)	
November	Submit abstract to a regional, national or international conference	
December	Create poster using CUSOM template	
January	**Continue QI project**	
Summer or Fall	Present QI project/research at conference-ALL	
March	Complete final paper 1. Change grammatical tense of proposal from future to past. 2. Add Results, Discussion, Recommendation/Summary to initial proposal	
April-June	Submit manuscript to target journal	
	Revise/resubmit as needed	
PGY 3		
July-September	Start **2nd research project** for 4 and 5 year programs	
	Start **2nd case report** for 4 year programs	
	Present research at a conference-All	
October-December	Revise/resubmit as needed	
February	**3-year programs- Present final research project at CUSOM Regional Residency Conference**	
January to May	Data collection for 2nd project or assist in a PGY-1 or PGY-2 resident project	
May/June	**Graduation Celebration for 3-year programs**	
PGY 4		
July-August	Data collection for 2nd research project	
September-November	Data analysis (biostatistician)	
December-January	2nd research project final paper; write up and submission for publication	
February	**4-year programs- Present final research project at CUSOM Regional Residency Conference**	
March to May	Revision to journal submissions; mentor junior residents	

May/June	**Graduation Celebration for 4-year programs**	
PGY 5		
July to January	2nd Case Report for 5-year programs (write up, poster creation, submit to journal)	
	2nd QI project for 5-year programs (write up, poster creation, submit to journal)	
	Present research at a conference	
February	**5-year programs- Present final research project at CUSOM Regional Residency Conference**	
March to May	Collaborate on a junior resident project	
May/June	**Graduation Celebration for 5-year programs**	

696
697 **3 EMPLOYMENT POLICIES**
698
699 **3.1 Equal Employment Opportunity/Diversity**
700
701 UNC Health Southeastern is committed to diversity that will build on the strengths of our current
702 workforce and continually enhance the diversity of our organization. All resident candidates are
703 encouraged to apply for our training programs through ERAS.
704
705 UNC Health Southeastern is an equal opportunity employer and does not discriminate on race, color,
706 citizenship status, national origin, ancestry, gender, sexual orientation, age, weight, religion, creed,
707 physical or mental disability, marital status, veteran status, political affiliation, handicapped persons
708 who, with reasonable accommodation, can perform the essential functions of the job or any other factor
709 protected by law.
710
711 **3.2 Americans with Disabilities Act**
712
713 It is the policy of UNC Health Southeastern to comply with all the relevant and applicable provisions of
714 the Americans with Disabilities Act (ADA). UNC Health Southeastern will not discriminate against any
715 qualified employee or job applicant with respect to any terms, privileges, or conditions of employment
716 because of a person's physical or mental disability.
717
718 **3.3 Employee Background Check**
719
720 Prior to making an offer of employment, UNC Health Southeastern may conduct a job-related
721 background check that consists of prior employment verification, professional reference checks,
722 education confirmation, and criminal background check. In the event that a disqualifying conviction is
723 returned on a resident, the resident will be subject to separation from the institution and terminated
724 from the training program. The separation will occur even if the resident has successfully completed
725 some period of the training program before the results are received. The resident's contract will then
726 become Null and Void.
727
728 **3.4 Pre-Employment Evaluation**
729
730 All employees of UNC Health Southeastern are required to pass a pre-employment physical.
731 Arrangements for pre-employment are the responsibility of the resident/employee in cooperation with
732 Human Resources. Record of immunizations and other health information will be maintained in the
733 Employee Health Record.

UNC Health Southeastern is committed to protecting the safety, health and well-being of all employees and individuals in our workplace. This includes the assurance of a drug and alcohol-free work environment. The pre-employment examination will include a urine drug screen. The hospital has a substance abuse policy that applies to all employees, making mandatory drug screening a regular part of the pre-employment physical.

Residents are required to take an annual TB test and as often as requested by the institution. Prior to starting a training program, residents are required to provide evidence of vaccination, immunity, or proof of medical and or religious exemption. Immunizations to include the following:

- *Rubeola (measles)*: If born before 1957, documentation of one (1) measles vaccination and a recent titer (within one (1) year of matriculation) showing sufficient levels of measles antibodies. If born after 1957, documentation of two (2) live measles vaccination or one (1) after 1979 measles vaccination and recent titer within 1 year.
- *Rubella:* Proof of immunity by laboratory evidence or recent immunization documented.
- *Mumps:* Documentary evidence of immunization or proof of immunity by laboratory evidence. History of the disease is not acceptable.
- *Polio:* Documentary evidence of immunization.
- *Tetanus/diphtheria:* Date of last vaccination. If none in the past ten (10) years, then vaccination is needed.
- *Chickenpox:* History of the disease
- *Tuberculosis:* Results of an annual tuberculin skin test within six months prior to matriculation and yearly thereafter.
- *Varicella Vaccine:* Documentary evidence that vaccine was administered x2 with titers

At the time of the physical exam, residents will receive a "Fit Test for N-95 Mask Respirator".

3.5 Post Enrollment Requirements: All Residents

- Hepatitis B: All physicians in training should be immunized (series of three {3} injections against hepatitis B virus or provide serologic proof of immunity (titer) as part of their preparation for clinical work). Anyone electing not to take the hepatitis B vaccine will be required to sign an informed denial form on a yearly basis.
- Tuberculosis: Yearly results of tuberculin skin test.

Monitoring Requirement:

1. Written proof of required immunizations must be documented through the use of health care monitoring form prior to or at the time of enrollment of new, transferring or visiting residents. A copy of the official immunization records that document certain immunizations may be attached to the form. Please do not send originals.
2. A yearly statement of results of the tuberculin skin test signed by a physician or other appropriate health care provider only, will be accepted.
3. Any resident electing not to receive hepatitis B vaccine must sign a hepatitis B informed denial statement.
4. Immunization requirements will be waived if medical or other appropriate documentation prohibits vaccination.

5. The immunization status of all physicians in training will be confidentially stored and monitored. Release of information will be at the individual's consent.
6. It shall be the responsibility of the resident to notify the ADME in the event of exposure to or having been diagnosed with a communicable disease, which could pose risks to patients.

Failure to comply with this policy will result in the individual being withheld from clinical activity.

Drug and Alcohol Testing: UNC Health Southeastern has a Drug Free Workplace policy on the hospital intranet. The department of medical education follows this Human Resources policy. Since residents are employees of the hospital, residents will also be chosen for random drug testing. It is the policy of UNC Health Southeastern to balance the need to provide a safe environment for physicians, employees and patients with a willingness to assist physicians, employees and patients who are working to overcome chemical dependency problems. The unlawful use, possession, distribution, dispensation, manufacture, sale or transportation of controlled substances or alcohol is strictly prohibited at any time and subject to immediate dismissal. UNC Health Southeastern will require all residents to pass a post offer/pre-employment physical, which includes a urine drug screen and a cotinine/nicotine screen.

In addition, UNC Health Southeastern will require all employees to be tested for controlled substances and or alcohol whenever there is reasonable suspicion of a violation of this policy. Reasonable suspicion tests will be performed in the Employee Health Clinic at UNC Health Southeastern.

Residents with positive test results for illicit drugs/chemical dependency or alcohol, will be required to immediately self-report to the North Carolina Physician Health Program (NCPHP) or be terminated from the residency program within a set time frame by the program. Residents who chose to seek appropriate treatment for these problems with the NCPHP will be assigned the appropriate leave from the program to address the dependency. Residents returning to duty from FMLA and/or leave of absence related to a chemical dependency problem will be required to sign an agreement with Human Resources, in collaboration with the North Carolina Physician Health Program (NCPHP) recommendations for ongoing treatment. This agreement may include random drug and/or alcohol tests. The graduate medical education program only recognizes the NCPHP as the authority to assist health care professionals at all levels in finding a path back to wellness and recovery. The NCPHP is the only North Carolina organization that can provide access to non-disciplinary and confidential programs for identification, intervention, and rehabilitation of these potentially impairing issues for medical professionals.

http://ncphp.org

3.6 Criminal Records

All UNC Health Southeastern entities conduct criminal background checks on all final candidates for employment. The results of criminal background checks may take several weeks to be processed. Residents are permitted to begin work before the results are received. In the event that a disqualifying conviction is returned on a resident, the resident will be subject to separation from the Hospital and terminated from the training program. This separation will occur even if the resident has successfully completed some period of the training program before the results are received. The resident's contract will then become Null and Void.

3.7 Stress, Fatigue and Impairment

The Graduate Medical Education Department at UNC Health Southeastern recognizes that residency training can disrupt the normal circadian rhythm. If you feel you are clinically fatigued during resident learning and work hours, you must:

1. Immediately notify your attending and program director
2. Take a strategic nap in an on-call room or ask a family member, friend, or a resident to drive you home. In the event neither of these persons is available, the GME office will work with you to get you home safely.

The following fatigue mitigation strategies are endorsed and encouraged by all residents:

1. Before a shift, expose yourself to bright light
2. After shift, get a full nights' sleep (average duration is 8 hours)
3. During a shift:
    a. Expose yourself to bright light
    b. Strategically nap 15 – 45 minutes every 2 – 3 hours to help avoid sleep inertia, if needed
    c. If using caffeine, use only when on-call and feeling sleepy
4. To promote the best sleep possible:
    a. Try to develop a relaxing routine while preparing for bed (meditation, yoga/tai chi, progressive muscle relaxation, or diaphragmatic breathing)
    b. Make the room for sleeping as dark as possible (use black out curtains/blinds or eye mask)
    c. Ensure room quiet and without interruption (use ear plugs and turn off electronic devices)
    d. Keep room cool (not too warm)
    e. Avoid heavy meal before sleeping but do not go to bed hungry
    f. Avoid exercising before sleeping
    g. Avoid using computer for 1 -2 hours before sleeping
    h. Avoid caffeine, nicotine, and alcohol before sleeping
    i. Avoid reversing sleep cycle on your one day off during night float

Resource: https://www.acgme.org/Portals/0/PDFs/jgme-11-00-61-67[1].pdf

3.8 Controlled Substance (DEA)

<u>Controlled Substance Licensure:</u>
Each resident will be assigned a Drug Enforcement Administration (DEA) Controlled Substance Registration Number. A temporary DEA number, which is issued to each resident by the hospital and terminates at the conclusion of the resident's training, is a combination of the hospital DEA and the resident's unique alphanumeric suffix. Federal law mandates that use of this temporary DEA is strictly limited to the care of patients served by residents as part of their training program.

To obtain a permanent DEA number, contact the Drug Enforcement Administration in Washington D.C., at (202) 633-1000. The cost of the permanent DEA number is eligible for education stipend reimbursement if moonlighting in NC.

3.9 Employee Assistance Program (EAP)

This program assists employed faculty, staff, and their families with the resources they need to resolve personal, family, financial, or job-related problems. EAP offers a comprehensive worksite-based program to assist in the prevention, early intervention, and resolution of problems that may impact job performance. The EAP is staffed with well-trained, caring professionals who listen and offer support and guidance. EAP is confidential and voluntary. To make an appointment with EAP, 1-800-272-7255 (www.guidanceresources.com). Additional information may be found on the Human Resources site on the UNC Health Southeastern intranet.

Campbell University School of Osteopathic Medicine maintains additional resources for residents and faculty. Resource information is located in New Innovations.

3.10 Employee Health Clinic

The Employee Health Clinic handles pre-employment physicals, performs annual physical assessments and PPD tests, FIT test and administers vaccinations. It also provides triage and evaluation for work-related injuries during normal business hours and does educational promotions, blood-borne pathogen counseling and treatment, and follows up on TB and other infectious disease exposures. You may also, because of your work duties or area, be asked to have other specific screening tests and exams, many of which are mandated by state or federal agencies.

The Employee Health Clinic provides medical evaluations and treatment for work-related injuries, which include exposure to blood and/or body fluids (e.g., sharps injuries, splashes, exposures to communicable disease, falls, etc.). It is the responsibility of Employee Health Clinic to determine:

- When an employee with an injury or infection requires work restriction or work exclusion
- When an employee is ready to return to work after an injury or infectious illness
- When an employee meets Center for Disease Control (CDC) requirements for self-quarantine or self-monitoring

Employee Health Clinic is a means for evaluating and maintaining the overall good health of its employees. Employees suffering illness, injury, exposure to toxic substances or a curable or incurable blood or air-borne communicable disease while on duty must report it immediately to be eligible to apply for Workers Compensation. An Employee Occurrence Report must be completed for any of the above situations within 24-hours of occurrence or knowledge of occurrence. In cases of potential exposure to potential blood borne or air-borne pathogens, an Occurrence Report is completed.

3.11 Physician Impairment & Substance Abuse

Hospital administration, along with the medical staff and graduate medical education is committed to providing safe, effective, timely, and respectful medical care while fostering an environment that promotes practitioner health. We affirm that substance use disorders and other behavioral health disorders are treatable illnesses and after treatment, practitioners can return to the safe and effective practice of medicine with appropriate monitoring. Additional information may be found under human resources on the intranet.

To provide a safe environment, UNC Health Southeastern residents have a responsibility to report to work in a fit condition. In keeping with federal drug-free regulations, UNC Health Southeastern is committed to a drug and alcohol-free work environment. As a health care provider, we are aware of our responsibility to our patients, visitors, employees, and medical staff to ensure that our facilities are drug and alcohol free. Therefore, the use, sale, purchases, negotiation of sale, manufacture, distribution, dispensation or possession of illegal drugs or the abuse of legal drugs and alcohol is prohibited. This policy is designed to ensure a drug and alcohol-free work environment while protecting the privacy of employees and applicants with respect to personal health information. Residents are required to meet the organization's requirements as defined in Human Resources Policy and Procedure. Furthermore, graduate medical education recognizes the North Carolina Physicians Health Program (PHP) as the authority to evaluate and treat mandated and self-reporting impaired residents identified as impaired under, but not limited to, the Drug Free Workplace Policy. Any other outside agency will not be recognized by the organization and recommendations therein.

Fitness for Duty – A confidential and mandatory referral process, which evaluates an employee's ability to perform their job functions when pronounced changes, which negatively impact work performance, are demonstrated. Fit employees are those physically and mentally able to perform the standards required of their position. Types of impairment covered by Fitness for Duty include:

1. Psychological Impairment: Significant changes in behaviors and or psychological state. This may include but not be limited to: threats of harm against self or others, destruction of property or threats of destruction, dramatic mood swings, explosive anger or acting-out behaviors, extreme disclosure of personal information, and disorganized thoughts.
2. Physical Impairment: Significant changes in physical ability to perform job duties and meet the physical standards that impact current job responsibilities. They may include, but are not limited to, diminished ability to walk, lift, climb, operate equipment, see, hear, or any physical deterioration that compromises the resident's ability to perform their job.

3.12 Licensure

The North Carolina Medical Board must license an individual pursuing graduate medical education training in the State of North Carolina. As of October 2011, the Medical Board has placed qualifications on board examination passage (Reference: Board Adopts Three Attempt Rule for Exams). Please refer to the North Carolina Medical Board for further information.

The individual may either hold a License (permanent license) to practice medicine in North Carolina or apply to the board for a Resident Training License (temporary license). The application for either medical license can be found on the Medical Board website (www.ncmb.org). It is the responsibility of the resident to complete the training license application in a timely fashion, pay any required fees and print receipt to submit to coordinator for reimbursement. A training license is valid only for a period of one year and must be renewed annually prior to the resident's birthday.

The Training License allows residents to follow the schedule of prescribed services, rotations, and clinical activities that have been issued by their educational programs. Please be advised of the following limitations regarding temporary licensure:

- A resident without a permanent license cannot "moonlight."

The graduate medical education department must be kept informed of any change in licensure status. Paid time off will be used until training license is renewed if not done by resident's birthday. The program will reimburse residents the fee for the training license. The completed voucher for reimbursement found in the intranet under forms, must be completed and turned into the medical education office within one week or forfeit of reimbursement will occur.

3.13 BLS, ACLS, PALS Training and Certification

Incoming residents will participate in BLS, ACLS, and PALS classes during orientation/early July. Residents are responsible for ensuring no lapse in certification. Residents are required to discuss renewal dates and times with their program director and coordinator to ensure minimal disruption to their rotation. Time away from clinical duty will be arranged once a mutual date is set for renewal. Residents due for recertification will be scheduled for classes via the Department of Learning and Professional Development. Materials will be provided. Classes count as a clinical work day. Residents who fail to complete the scheduled course are responsible for finding their own course by their certification expiration date and responsible for the fee. The fee will not be eligible to be deducted from the residents' education fund and PTO will be taken. Any disruption to the program by residents needing to be away to complete a required course outside of the program will be addressed on a case-by-case basis and may result in disciplinary action.

3.14 Certificate of Completion

Each resident, at the completion of service, will receive a certificate certifying that the resident has performed all the requirements set forth by the Accreditation Council for Graduate Medical Education, the core faculty, teaching faculty, administration of UNC Health Southeastern, and the appropriate specialty.

The hospital is justified in holding such a certificate back only if the program director deems the resident's academic performance unsatisfactory and fails to complete the training program including all required paperwork or if the resident's performance has been such as to indicate that the resident is not yet adequately prepared to graduate. Under no circumstances will the program director arbitrarily refuse to issue such a certificate for relatively minor reasons. In the event of illness necessitating the resident's withdrawal from training, the hospital will supply a letter to the resident listing rotations that were satisfactorily completed.

The certificate of completion will include:

- Name of Institution
- Name of Sponsoring Institution
- Resident's Name
- Dates of Completion (start/end)
- Type of program
- Signatures of Institution, Sponsoring Institution, Program Director & VPCMO

3.15 Change of Personal Data

It is the responsibility of each resident to report any changes in name, address or phone number to HR, the Department of Graduate Medical Education, and their respective training program as soon as the change occurs. At times, it may be necessary to notify a resident via telephone of a serious exposure to a contagion during clinical duty as soon as such exposure is known. In addition, efficient distribution of W-2 forms, benefits information, and other important hospital mailings is dependent upon the data an employee has provided and timely submission of reimbursement items as well as end-of-year tax information.

3.16 Chain of Communication

Residents shall follow the "Chain of Communication" policy. When necessary the CEO presides over all areas and is the final step in the chain of command. When issues and or problems occur, the resident should contact and speak with:

1. Program Chief Resident
2. Attending Physician
3. Program Director
4. Administrative Director of Medical Education
5. DIO
6. CEO

3.17 Safety

The Safety Department has placed forms such as the Departmental Chemical Inventory Listing, Monthly Hazardous Checklist, the Unit Base Fire Drill and the Fire Alert Response Form on our intranet page for your use. These forms are the most current up-to-date forms and will be updated and replaced as needed on our intranet page. The contact number for the Safety Office is 5068. Security offers 24-hour security services by a highly trained staff. Security can be reached by calling extension 5449 or (910) 671-5449. Calls made to 5449 / 671-5449 are routed to a cell phone that is carried by Security 24 hours a day.

Loss of hospital, patient, or personal property under any circumstances should be reported to Security. Residents are not to remove written or electronic patient records from the hospital under any circumstances. This includes printed patient lists or other paper/electronic records containing patient information. Such materials are never to be stored in personal vehicles or left unattended in open view, including in common areas in the graduate medical education department. The hospital assumes no financial responsibility for personal losses. Thefts or any other incidents on hospital property should be reported immediately to Security for investigation as well as suspicious persons on hospital grounds.

UNC Health Southeastern strives to provide its employees, patients, and visitors with a safe and healthy environment. Should conditions or hazards be identified that pose an immediate threat to life, health or safety, the situation must be immediately and appropriately addressed and reported to security office or the Safety Officer. Residents can also report such a situation to the Nursing Supervisor, the attending, and/or program director if the Safety Officer is not readily available.

3.18 Personal Property

UNC Health Southeastern assumes no risk for any loss or damage to personal property on hospital owned property or from personal vehicles. Residents are strongly encouraged not to bring any valuables to any location where they are assigned clinical duty. Lockers are available for assignment in the graduate medical education department.

3.19 Professional Activities outside the Program

Residents may be required to attend educational programs based on the training program's requirements. The graduate medical education office will notify participants of such activities as they occur.

3.20 Visitors in the Workplace

For safety, insurance, and other business considerations, only authorized visitors are allowed in the workplace. When making arrangements for visitors, employees must request that visitors enter through the main reception area and sign in.

The hours and regulations for visiting are published and given to all patients. Recommendations for individual exceptions to the regulations should be made to the Nursing Supervisor.

Residents have the obligation to discuss and answer questions about a patient's condition with those who have a legal right to know. Residents are required to ask the patient if any and all visitors in the room are permitted to hear the medical information to be discussed each day. If the information concerning a patient is privileged and confidential and should not be divulged to anyone except individuals specifically designated by the patient, the resident is to ask the patient to excuse the visitors from the room so the privileged information can be discussed according to the patient's wishes. Non-designated friends, relatives and visitors may be not entitled to such information, but their inquiries must be handled in a friendly and tactful manner.

3.21 Weather-related, Emergency-related, Pandemic-related Changes in Operation/Closings

At times, emergencies such as severe weather, fires, or power failures can disrupt company operations. In such instances, Administration and/or the Command Center will decide on the closure and residents will be provided with the official notification via work email as well as other employees. In the event of a pandemic, the resident will be informed of changes to clinical work and other assignments in the same manner as all employees. Specific clinical work changes will be communicated by the program director.

3.22 Cell Phones

Residents are expected to have their UNC Health Southeastern email account added to their cell phone. Each resident will receive a monthly stipend towards their cell phone. Residents should have their cell phone with them and turned on at all times while on assigned clinical and/or administrative duty. Residents should respond to calls or texts within 15 minutes, unless the resident is involved in a critical care situation.

3.23 Pay Periods

Residents will be paid every two weeks for the previous two weeks of work. There is a total of 26 pay periods per year. The resident salary will be divided equally among the 26 pay periods. Direct deposit to your financial institution is set up during orientation. Changes to your financial institution are to be reported to human resources.

4 DISCIPLINARY PROCESS

4.1 Disciplinary Policies and Procedures:

In any organization a system of rules must exist to protect the organization's productivity and economic well-being. When behavior of the individuals that form part of the organization contradicts the operational efficiencies that allow the organization to accompany its mission, corrective action is needed to redirect that behavior.

It is the policy of graduate medical education to regard counseling and discipline as an instrument for helping residents reach their full potential as an independent physician rather than punishing them without a corrective action plan. Dismissal is a last resort and is decided upon after serious deliberation. Every effort is made to assure that discipline is administered fairly and consistently, including verbal counseling/warning, written counseling/warning reports, notice of concern, probation, suspension, or termination.

<u>Oral Counseling</u>: Issued by the program directors/ADME in an educational spirit addressing the problem personally with the resident. This is usually reserved for minor infractions.

<u>Written Counseling</u>**:** A Letter of Counseling will be issued by the Program Director, (or ADME if the program director is not available) for infractions of rules and regulations of a serious or repetitive nature. The Letter of Counseling will include suggestions for actions or changes required on the part of the resident. This may be appealed by the resident to the Graduate Medical Education Committee. The GME Committee's decision is final. Failure to achieve improvement, or a repetition of the conduct, may lead to a Notice of Concern or other actions. A Letter of Counseling does not constitute a disciplinary action if after one year there are no further repeat incidents or new incidents in the resident's file. The Letter of Counseling may be removed from the resident file upon the completion of the program by the program director.

<u>Final Written Counseling:</u> may be issued by the program director to a resident to address a deficiency or behavior that needs to be immediately remedied or improved. The Notice of Concern shall be in writing and should describe the nature of the deficiency or behavior and any necessary remedial actions required on the part of the resident. Failure to achieve immediate and/or sustained improvement or a repetition of the conduct may lead to probation, suspension, or dismissal depending on the severity of the infraction. Drug and alcohol testing may be required.

<u>Suspension/Termination</u>**:** The program director or ADME has the right to immediately suspend any resident from patient care for probable cause in order to protect the safety of patients and the integrity of the training programs at UNC Health Southeastern. Suspensions of this severity will receive a Notice of Concern outlining the deficiency or behavior and potential courses of action within 48 hours of the suspension, not including weekends. Drug and alcohol testing may be required. The following are

examples of conduct which are considered adequate causes for counseling or disciplinary action, although other causes may apply:

1. Excessive or unexcused absences.
2. Repeated tardiness.
3. Continued violation of hospital policies, rules or regulations.
4. Malingering or unproductive work habits, including medical record/clinic chart deficiencies.
5. Unauthorized inquiry into or release of information from any patient's hospital records, files, desks, and administrative material, including current and former residents and family members of past or present persons in the program.
6. Sexual harassment.
7. Incapable, unable, and/or unwilling to perform job requirements as per established program and hospital standards.
8. Repetitive disciplinary action. Three counseling reports within a twelve-month period may be sufficient cause for dismissal

The following forms of gross negligence or misconduct are grounds for dismissal for cause without the progressive counseling procedures described above:

1. Abuse or inconsiderate treatment of patients, personnel or visitors (e.g., fighting, use of obscenities, etc.)
2. Possession of hospital equipment or personal belongings of the patients or fellow workers without the consent of the owner.
3. Misappropriation of funds.
4. Unauthorized use, or unauthorized possession, of substances which can alter states of consciousness.
5. Sexual harassment.
6. Willful destruction, misuse or defacing of hospital property, equipment or supplies.
7. Insubordination**
8. Gambling while on duty.
9. Sleeping while on duty outside of the strategic napping parameters outlined under the Learning and Working Policy.
10. Clocking someone else's time card, serious irregularities in the use of a time card, falsifying a time card.
11. Absence from duty station without authorization.
12. Falsification of employment application or personnel records.
13. Soliciting or accepting tips from patients.
14. Violation of the regulations regarding confidential information.
15. Falsification of hospital records.
16. Deliberately restricting output and/or gross neglect of duty.
17. Behavior generally considered immoral, unethical or improper in a hospital.
18. Possession of potentially dangerous weapons.
19. Abandonment of patient care responsibilities

**Depending on gravity, progressive discipline may be used.
Following suspension, the resident has the right to appeal to the Graduate Medical Education Committee (GMEC) which will meet to consider the appeal within seven days of receipt of written notice of appeal. After the following process has been followed and the resident is dismissed, the rules of the

Accreditation Council For Graduate Medical Education (ACGME) will be followed concerning the granting of credit for rotations completed.

4.2 Remediation Policy and Academic Responsibilities

Responsibilities: In the context of the academic relationship that exists between a resident and a program, each has responsibilities.

Programs:

1. Program directors should inform residents of the standards and expectations of training:
    1. A written curriculum should outline the knowledge and skill requirements of the program.
    2. Standards of evaluation, the requirements for advancement to the next training level, and the requirements for completion of the program, all should be clearly stated.
2. Program directors should ensure supervision by appropriately qualified individuals:
    1. Responsibilities for patient care in both inpatient and outpatient settings should be clearly stated.
    2. Assigned clinical duties should be consistent with the residents' levels of competence.
    3. Programs should evaluate resident performance in a timely manner.
3. Resident performance should be evaluated and formative feedback given for each clinical rotation.
4. Formal evaluation/summative feed-back sessions should be conducted twice yearly at a minimum, as prescribed by the ACGME.

Residents :

1. Residents should review and learn the standards, requirements and expectations of the training program.
    a. Residents should read curriculum materials provided by the program.
    b. Residents should understand the criteria by which they will be evaluated in each of the ACGME Core Competencies.
    c. Residents should understand the requirements for advancement from postgraduate year to postgraduate year, and for completion of the training program.
    d. Residents should raise any questions they may have to assure that they understand the expectations of the program and the criteria for advancement and completion.
2. Residents should accept professional responsibility for the provision of quality patient care.
    a. Residents should provide care consistent with their level of expertise
    b. Residents should maintain compliance with applicable laws, and with the rules, regulations, policies, procedures and by-laws of the medical staffs of the participating hospitals in which they rotate.
3. Residents should evidence willingness to accept guidance, constructive criticism and evaluation from the faculty.
4. Residents should demonstrate appropriate professional behavior.

4.3 Resident Files:

1. Each department should maintain an electronic file of information pertaining to the performance of each resident in its training programs.
2. The file should contain reports of performance on examinations (e.g. written in-service exams, structured observations of clinical competency, etc.).
3. The file should contain written evaluations from supervising attending physicians.
    1. Written evaluations should be submitted in a timely manner.
    2. Evaluations should include reference to knowledge and application of information, skills, and professional behavior.
    3. Additional materials that may be received from fellow residents, other health care professionals, patients, etc. should be placed into a resident's file.
4. All written counseling items will be maintained in the resident file as per the policy **UNSATISFACTORY ACADEMIC PERFORMANCE**. In the context of the academic nature of residency training, when a resident is demonstrating unsatisfactory academic performance, the first responsibility of the department is to provide support and advice to help the resident improve.
    1. The program director should provide clear and specific feedback on those aspects of performance that are not at satisfactory levels of performance.
        a. Written notation of feedback should be included in the resident's file.
        b. The file should indicate whether the resident has been placed in an academic warning status or on "academic probation".
    2. The program director should recommend a remediation plan:
        a. The program director should provide specific guidance as to how performance should be improved.
        b. A faculty mentor may be identified to provide close supervision for the resident.
        c. There should be a specified period of time during which the resident will have the opportunity to demonstrate improved performance.
    3. The Program Director may assist the resident in obtaining necessary counseling or treatment if unsatisfactory performance is thought to be the consequence of medical, psychiatric, or substance–induced impairment.
    4. The Program Director should maintain accurate records of demonstrated performance, feedback and remedial measures taken or contemplated.

ACADEMIC FAILURE AFTER REMEDIATION: Should a resident's academic performance continue to be unsatisfactory after an effort at remediation, the department may recommend an action such as suspension, repetition of a portion of training, or termination.

4.4 GME Appeals and Grievance Policies

Purpose
To set forth a fair, reasonable, and readily accessible policy and procedure for residents to resolve general grievances and appeal Corrective Actions.

Scope
This policy and procedure applies to all Graduate Medical Education (GME) training programs at UNC Health Southeastern and all residents training in those programs. For purposes of this policy and

procedure, a "resident" means any physician in any GME program at UNC Health Southeastern, including residents, fellows and subspecialty residents.

Policy

All GME programs at UNC Health Southeastern will promote fair, reasonable, efficient and equitable resolutions for general grievances that may arise in the course of residency training. Residents who receive Corrective Action pursuant to the Academic Improvement and Corrective Action Policy will be permitted to appeal in accordance with the due process procedure outlined herein.

This policy and procedure does not apply to complaints related to sex discrimination, including sexual misconduct, harassment, or violence. Residents with concerns about sex discrimination are encouraged to seek assistance from human resources. Any resident, without fear of reprisal, should bring to Administration's attention any form of sexual harassment. Disciplinary actions up to and including termination, will be taken against any employee who engages in prohibited sexual harassment.

This policy and procedure also does not apply to complaints related to discrimination on the basis of race, color, national origin, religion, age, protected veteran status, citizenship status, disability, sexual orientation, gender identity, or gender expression. Resident complaints about discrimination on the basis of a protected status other than sex will be handled through Human Resources.

Procedure for Bringing General Grievances

Situations may arise in which a resident believes he/she has not received fair treatment by a member of the faculty or staff of UNC Health Southeastern, or a representative of the University; or has a complaint about the performance, action or inaction of a member of the staff or faculty.

Grievances and/or conflict resolutions are handled at UNC Health Southeastern as the first line of appeal. They are reported as follows: peer to peer or resident to faculty who address it with the APD or PD to solve. If there is no resolution, it then goes to the VP & CMO and/or ADME with hospital support to come up with a decision. If resident is unsatisfied with the decision, they will contact the DIO. The DIO will then follow the appeals/due process of the sponsoring institution for a final decision.

Retaliation against a resident for submitting a dispute through the complaint/grievance procedures will not be tolerated and will result in appropriate disciplinary actions.

PROCEDURE-HARRASSMENT/DISCRIMINATION/RETALIATION

If the complaint involves allegations of sexual harassment and/or perceived unlawful discrimination or retaliation, refer to this Resident Manual under that section.

PROCEDURE–OTHER COMPLAINTS

A. The resident should be directed as soon as possible to the person(s) whose actions or inactions have given rise to the complaint with a goal of within 15 days and *not later than ninety (90) days after the event*. If the person(s) involved is not the Program Director, the resident should consult with his/her Program Director or APD if available to seek their assistance in the resolution of the issue. Every effort should be made to resolve the problem fairly and promptly at this level.
B. Complaints not resolved at this level within 30 days should be referred to the attention of the ADME within two weeks following the failure to resolve the issue at the department level. The

1348 ADME will seek to resolve the issue and may at his/her discretion seek advice from other
1349 members of the faculty, resident, or staff as deemed appropriate.
1350 C. If the complaint involves the program director, complaints may be communicated with the
1351 ADME.
1352
1353 After such evaluation and/or consultation, the ADME will make a decision.
1354
1355 If the resident disagrees with the decision of the ADME, he/she must, within 14 days after receipt of the
1356 ADME's decision, notify in writing, the DIO, who will appoint a Review Committee to include a peer
1357 selected resident representative. The Review Committee will, generally, meet within 14 days after
1358 receipt of the written appeal. Any member of the Review Committee (faculty or resident) who has a
1359 potential conflict of interest, as determined by the Chair of the Review Committee will not be permitted
1360 to vote. Likewise, if there is a potential conflict of interest between the chair and the appealing resident,
1361 the DIO will elect a temporary chair of the Review Committee for the purpose of the review. Neither
1362 party will have legal counsel present during the Review Committee's deliberations. The Review
1363 Committee's decision will be presented to the GMEC for consideration and final decision.
1364
1365 **4.5 Due Process Procedure for Appealing Corrective Action**
1366
1367 A resident may appeal a Corrective Action received pursuant to the Academic Improvement and
1368 Correction Action Policy as follows:
1369
1370 Initiating the Appeal
1371 A. To initiate the appeal process, the resident must submit a written appeal to the GME Office
1372 within fourteen (14) calandar days of receipt of the Corrective Action being appealed. The
1373 resident's appeal should state the facts on which the appeal is based, the reason(s) the resident
1374 believes the Corrective Action was in error, and the remedy requested.
1375 B. The DIO will appoint Grievance Committee that will consist of not fewer than 5 voting members
1376 from the GMEC committee including a resident representative from a different program to hear
1377 the resident's appeal.
1378 C. The Panel will schedule the appeal hearing and notify the GME Office of the hearing date.
1379 Schedules permitting, the appeal hearing should occur within thirty (14) business days from the
1380 Panel's receipt of the resident's appeal.
1381 D. The GME Office will send a Hearing Notice to the resident and the program director. The
1382 Hearing Notice will contain the names of the Panel members, the date, time and location of the
1383 appeal hearing, and the deadline to submit evidence. The resident should receive at least ten
1384 (10) business days' notice of the hearing date.
1385
1386 Evidence
1387 A. Any evidence the resident or the program director want the Panel to consider must be
1388 submitted to the GME Office at least five (5) business days prior to the appeal hearing.
1389 Submissions should contain any evidence (including witness statements and written, recorded,
1390 or electronic material) believed to be relevant to the appeal. Failure to submit evidence in the
1391 time and manner required by the GME Office may result in the material not being considered by
1392 the Panel.
1393 B. The GME Office will facilitate the exchange of evidence between the resident and the program
1394 director and will provide copies of all evidence to the Panel.
1395

1396 Appeal Hearing
1397 A. The Panel chairperson has wide discretion with respect to conducting the appeal hearing. In
1398 general, appeal hearings will proceed according to the following format:
1399 i. The program director may make a presentation to the Panel up to twenty (20) minutes.
1400 ii. The resident may make a presentation to the Panel up to twenty (20) minutes.
1401 iii. The program director will have up to ten (10) minutes to respond to the statements
1402 made by the resident.
1403 iv. The resident will have up to ten (10) minutes to respond to the statements made by the
1404 program director.
1405 v. Panel members may ask questions of the resident and/or the program director.
1406 B. Witnesses other than the program director and the resident will not be permitted to participate
1407 in the appeal hearing unless called by the Panel. In the event the Panel elects to hear from
1408 additional witnesses, the program director and the resident may question those witnesses.
1409 C. Neither party will have legal counsel present during the Grievance Committee's deliberations.
1410 D. Appeal hearings are confidential.
1411
1412 Panel Deliberation and Decision
1413 A. Following the appeal hearing, the Panel shall deliberate privately.
1414 B. The final decision will be made by a majority vote of the Panel members.
1415 C. The Panel will prepare a written decision setting for its conclusions and its reasoning in support
1416 of those conclusions.
1417 D. The Panel's decision will be sent to the resident, the program director and the DIO within ten
1418 (10) business days after the hearing. The decision will be presented to the GMEC committee.
1419 ** Campbell University is not the employer but has the ability to discuss grievance committee
1420 findings with your employer and make recommendations in appropriate circumstances.
1421 Campbell University cannot override a decision by an employing hospital.
1422
1423 Burden of Proof
1424 The appealing resident has the burden to demonstrate, by clear and convincing evidence, that the
1425 Corrective Action issued by the program was arbitrary and capricious. "Clear and convincing evidence"
1426 means the evidence presented by the resident is highly and substantially more probable to be true than
1427 not. "Arbitrary and capricious" means there was no reasonable basis for the Program's decision to take
1428 the Corrective Action.
1429
1430 Time Limits
1431 Time limits set forth in this procedure must be adhered to by both the resident and UNC Health
1432 Southeastern unless extended for good cause at the discretion of the GMEC committee. A resident who
1433 fails to meet the time limits for appealing Corrective Action may be deemed to have withdrawn the
1434 appeal.
1435
1436 **4.6 Special Review**
1437
1438 A special review of a program will be set up by the DIO if a program is underperforming. They are to
1439 ensure effective oversight of underperforming Graduate Medical Education programs by the Sponsoring
1440 Institution via the Designated Institutional Official and the Graduate Medical Education Committee.
1441 They are noted from the program director and/or the ADME on the DIO survey for monthly GMEC
1442 meetings.

1443 This process will establish criteria for identifying underperformance and address the procedure to be
1444 utilized when a residency/fellowship program undergoes a Special Review.
1445
1446 **Criteria for Identifying Underperformance:**

1447 Underperformance by a program can be identified through a wide range of mechanisms. These may
1448 include, but are not limited to:

1449 - A warning or 'serious concern' letter, a proposed probationary status or a progress
1450 report request from the Residency Review Committee;
1451 - An inadequate response to a Residency Review Committee requested Progress Report;
1452 - A change in educational resources (faculty, patient volumes/clinical spectrum affiliations, etc.)
1453 that may jeopardize program compliance;
1454 - Trends in Educational Metrics: Educational parameters established by the ACGME, RRCs or
1455 Boards, or after review by the GMEC including but not limited to:
1456   1. Annual Board Certification Rate below the national mean
1457   2. Three (3) year Board Certification Rate below the national mean
1458   3. Poor performance on the program's annual In-training Examination;
1459   4. Poor performance in ACGME annual Resident or Faculty Survey in aggregated
1460 categories or precipitous drop in any individual category.

1461 Other program related concerns as identified by the program, vice president of medical affairs, ADME,
1462 DIO, or GMEC.
1463
1464 **5 STANDARDS OF CONDUCT**
1465
1466 **5.1 Work Schedule**
1467
1468 Residents on in-hospital rotations will have hours dictated by the rotation. Residents on out-patient
1469 rotations, hours will be based on the attending physician hours, rotation, and goals and objectives of the
1470 rotation.
1471
1472 The resident will be in the medical center at various times depending on the rotation. The resident will
1473 help with floor duties, then will make rounds and evaluate patients on their service. The resident will
1474 present the case for the attending physician, and round with the attending. The resident will still be
1475 responsible for all education requirements, (e.g., Morbidity & Mortality conference, Grand Rounds,
1476 Tumor Board, committee meetings, etc.).
1477
1478 The resident will arrive on time to all outpatient offices. The residents on the inpatient services will
1479 arrive on time for their shift. Residents make rounds on all inpatient floors as directed by the attending
1480 physician. The resident will be present for team rounds at the designated time. Similarly, the night float
1481 team will arrive on-time and be directed by the attending physician. All patient medical documentation
1482 will be completed before end of shift. Team sign-out/patient sign-out will occur at the end of each shift.
1483 When called by nursing, the resident is to respond in a timely manner. Patients are to be examined and
1484 progress notes completed before the end of the shift or clinical duty that day. Verbal orders are not
1485 permitted.

5.2 General Guidelines

All employees are urged to become familiar with UNC Health Southeastern's rules and standards of behavior. It is expected that all individuals will follow these rules and standards faithfully in doing their own jobs and conducting the company's business. Below is a summary of behavior and attitude expectations:

<u>U – Understand</u>

- I will understand the needs of the customer through active listening and being attentive to their concerns.
- I understand any medical information should be kept private and should only be shared for treatment purposes.
- I understand my appearance should meet UNC Health Southeastern organizational and departmental policies.
- I understand that UNC Health Southeastern is a tobacco-free organization.

<u>C – Communication</u>

- I will utilize AIDET
  - **A**cknowledge
  - **I**ntroduce
  - **D**uration
  - **E**xplanation
  - **T**hank you
- I will make eye contact with people ten feet away and will speak when five feet away.
- I will be aware of my words, tone, and body language at all times.
- I will always manage up team members, healthcare affiliates and partnerships.
- I will be the positive voice in the community for UNC Health Southeastern.

<u>A – Accountable</u>

- I will hold myself and my co-workers accountable in following UNC Health Southeastern's Standards of Behavior.
- I will hold myself and my co-workers accountable in parking in the appropriate locations.
- I will use appropriate hand hygiene before and after every interaction with customers.
- I will not use electronic devices for personal use during work time.

<u>R – Respect</u>

- I will show respect through my actions and the words I speak.
- I will respect the feelings, privacy, dignity, and rights of our patients, guests, and co-workers by providing high quality and compassionate care.
- I will respect my patients and guests by giving them my full attention.
- I will offer help to those who appear to need assistance.

<u>E – Exceed Expectations</u>

- I will anticipate needs and look for ways to advance customer experiences.
- I will give 100 percent of my attention when interacting with customers.
- I will commit to learning through professional growth.

5.3 Learning and Clinical Education Work Hours

Learning and work hours must be logged into New Innovations by Monday of the following week. For example, if the week starts January 1st and ends January 7th, learning and work hours must be logged by the morning of January 8th. Should a resident not log learning and work hours they will receive verbal counseling from the program coordinator. If learning and work hours are not logged by Tuesday morning, the resident will receive verbal counseling from the program director. If by Wednesday learning and work hours remain unlogged, the resident will receive written counseling from the program director. The letter from the program director will go in the resident's file – it will be removed upon graduation providing there are no further offenses. If the resident still has not logged clinical learning and work hours, they will be removed from duty until they have logged their clinical learning and work hours.

Situations in which residents work an excessive numbers of hours can lead to errors in judgment and clinical decision-making, and negatively impact the physical and mental well-being of residents. These errors can impact patient safety, as well as the safety of the physician residents through increased motor vehicle accidents, stress, depression and illness.

The Department of Graduate Medical Education will make every attempt to avoid scheduling excessive work hours leading to sleep deprivation, fatigue or inability to conduct personal activities. The on-call schedule will be in compliance with the ACGME Mandatory Time Free of Clinical Work. The resident must not be engaged in any other activities while on call.

Resident clinical work and education hours must be limited to no 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.

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

- Residents must have at least 14 hours free from clinical work and education after 24 hours of in-house duty
- Residents must have a minimum of 8 hours free of duty between scheduled duty periods
- Circumstances of return-to-hospital activities with fewer than 8 hours away from the hospital by residents in their final year of education must be monitored by the program director. Justifications for such extensions are limited to reasons of required continuity of care for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of the patient or family. Such episodes should be rare, be of the residents own initiative, and need not initiate a new "off duty" period or require a schedule change.
- Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments. Up to 4 hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education. Additional patient care responsibilities must not be assigned to a resident during this time.
- Residents shall not assume responsibility for a new patient, or any new clinical activity after working 24 hours.

- Programs must encourage residents to use alertness management strategies in the context of patient care responsibilities. Strategic napping after 16 hours of continuous duty and between the hours of 10PM and 8AM is strongly suggested.

All off-duty time must be free from assignment to clinical, on call, and educational activity.
In rare circumstances where a resident is engaged in patient responsibility which cannot be interrupted, additional coverage shall be provided as soon as possible by the attending staff to relieve the resident involved to preserve the mandatory time free of clinical work and education requirements.

5.4 Call Activities

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those learning and work hours beyond the normal workday when residents are required to be immediately available in the assigned institution. In-house call must occur no more frequently than every third night, averaged over a four-week period.

At-home call is defined as call taken from outside the assigned institution. The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.

When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit. The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue. In-house and at-home call is established by each individual program's training requirements.

5.5 Unscheduled Absence

Absence from work for two (2) consecutive days without notifying the program director, program coordinator, and the Department of Graduate Medical Education will be considered a voluntary resignation.

5.6 Harassment Policy

UNC Health Southeastern does not tolerate workplace harassment. Workplace harassment can take many forms. It may be, but is not limited to, words, signs, offensive jokes, cartoons, pictures, posters, e-mail jokes or statements, pranks, intimidation, physical assaults or contact, or violence.

5.7 Sexual Harassment Policy

It is the policy of UNC Health Southeastern to provide an employment environment free of sexual harassment. Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature are violations of our policy. If you believe you have been subjected to sexual harassment, you should report it immediately in writing to the program director, ADME and the director of human resources.

All complaints of sexual harassment will be promptly and confidentially investigated. Any resident who violates this policy will be subject to corrective action, based on the severity of the violation, up to and including termination. Residents are to refer to the human resources section on the intranet.

5.8 Violence in the Workplace

UNC Health Southeastern has adopted a policy prohibiting workplace violence. Consistent with this policy, acts or threats of physical violence, including intimidation, harassment, and/or coercion, which occur on the premises of UNC Health Southeastern, will not be tolerated. Residents are to refer to the human resources section on the intranet.

5.9 Confidential Information and Nondisclosure

The confidential nature of medical information and the patient's right to privacy are well established. All hospital personnel are expected to treat patient-related information in a confidential manner, sharing it only with those who have a need to know, whether in written, oral, electronic, or any other format. Hospitals and physicians will be held liable for the improper or unauthorized disclosure of medical information. Large fines for both the hospital and physicians are possible. As such, discussion of patient-related information should be conducted only in appropriate settings, and especially not in elevators or other public areas. Patient lists should not be left where any other persons can view even as much as a name. Social Media should not ever contain the program name, hospital name, or any health care related information including stories or antics even if the specific identifiers have been omitted.

At the start of your training at UNC Health Southeastern, you will be asked to sign a Confidentiality and Non-Disclosure Agreement, documenting your acceptance of this policy.

The Health Insurance Portability and Accountability Act (HIPAA), passed by Congress in 1996, requires UNC Health Southeastern and its employees and business associates to protect the privacy and security of patient health information. As all UNC Health Southeastern employees are affected by HIPAA and subject to its penalties for non-compliance, it is important that everyone keep abreast of new developments and understands the overall impact and intent of the legislation.

5.10 Ethical Standards

Residents are required to comply with UNC Health Southeastern’s Code of Behavior. UNC Health Southeastern insists on the highest ethical standards in conducting its business. Doing the right thing and acting with integrity are the two driving forces behind UNC Health Southeastern’s great success story. When faced with ethical issues, employees are expected to make the right professional decision consistent with UNC Health Southeastern’s principles and standards. If a resident cannot determine the correct decision, the resident should contact their respective program director and or the Department of Graduate Medical Education.

5.11 Dress Code

Dress, grooming, and an overall professional appearance are important aspects of patients' expectations, and project an image of quality healthcare. While in the clinical setting, residents will dress in appropriate and professional attire. Scrubs are discouraged during continuity clinic hours. Name badges must be worn, mid-chest and visible at all times. Open-toe shoes may not be worn at any time.

1677 Jeans, shorts or tights/nylon/spandex are not to be worn while assigned administrative or clinical duty.
1678 Women may wear long dresses that hit below the knee with tights or nylons. Women wearing short
1679 sweaters at a length shorter than below the knee will be in violation. Hoodies, t-shirts with any design or
1680 words are not permitted to be worn with scrubs, jeans, shorts. Scrubs are to be worn as an entire
1681 ensemble.
1682
1683 Surgical scrub suits are not to be worn on the floors during the day by a resident unless on a surgical or
1684 an exclusive procedural service. Scrubs may be worn from 7 p.m. – 7 a.m. on night call. It is permissible
1685 to wear surgical scrub suits on the floor between procedural or surgical cases if a long white clinical coat
1686 covers them. As soon as surgery is completed for the day, scrubs must be returned to the designated
1687 area of dirty linen and professional attire resumed. Hospital issued scrubs are not to be worn at any
1688 time, outside of the hospital.
1689
1690 Residents must appear neat and clean at all times. Residents can and will be sent home by any hospital
1691 leadership to change at any time. The uniform for floor duty during the day is a long white clinical coat
1692 or dark, plain logo monogramed jacket. Coats or jackets must be worn at all times. Socks must be worn.
1693 Male residents are encouraged to wear a shirt with a collar and tie under the white clinical coat or
1694 jacket. Female residents are encouraged to wear professional business attire under the white clinical
1695 coat or jacket. Tattoos are to be covered in their entirety at all times. Residents are permitted to support
1696 Foundation and Spirit Week activities with required donation.
1697
1698 Refer to the Dress Code policy on the UNC Health Southeastern Intranet for additional details.
1699
1700 **5.12 Use of Equipment**
1701
1702 UNC Health Southeastern will provide employees with the equipment needed to do their job. The
1703 proper treatment of hospital equipment is expected. Residents are expected to clean and return
1704 equipment to its designated place after each use. None of this equipment should be used for personal
1705 use, nor removed from the physical confines of UNC Health Southeastern—unless it is approved for a
1706 job that specifically requires use of company equipment outside the physical facility.
1707
1708 **5.13 Use of Computer, Phone, Mail and Texting**
1709
1710 Computing resources (systems, Internet, email, etc.) are provided for the purpose of facilitating patient
1711 care and business purposes related to UNC Health Southeastern's organizational goals. Computing
1712 resources should not be used for any personal business, gaming, browsing, and/or disclosing of any
1713 confidential information for personal use. Any person using these resources for other purposes will be
1714 subject to corrective action.
1715
1716 In compliance with this policy, users should not engage in any activities that do not align with UNC
1717 Health Southeastern's computing resource policies. These include, but are not limited to, the following:
1718 1. Using computing resources for personal business;
1719 2. Browsing UNC Health Southeastern patient information;
1720 3. Disclosing any confidential information for personal use; and
1721 4. Making any system changes unless authorized to do so.
1722
1723 The Residency Program uses email almost exclusively for communications between and to residents.
1724 Firewall/security imbedded in work email and via SRMC communication systems are protections

necessary for residency training. All resident email will be done through the residents UNC Health Southeastern email address (@srmc.org). ***Personal emails addresses will not be used for program purposes. Residents must check their UNC Health Southeastern email several times each day to remain current with resident emails.***

Communication by texting will be determined by the program. Communication via text will not be substituted for email communication.

5.14 Use of Internet

Employees are responsible for using the Internet in a manner that is ethical and lawful. Use of the Internet must solely be for business purposes and must not interfere with employee productivity. UNC Health Southeastern encourages employee use of electronic mail, the intranet and the Internet; it creates a more efficient work environment. However, it should be clear that:

1. Check email and acknowledge all messages within 24 hours. Link email to cell phone.
2. Sending and receiving E-mail, Intranet or Internet messages regarding personal matters are not permitted.
3. Under no circumstances will the E-mail system, the Intranet or the Internet be used as a forum for inappropriate, offensive or discriminatory comments.
4. An employee should not consider the contents of his or her E-mail account private.
5. The password used to restrict access to employees' E-mail accounts is a mechanism for preventing an unauthorized person from gaining access to UNC Health Southeastern's information rather than maintaining the privacy of employees' messages.
6. The E-mail system, including the contents of messages and accounts, can be monitored to:
    a. Evaluate the effectiveness and operation of the E-mail system.
    b. Find lost messages.
    c. Recover after system failure.
    d. Investigate suspected criminal acts or suspected breach of security.
    e. Enforce other UNC Health Southeastern policies.

Employees, including residents, who use email, the intranet or the Internet improperly, will be subject to disciplinary action according to policy the Human Resources Policy found on the Intranet.

5.15 Use of Computer Software

UNC Health Southeastern does not condone the illegal duplication of software. The copyright law is clear. The copyright holder is given certain exclusive rights, including the right to make and distribute copies. Title 17 of the U.S. Code states that, "it is illegal to make or distribute copies of copyrighted material without authorization" (Section 106). The only exception is the user's right to make a backup copy for archival purposes (Section 117).

5.16 Smoking Policy

To protect the health of our patients, medical staff, hospital employees, visitors and volunteers, UNC Health Southeastern has a Zero Tolerance Policy on smoking and the use of tobacco products. All

employees are required to adhere to this policy to ensure that UNC Health Southeastern is a healthier and safer place in which to work.

5.17 Subpoenas, Claims, & Other Requests

Residents may periodically receive requests for information regarding a legal claim, or potential claim, involving a patient and the Hospital. Whenever a resident receives such a request they will immediately contact the Department of Graduate Medical Education who will notify Risk Management. The resident is not to provide any written or verbal response to such a request without explicit authorization. This will ensure compliance with the hospital's procedures for release of information only to authorized persons.

Residents may not witness wills or other legal documents for patients. Requests for such assistance should be referred to the Administration Offices or the Nursing Supervisor in charge.

5.18 Disputes between Residents & Medical Supervisors

UNC Health Southeastern adheres to the AMA Council of Ethical and Judicial Affairs, Ethical Opinion 9.2.4, which states, in part, “Physicians who are involved in training or supervising medical students, residents, and fellows should ensure that institutional policies and procedures are in place to…Support residents in fulfilling their responsibility to … Withdraw from care ordered by a supervisor when the resident believes the order reflects serious errors in clinical or ethical judgment, or physician impairment, that could pose a risk of imminent harm to the patient or others, provided withdrawing does not itself threaten the patient’s immediate welfare.”

In such a circumstance, the resident may refuse to provide the care ordered by the supervisor, provided the omission will not threaten the patient’s immediate welfare. Residents should communicate their concerns, immediately, to the physician issuing the orders, and to the Program Director and ADME. Residents who raise such a complaint will not be subject to retaliatory or punitive actions, if the complaint was made in good faith, in the interest of patient care.

The Program Director or ADME shall immediately notify the Chief Medical Officer regarding the resident’s concerns. The Chief Medical Officer may take such action as he deems reasonable, in his sole discretion, to investigate and resolve the situation, subject to the rights and obligations of the parties as set forth in the UNC Health Southeastern and Medical Staff Policies and Procedures.

5.19 Corporate Communications

Because of your constant relationship with patients and their visitors, your role in establishing a positive reputation for the hospital is important.

Patients are seldom qualified to judge the technical quality of medical care they receive. To patients, the most important thing is usually the personal concern of each individual they contact in the hospital. Patients are extremely conscious of the many little things that add up to kindness, sympathy and understanding. UNC Health Southeastern, through the compassion and caring of its physicians, nurses, and support staff, has consistently achieved excellent patient satisfaction ratings.

UNC Health Southeastern's Communications (Public Relations) Department is responsible for handling inquiries and requests from newspapers, magazines, and radio and television stations. Refer any such requests to the public relations department listed on the intranet.

5.20 Corporate Compliance

The compliance program at UNC Health Southeastern is a comprehensive strategy to ensure that employees and medical staff comply with applicable rules, regulations, and laws. To report any concerns, call the corporate compliance number, 1-888-398-2633, to leave an anonymous message.

5.21 Obligation to Treat

A primary mission of the hospital is to serve and heal all persons who need its help. In addition to general legal and ethical requirements, hospitals participating in the Medicare program are required to provide examinations and treatment to individuals with emergency medical conditions, or women in labor, regardless of their ability to pay. This is the Emergency Medical Treatment and Active Labor Act (EMTALA). EMTALA was passed as part of the Consolidated Omnibus Budget Reconciliation Act of 1986, and it is sometimes referred to as "the COBRA law." This law requires hospitals with emergency departments to provide a medical screening examination" within the capabilities of the Emergency Department" to any person requiring one without regard to the ability to pay. We must determine whether the person has an "emergency medical condition" or is in "active labor." If so, the law requires the hospital to either:

1. Provide treatment "within the capabilities of the staff and facilities of the hospital" as may be necessary to stabilize the emergency medical condition; or,
2. Arrange for a transfer of that person as set forth by the law. An emergency patient who is not stabilized can generally only be transferred if the individual requires the transfer or if a physician certifies that the medical benefits of transfer outweigh the risk of affecting the transfer.

Substantial penalties for violation of this law exist for both the Hospital and the physician and the government or an aggrieved individual may enforce the statute.

5.22 Moonlighting

PGY 1 residents are not permitted to moonlight. No resident shall be required to moonlight. Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program. Time spent by residents in external moonlighting must be counted towards the 80 hour maximum weekly limit, and must follow the ACGME clinical work requirements. Residents are to log moonlighting hours each week as they would their site clinical work hours.

Any professional clinical activity (moonlighting) performed outside of the official residency program may be conducted only with the permission of program administration (program director/ADME). A written request by the resident must be approved by the program director and ADME and be filed in the institution's resident file, if approved. All approved hours are included in the total allowed work hours under ACGME policy and are monitored by the institution's graduate medical education committee.

Failure to report and receive approval by the program may be grounds for terminating a resident's contract.

UNC Health Southeastern DOES NOT provide malpractice for the resident to cover moonlighting activities. The resident must provide evidence of malpractice coverage, full medical license, DEA number, copy of proposed schedule and an attestation that they will accurately report duty hours to include any moonlighting hours and will not exceed duty hour limits to the program director and ADME at the time of request and is required prior to permission being granted to perform such activities. Please see policy in New Innovations.

5.23 Departing Residents

Upon the completion of training, the resident is required to complete the "Exit Sheet" to ensure that all items are returned, that required documents are completed and that all patient record information is fulfilled prior to the resident's departure from their training program. Once all items are completed, the resident will be issued their training certificate indicating satisfactory completing the program, if so warranted.

Prior to the resident's departure, an "exit interview" will be conducted with the resident to obtain information regarding their training experience as well as their thoughts of UNC Health Southeastern. This process will help to enhance future residents experience with UNC Health Southeastern.

5.24 Hospital Property

Residents are expected to treat hospital issued property for the sole purpose of residency training with expert care and maintenance, as applicable. Residents are to immediately report malfunction of hospital issued equipment to the floor personnel and/or graduate medical education office.

5.25 Accidents to Patients

The nursing staff will notify the resident on service of all accidents and incidents to patients. The resident will examine the patient immediately and report the follow up diagnostic and therapeutic services as needed to the attending. The resident must record the findings on the Event Report found on the intranet. The Event Report will help drive patient and medication safety improvement initiatives. The enterprise-wide system provides a shared platform for healthcare facilities to automate: Patient, visitor, and staff incident data collection; Incident/Occurrence review and follow-up plans; and Analysis, reporting, and benchmarking of incident data. The Event Report application can be found on the Intranet under Applications.

5.26 Nursing Service

You are expected to extend professional courtesy, assistance, and cooperation to the nursing personnel. They are respected members of a health service team whose reason for being here is the same as your own, to provide the best service possible. From a truly fine nurse, you stand to learn much. Should any problems arise with the nursing service, do not take it upon yourself to correct the situation, but discuss it with the program director.

5.27 Professional Care of Hospital Personnel, Family Members, Residents

Residents are forbidden to render any independent/unsupervised professional service to hospital personnel outside of their continuity clinic office or outside of the emergency department. Residents may provide professional service to hospital personnel and their family/dependents, under the provisions of the employee health service plan of the hospital and with the supervision of an attending staff physician in a clinical care facility. Residents are forbidden to render any professional service to their family and/or dependent family members. The policy for residents providing care to other residents can be found in New Innovations.

6 DIDACTIC PROGRAMS

6.1 Lecture Attendance

Attendance at didactics are mandatory, as you are expected to be there 85% of the time.

- There must be an average of at least five hours per week of planned didactic experiences per ACGME. Times for each individual program sessions will be posted in advance. Conferences are held in the Medical Education Auditorium or in a designated and posted alternate site.
- The resident is responsible for signing in to document their presence.
- Each Resident is responsible for at least one formal presentation and may be responsible for a more frequent presentation schedule based on the requirements of the individual program.
- To be excused from required lectures, please contact your program director and program coordinator.
- If you have an emergency and cannot attend a lecture, please notify your program director and program coordinator.
- Residents are expected to return to service after didactic sessions unless otherwise excused by the program.

6.2 Tumor Board

Tumor Board consists of medical staff and faculty presenting and reviewing complex oncology cases. Medical staff physicians lead a multi-disciplinary discussion including review of literature and therapeutic options for treatment. Residents are invited to attend and may participate as directed by their attending.

6.3 OMM Lecture

The Graduate Medical Education Department and Campbell University School of Osteopathic Medicine's OMM Department will provide formal lecture and hands-on laboratory to review basic techniques for those programs with Osteopathic Recognition. Residents are to check didactic schedule on New Innovations.

7 RESPONSIBILITIES

7.1 Attendings

Each rotation has an attending assigned who is responsible for your clinical education. Each resident is required to contact the attending for that rotation at least 5 days before the beginning of that rotation

to find out where and when to report and receive any required readings or assignments before the first day. Rotation curriculum, and goals and objectives are available through New Innovations and are sent out 5 days before that rotation begins. It is the residents' responsibility to read over this curriculum and be prepared to participate to the fullest academic level of each rotation.

7.2 Medical Education Department

- To help organize, supervise, and carry out the teaching program for the resident
- Responsible for overseeing the work assignment of the resident
- Responsible for supervising and participating in the "patient care experience" training of the resident
- Responsible for reviewing the patient's workup completed and documented on his/her patients by the resident
- Responsible for overseeing the functions of the resident, e.g. on duty promptly, availability, performance, etc.
- To oversee the study program of the resident.

7.3 UNC Health Southeastern Medical Education Committee (SHMEC)

The SHMEC shall consist of the Vice President and Chief Medical Officer, Administrative Director of Medical Education, Designated Institutional Official, the Assistant Designated Institutional Official, all residency program directors at the institution, resident representatives who have been nominated by their peers, program coordinators. Representatives from major affiliate institutions shall be members of the education committee and shall be strongly encouraged to attend the SHMEC meetings when logistically possible.

- The education committee shall meet regularly and minutes of the committee meetings be maintained.
- The purpose of the committee is to assist the ADME (chair) and the Program Directors to report updates regarding clinical and administrative issues in medical education administration and in respective specialty programs
- Reports will be given by various members of graduate medical education leadership, the SRMC quality department, and Campbell research representative.
- The committee will review compliance of resident learning and work hours
- The committee will collaborate to maintain and improve program quality
- The committee will approve affiliations within the scope of accrediting body's policies and procedures
- The committee will collaborate to assist in the development of policy and procedure as well as curriculum and methods to evaluate the educational experience of the residents during training.

7.4 Clinical Competency Committee

The Clinical Competency Committee (CCC) serves to synthesize the multitude of resident quantitative and qualitative assessments. The CCC will meet to review all resident evaluations, prepare and ensure the reporting of milestone evaluations of each resident to the ACGME, and advise the program director regarding resident progress.

Statement, Scope and Purpose of Policy

Each residency program will form a Clinical Competency Committee (CCC). CCCs are designed to bring insight and perspectives of a group of faculty members to the resident evaluation process. CCCs also serve as an early warning system if a resident fails to progress in the educational program and can assist in early identification to move toward improvement and remediation.

Clinical Competency Committee

The program director (PD) of each residency training program will appoint CCC members and develop and maintain a program-specific, written description of the CCC's responsibilities, including membership, responsibility, and procedures.

Membership: The committee must be composed of at least three (3) core faculty members who have the opportunity to observe and evaluate residents. Faculty members should represent all major training sites and should include both junior and senior faculty. Other members, such as faculty from other programs, non-physician members of the health care team, the program coordinator, a medical director or service chief, nursing staff, and assessment specialists, may also be appointed to the committee at the PD's discretion. The chair of the committee will be a core faculty member appointed by the PD and voted on by the committee. Residents may not serve as members of this committee.

Members of the CCC are expected to provide honest, thoughtful evaluations of the competency level of residents. They are responsible for:

- Reviewing all assessments of each resident at least semiannually;
- Determining each resident's current performance level by group consensus;
- The CCC consensus decision will be based on existing, multi-source assessment data and faculty member observations;
- The CCC will use the milestone assessments during this process;
- Preparing and assuring the reporting of milestones evaluations of each resident to the ACGME semiannually in December and June;
- Reporting shall be submitted by the PD or designee(s) using milestones reports via the Accreditation Data System (ADS) website.

All CCCs will meet in accordance with specialty requirements. Larger programs may schedule meetings more frequently as needed to complete all responsibilities of the committee.

The committee is responsible for making recommendations to the PD on promotion, remediation and dismissal based on the committee's consensus decision of residents' performance. However, the PD has final responsibility for the evaluation and promotion of residents. All academic actions, including remediation, formal academic probation, and dismissal, must be reported to the ADME and follow institutional due process protocols.

The committee should inform, where appropriate, the departmental Program Evaluation Committee (PEC) of any potential gaps in curriculum or other program deficiencies that appear to result in a poor opportunity for residents to progress in each of the milestones.

The PD or designee(s) must provide timely feedback from the committee to each resident regarding his/her progress in each of the milestones. This feedback must be documented in the resident's file.

2051 The committee is also responsible for providing feedback to the PD on the timeliness and quality (e.g.,
2052 rating consistency and accuracy) of faculty's documented evaluations of residents, in order to identify
2053 opportunities for faculty training and development.
2054
2055 The committee is responsible for giving feedback to the program director to ensure that the assessment
2056 tools and methods are useful in distinguishing the developmental levels of behaviors in each of the
2057 milestones.
2058
2059 Minutes must be kept of all CCC meetings. These minutes must include the names of the committee
2060 members present, residents reviewed with milestones determinations and recommendations to the PD,
2061 and any other business addressed by the committee.
2062
2063 **7.5 Program Evaluation Committee and Annual Program Evaluation**
2064
2065 Each Residency will establish a Program Evaluation Committee (PEC).
2066
2067 ➢ The PEC will be appointed by the Program Director and include faculty who are at least 0.7
2068 FTE faculty and all of the chief residents
2069 ➢ The PEC must meet at least annually
2070 ➢ The PEC must document formal, systematic evaluation of the curriculum and is responsible
2071 for rendering a written Annual Program Evaluation (APE).
2072 ➢ The program coordinator will be responsible for gathering all data for the PEC, coordinating
2073 all meetings, documenting all meetings in the form of minutes and disseminating all
2074 pertinent findings
2075
2076 Members of the PEC are responsible for:
2077
2078 ➢ Planning, developing, implementing, and evaluating the educational activities of the
2079 program;
2080 ➢ Reviewing and making recommendations for revision of competency-based curricular goals
2081 and objectives;
2082 ➢ Addressing areas of non-compliance with ACGME standards;
2083 ➢ Annually assessing the effectiveness of the program's education of residents using
2084 evaluations of faculty and residents;
2085 ➢ Completing an Annual Program Evaluation (APE);
2086 o Evaluating and commenting on each of the following areas:
2087 – Resident performance
2088 – Faculty development
2089 – Graduate performance, including performance of program graduates on
2090 the certification examination
2091 – Program quality to include confidential written evaluations of the
2092 program by residents and faculty
2093 – Progress on the previous year's action plan
2094 ➢ Generating an action plan for the following year
2095
2096 Annual Program Evaluation (APE)
2097
2098 1. The annual program evaluation will be performed by the PEC on or about April of each academic year

2. Prior to this meeting the program coordinator will collate the following data:
    a. Overall Program Goals and Objectives
    b. ACGME or internal review citations
    c. Last year's Action plan
    d. ITE scores
    e. Resident scholarly and Quality improvement activity
    f. Milestones summary Data
    g. Faculty Development Activities
    h. Faculty Scholarly Activities
    i. Duty Hour Reports
    j. ACGME and local resident survey
    k. ACGME and local faculty survey
    l. Current Resident Curriculum
    m. Match Data
    n. Graduate Survey
    o. Board Take/Pass Rates
3. The data collected will be available to the PEC two (2) weeks prior to the APE meeting
4. During the initial APE meeting the PEC will be responsible for reviewing and commenting on:
    a. The previous Action Plan
    b. Correction of citations from last ACGME and/or internal review program surveys
    c. Program goals and objectives, mission and vision
    d. Residency curriculum
    e. Faculty and resident confidential written evaluations
    f. Graduate performance on board examinations
    g. Faculty development
    h. All other areas listed in 2
5. Additional meetings may be scheduled to continue to review data and discuss concerns and formulate action items as needed. Minutes will be taken at each meeting.
6. At the conclusion of the APE meetings the Annual Program Evaluation Report and Action Plan will be created
    a. A review of outcomes from last year's action plan
    b. A summary of resident performance
    c. A summary of Faculty Development
    d. A Summary of graduate performance
    e. A summary of program quality
    f. A summary of clinical quality
    g. An Action Plan which will delineate what areas of improvement are to be addressed and how these will be measured and monitored
6. The final report will be voted on and approved by all faculty members with this action item being included in faculty meeting minutes.

7.6 Responsibilities

Program Responsibilities: A resident assigned to an attending physician will be expected to participate in the case management of his/her patient, under direct supervision of the attending physician. This will involve rounds with the attending physician on patients in the hospital, as well as participating in office practice under supervision. The resident will keep a complete log of patients seen and procedures performed in this time period.

Resident Responsibilities: The resident shall obtain and document the history, perform and record the results of the physical examinations, state the assessment, and initiate the treatment plan on all patients assigned under the supervision of the attending physician.
The resident shall make rounds with the patient care team, led by the attending physician, as directed.
The resident shall receive instructions, information, constructive performance feedback, advice, suggestions and assistance from his/her supervisors who thus contribute to the resident’s education.
The resident will be responsible for the management of the attending physician’s patients under direct supervision.

The resident will make daily progress notes on the record describing the patient’s clinical course and should record all treatment or special diagnostic procedures. Residents are expected to follow-through with results and present results to patients and families under the direction of the attending physician. When a patient is discharged, the resident shall write the discharge summary.

Resident Logs

Logging your clinical activities per your program requirements is an essential part of any training program. Upon graduation, your future employer will request clinical logs for the purpose of medical staff credentialing. To remain in good standing in the program, it is extremely important that timely logging of clinical activities take place at the end of every continuity clinic day and at the end of every shift.

It is important to realize the essential nature of logging. The principal objective for this is:

1. To document to certifying agencies that you have accomplished a significant amount of clinical exposure and expertise to have graduated and/or be certified/credentialed;
2. To document for the Department of Graduate Medical Education, the individual program directors and trainers, that the education program is serving their individual educational goals and providing the resident with adequate opportunity to learn. Outside accrediting inspection agencies do, in the normal course of their review process, examine resident logs;
3. To document your experience for the purpose of applying for hospital privileges in the future -- This point is the most important and concrete for the individual resident. Do not assume that by doing rotations at any institution, that future hospital and medical staff credentialing privileges will automatically be granted. Documentation compliance is important criteria for medical staff credentialing offices everywhere and when a program director is asked to provide a letter of reference for future training program and/or when applying for medical staff privileges at other institutions during your entire career, he/she will have the documentation to verify your requested credentials. Frequently, individuals relocate on several occasions, and each new institution/medical staff office requires documentation of prior experiences.

Logs are due at the completion of the rotation. Important points to remember are:

1. Responsibility of logs lies exclusively with the individual resident and is an ACGME requirement for graduation from the program.
2. Log entries should be easily verifiable. Therefore, the logs should include evidence of the level of involvement in the case. The medical record as well should reflect documentation of participation by the resident. Therefore, if multiple people are attending to a particular patient on a day that all parties contribute to the care, it should

be noted on the medical record the level of your involvement (i.e. observing, assisting, performing).

3. All logs will be retained in the resident electronic file.
4. Residents are responsible for obtaining attending sign-off for all procedural logs at the end of each rotation, as applicable. The hospital utilizes the online program called Cactus, to maintain all provider credentialing details, including procedural competence. Each resident is entered into the Cactus system upon entry into the program. The system is maintained by the Medical Staff Office. The GME office will provide updates to the Medical Staff Office when asked to do so by the program director. Resident profiles will be updated accordingly. The system is accessible by clinical staff to verify procedural competence. Residents performing procedures they are not competent to perform may be terminated from the program. Residents are to report any supervisory concerns when given the opportunity to perform a medically necessary procedure to their program director.

<u>What to Log?</u>

This will be dependent on the program. Refer to your program manual for additional information.

<u>How to Log:</u>

Be as specific as possible. Include name or initials, date, place, preceptor, and level of involvement. This last item is most important for procedures that you may want privileges for (i.e., observed 15 C-sections, participated or assisted in 20, did 2 under observation) at your future place of practice/employment. Most hospitals will ask for procedure logs for their credentialing process. All entries should be supported by hospital medical record number, date, time, location, preceptor, level of participation. You may want to mention complications or other related specifics that you handled.

<u>In-Service Training Exam (ITE)</u>

All residents will be registered and will take their specialty In-Service Training Exam on their designated day. The exam is mandatory. It is expected that the resident will incorporate and maintain a self-study plan during each year of training to prepare for their board-certification exam. Each program will determine the performance percentile for satisfactorily achievement on the exam. Those residents who underperform on the exam will be placed on a detailed Action Plan. Residents who fail to meet all action plan requirements may be dismissed from the program.

7.7 Supervision

Residents can do all procedures under direct supervision by a medical staff member credentialed for that procedure. Residents will be under the direct supervision of an attending physician who is ultimately responsible for the patient's care.

Levels of supervision:

- Direct – attending physician is with you and the patient
- Indirect- The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident for guidance and is available to provide appropriate direct supervision.

2241 • Oversight: the supervising physician is available to provide review of procedures/encounters
2242 with feedback provided after care is delivered.
2243
2244 The attending provider is responsible for all care delivered by residents. Residents shall always be
2245 appropriately supervised, and the supervision of residents is ultimately the responsibility of the
2246 attending provider, who is accountable to their medical board. Each department shall have a mechanism
2247 in place that communicates to the residents the identity of the attending provider and back-up coverage
2248 by another faculty member in the event that the attending provider is not immediately available.
2249 Residents are evaluated by the faculty at the completion of each rotation. The Clinical Competency
2250 Committee will review resident procedural performance and make decisions regarding procedural
2251 competency and successful progression through the program.
2252
2253 In the event a code is called, and resident is unable to provide care the resident is to await the code
2254 team to assist with care in this event and work with that team. In the event of a transfer to higher care
2255 the resident is to work with the attending accepting care of that patient for the transfer.
2256 Residents must notify the supervising faculty member in specific instances such as the transfer of a
2257 patient to an intensive care unit or escalated level of care unit, taking a patient to surgery, or end-of-life
2258 decisions.
2259

LEVELS OF SUPERVISION The resident will not be performing the procedure	Faculty Present	Faculty in hospital and available for consultation	Faculty out of hospital but available by phone	Supervising Resident Present	Supervising Resident in hospital and available for consultation	Supervising Resident out of hospital but available by phone	The resident may perform the procedure without any supervision or oversight
N/A	**(Direct)**	**(Indirect)**	**(Indirect)**	**(Direct)**	**(Indirect)**	**(Indirect)**	**IND**
	1	**2**	**3**	**4**	**5**	**6**	

2260

NON-PROCEDURAL ACTIVITIES	**PGY-1**	**PGY-2**	**PGY-3**	**PGY-4**
Admit patients to this service	NA	NA	NA	NA
Perform History and Physical Examination for patients on this service	2	2	2	2
Treat and Manage patients on this service	1	2	2	2
Make referrals and request consultations	1	2	2	2
Provide consultations within the scope of his or her expertise	1	2	2	2
Use all skills normally learned during medical school	IND	IND	IND	IND
Render any care in a life-threatening emergency	IND	IND	IND	IND
Supervise Allied Health Professionals on this service	NA	NA	NA	NA

2261

GENERAL PROCEDURES	**PGY-1**	**PGY-2**	**PGY-3**	**PGY-4**
	1	**1**	**1**	**1**

2262
2263
2264
2265
2266

7.8 Chief Resident Job Description

It is at the discretion of the Program Director to recommend development of Chief Resident positions within the individual programs. Traditionally, this is a PGY2 or higher position.

Academic and Administrative Chief Resident expectations:

1. Must be in good academic standing, possess strong academic skills, and have good interpersonal and leadership skills. (BOTH)
2. Will be peer selected (BOTH)
3. Should act as role model (BOTH)
4. Should work to build teamwork (BOTH)
5. Should be able to identify problems within resident performances and give constructive feedback prior to formal evaluations by PD. (Administrative)
6. Should advocate for residents to program administration (Administrative)
7. Should assist with grand rounds (Academic)
8. Should facilitate morning reports (Academic)
9. Should organize board prep sessions (Academic)
10. Should handle emergency scheduling (eg. resident illness) (BOTH)
11. Should represent the program at the Department of Medicine meeting, Graduate Medical Education Committee, and other equivalent meetings at the request of the Program Director. (Administrative)
12. Actively mentor the program residents in the areas of scholarly activity. (Distribute research opportunities when available) (Academic)
13. Introduce all Guest Lecturers/Presenters (BOTH)
14. Attend Medical Executive and Credential Committee meetings as assigned (BOTH)

Source: Demographic and Work-Life Study of Chief Residents: A Survey of the Program Directors in Internal Medicine Residency Programs in the United States J Grad Med Educ. 2009 Sep; 1(1): 150–154.Dushyant Singh, MD, Furman S. McDonald, MD, and Brent W. Beasley, MD

7.9 Seven Core Competencies for Resident Evaluation and Promotion

1. Osteopathic Philosophy, Principles and Practice
2. Medical Knowledge
3. Patient Care
4. Interpersonal and Communication Skills
5. Professionalism
6. Practice-Based Learning and Improvement
7. Systems-Based Practice.

7.10 Resident Responsibility for Consultation Communication

Residents requesting an in-patient or outpatient consultation will call the consulting physician, in addition to entering an order for the in-patient consultation. The requesting resident should explain the patient's clinical situation and the reason for the consult. If the consult is not urgent, or the time is such that the consultant is likely asleep or not available, then the call may be made by the ordering resident the following morning. If, for some reason, the ordering resident cannot call the next morning, the

consulting resident must make it clear at his/her SBAR check-out that the resident coming on must make the call to the consultant as soon as possible. Nurse or ward/unit clerks should not be asked to make the call to the consultant, unless the resident cannot leave a critically ill patient. In this case the nurse can be asked to make the call to the consultant.

8 COMPENSATION/INSURANCE POLICIES/BENEFITS

8.1 Payroll/Stipend

After registration through HR, all residents are on the UNC Health Southeastern payroll and commence with being paid an annual stipend. The stipend amount appropriate to a resident's contracted Post-Graduate Year (PGY) level will be stated in his/her contract. These established stipend amounts are reviewed annually and amended from time to time. For information on the compensation schedule, please consult the Department of Medical Education. Payroll occurs every other week. Direct deposit is available per hospital policy and procedures. At the time of registration, each resident must complete applicable tax and employment forms as directed by Human Resources and submit supporting documentation.

<u>Direct Deposit:</u>
UNC Health Southeastern requires direct deposit of payroll, with a bank of your choice. The necessary enrollment forms can be obtained from Human Resources.

<u>Tax/Social Security Deductions:</u>
UNC Health Southeastern is required by law to withhold applicable income taxes from your pay. The Hospital pays its social security tax assessed by the federal government on your wages. You pay a matching amount through payroll deduction. The amount of your contribution to social security as well as amounts withheld for applicable income taxes will appear on your paycheck stub.

8.2 Employee Parking/Badges

<u>Parking:</u> Parking is available free of charge to all UNC Health Southeastern employees. When you hold a parking decal, you assume responsibility for observing all parking regulations. All employees will park in designated employee lots. Failure to do so may result in disciplinary action. Any questions concerning parking or appeals of parking violations should be brought to the prompt attention of the Security Department.

Parking Deck: The parking deck is located between 27th and 28th Streets on the eastern side of the Patient Bed Tower. The <u>third and fourth levels of the deck are designated for hospital employees</u>. Access to the 3rd and 4th level is for all employees and is first come first serve. Overflow will be either the West Lot, or the Elm Street Lot.

West Parking Lot: The West lot is located between 27th, 29th and Rowland Streets on the far western side of the Medical Center. The West lot is a gated lot with access restricted to <u>physicians, resident physicians and UNC Health Southeastern employees</u>. Access to the West Lot is first come first serve. Access to the West lot is by ID badge only. Overflow will be either the Parking Deck 3rd and 4th levels, or the Elm Street Lot.

2356 Elm Street Lot: The Elm Street lot is located between 31st and 32nd Street, Elm Street north of the 28th
2357 Street lot. The Elm Street lot is designated as overflow for the West Lot and the 3rd and 4th levels of the
2358 parking structure. Persons are free to park in the Elm Street lot from 6:30am to 8:00pm Monday through
2359 Friday.
2360
2361 UNC Health Southeastern Mall: The UNC Health Southeastern Mall lot is located across from the Elm
2362 Street parking lot in the Biggs Park Mall development. Employees may park in this lot if there is no other
2363 employee parking available.
2364
2365 I.D. Badges: Human Resources issues photo identification badges to all UNC Health Southeastern
2366 residents. You are expected to wear your I.D. badge at all times while on duty. The proper way to wear
2367 your badge is above your waist with the photo/name side showing. Contact your program coordinator
2368 immediately for replacement I.D. badges due to theft or damage.
2369
2370 **8.3 Insurance**
2371
2372 UNC Health Southeastern offers residents a flexible benefits program, which offers a wide selection of
2373 benefits and allows you the flexibility to select the benefits that best meet your individual needs. From
2374 time-to-time, the specifics of the benefit programs change. For this reason, you should obtain copies of
2375 each Summary Plan Description (SPD) directly from Human Resources.
2376
2377 HEALTH INSURANCE: Residents are eligible to enroll in the Health Insurance Program during the first 2
2378 days of employment. Residents who enroll in one of the plans pay pre-tax premiums through payroll
2379 deduction. Resident is available for this benefit on the 1st day of employment.
2380
2381 CONTINUATION OF MEDICAL COVERAGE: On termination of your contract with UNC Health
2382 Southeastern, you may arrange for continued coverage under the Consolidated Omnibus Budgeted
2383 Reconciliation Act (COBRA), which guarantees an employee the right to uninterrupted coverage by
2384 his/her employer's medical insurance for up to 18 months after termination. Regular coverage ends on
2385 the last day of the month in which you leave the employment of UNC Health Southeastern. If you elect
2386 to continue coverage, you must pay the entire cost. Information on COBRA is available through the UNC
2387 Health Southeastern Human Resources Department.
2388
2389 DENTAL INSURANCE: Dental coverage is available for purchase for you and your family. You are able to
2390 choose from two dental plans, basic and comprehensive. Your contribution is payroll deducted on a pre-
2391 tax basis. This benefit is available for the resident on the 1st day of the employment.
2392
2393 LIFE INSURANCE: Refer to the current Summary Plan Description for further details.
2394
2395 FLEXIBLE SPENDING ACCOUNTS: Flexible spending accounts are available for pre-tax payment of
2396 employee's health and dental premiums, and certain un-reimbursed medical and/or dependent care
2397 expenses. Enrollment in the flexible spending benefit is during the annual election period. You are able
2398 to designate the amount of money that you wish to have placed in a flexible spending account.
2399 **Note: IRS rules require that any money left in your account at the end of the plan year will be**
2400 **forfeited. Please plan carefully so that you will be able to use all the funds you set aside.**
2401
2402 LONG-TERM DISABILITY (LTD): Refer to the current Summary Plan Description for further details.
2403 RETIREMENT SAVINGS PLAN: Refer to the current Summary Plan Description for further details.

8.4 Malpractice Insurance

Residents are covered under the UNC Health Southeastern malpractice insurance as it relates to residency training. It provides the resident with professional liability coverage for negligent acts or omissions during residency training. Please see New Innovations for the certificate of insurance coverage. Residents participating in activities outside the scope of the residency training program will not be covered under the hospital's malpractice coverage.

Clinical work under the definition of moonlighting outside the residency training are strictly prohibited unless prior approval is obtained from the program director and the ADME. Participation in clinical activities outside the residency training program without completing the moonlighting request and approval process is grounds for immediate dismissal.

9 TIME-OFF BENEFITS

9.1 Vacation Time/Paid Time Off (PTO)

Vacation must be requested at least one rotation block in advance.

Vacations are granted and scheduled at the discretion of the department to which the resident is assigned. Vacation allowance is per the respective specialty board; refer to your contract for the number of days off you are allotted. Requests for time off are to be made via New Innovations:

- On the home page go to Schedules
- Under Assignment Scheduling- Click Make a Request
- Enter in starting date
- Enter in ending date
- Type of Request needs to say; ON: Request to be on a type of Assignment
- Click Continue
- What type of Assignment do you want to be scheduled on over the selected dates? Needs to read: Vacation(8)/PTO(8)(UNC Health Southeastern/SH- Name of Specialty)
- Click Continue
- Select the Coordinator to receive this request
- Please enter in any additional comments you would like the coordinator to have to determine whether or not the request can and will be approved.
- Click continue
- Review your Request Summary and make sure you have all accurate information in the system, once done Submit the Request
- The coordinator will get an email, typically within minutes of you sending in the request.

<u>Paid Time Off (PTO)</u>

Time off from the program is program/specialty specific. Time not used by the end of the academic year will not carry over to the next academic year nor is remaining time compensated when the resident leaves UNC Health Southeastern. PTO related to illness must be submitted in the same manner as vacation, however select Sick/PTO (UNC Health Southeastern/SH – Name of Specialty). If a resident is

assigned to an outpatient clinic, notification of time off must be reported to the Clinic leadership by the resident immediately upon approval of request.

Once approved, PTO will be posted in New Innovations. You may check “My Schedule” or the “Time Away Schedule”. It is your responsibility to verify that your request has been approved. Do not assume that once you submit it, it is automatically approved. You may not take more than one-week vacation at a time.

9.2 Changing Shift Policy

Any resident wishing to change a shift with another resident to accommodate a time off/vacation request must complete a “Shift Change Request”. This form must be turned into the program coordinator in as far in advance as possible prior to the date of the requested shift change.

PGY-1 residents cannot take a shift designated for a PGY-2 or PGY-3 resident. Pending PD approval, a PGY-2 can agree to take a shift designated for a PGY-3 resident. Students cannot cover for ANY resident. Emergency time off for any resident will be handled on a case-by-case basis.

9.3 Absences

If the resident is going to be out sick, they must notify their attending, senior resident, program director, and program coordinator. A request for time off must be submitted via New Innovations. The resident will not be permitted to leave the hospital premises other than during off-learning and work hours without the permission of the program director.

If it becomes necessary for a resident to leave the premises during learning and work hours, permission must be first obtained as stated above, arrange for another resident to cover the service, notify the nursing station involved that you will be off the premises, and the name of the resident covering the service. Upon returning to the hospital, the resident is to notify the program coordinator, program director, and the nursing station, that you are back on duty. If a resident is unable to report to duty due to illness he/she is to notify the program coordinator, program director, and the attending physician. Residents may have to present a return to work note by a licensed provider to receive a return work note from Employee Health in order to resume clinical duty. If a resident can return to work with any work restriction, the licensed provider note must state the restriction and the time frame for this restriction. The resident will then need another note by that same provider within the time period of restriction to get another note to return to unrestricted duty. The residency program will make every reasonable effort to accommodate the restriction of duty so the resident can perform clinical work per ACGME requirements and patient safety is maintained.

9.4 Unauthorized Absences

An unauthorized absence from clinical duty will result in disciplinary action. Any unauthorized absence of two or more consecutive business days will constitute a voluntary resignation from the program.

9.5 Family Medical Leave

Basic Leave Entitlement: FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee’s child after birth, or placement for adoption or foster care;
- To care for the employee’s spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee’s job.

Military Family Leave Entitlements: Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings. FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered service member during a single 12-month period. A covered service member is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the service member medically unfit to perform his or her duties for which the service member is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

Benefits and Protections: During FMLA leave, the employer must maintain the employee’s health coverage under any “group health plan” on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.
Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee’s leave.

Eligibility Requirements: Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

Definition of Serious Health Condition: A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee’s job, or prevents the qualified family member from participating in school or other daily activities. Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave: An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer’s operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave: Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Responsibilities: Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days' notice is not possible, the employee must provide notice as soon as practical and generally must comply with an employer's normal call-in procedures. Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions; the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

9.6 Extended Leave of Absence

Residents with extraordinary and long-term personal or family tragedies may be granted extended leave without pay and without loss of previously accepted residency position or status for periods of up to one year in the following circumstances:

1. Terminal illness.
2. Permanent disability
3. Complications of pregnancy that threaten maternal or fetal life.
4. Other "devastating conditions" or personal tragedies from which eventual recovery and/or return to regular employment may be reasonably expected.

If extended leave is requested, the residency Program Director will provide the resident written information regarding its potential impact on:

1. Requirements for successful program completion.
2. Requirements for board eligibility.

Based on the treating physician's statement to the program regarding medically necessary time away from training, the program director, in collaboration with human resources, will provide written information regarding availability of alternative accommodations, such as reduced hours, night-call accommodations, modified rotation schedules and part-time scheduling.

Eligibility for extended leave will be determined on a case-by-case basis by the program director, human resources, SHMEC and GMEC.

Note: Residents are allotted certain days off as per their specialty board regulations. Additional training will be required for time taken beyond this allotment.

2589 **9.7 Bereavement Leave**
2590
2591 Residents are eligible to receive up to three (3) consecutive scheduled workdays off with pay in the
2592 event of the death of an immediate family member. The three days should be scheduled between the
2593 dates of the death through the day following the funeral. You must immediately notify your Program
2594 Director and the Department of Graduate Medical Education of your need for bereavement leave.
2595
2596 Paid bereavement leave is provided for immediate family members who are defined as: spouse,
2597 children, stepchildren, parents, stepparents, brothers, stepbrothers, sisters, stepsisters, grandparents,
2598 grandchildren, parents-in-law (including stepparent), and other family members depending on legal
2599 status/relationship.
2600
2601 You may request time off if additional days of bereavement leave are required. Additional time off,
2602 whether paid or unpaid, must be arranged through your program director and program coordinator.
2603 Additional leave above and beyond residency specialty requirements will require an extension of
2604 residency training period or extension of program graduation date.
2605
2606 **9.8 Holidays**
2607
2608 Holidays are granted and scheduled at the discretion of the programs. The hospital recognizes the
2609 following holidays: New Year's Day, Easter, Memorial Day, Independence Day, Labor Day, Thanksgiving
2610 Day, and Christmas Day. Residents may be required to work on holidays based on their rotation
2611 assignment.
2612
2613 **9.9 Military Reserves or National Guard Leaves of Absence**
2614
2615 Appropriate leaves will be granted in compliance with military leave laws to both full time and part time
2616 employees for full time active duty and for Reserve and National Guard active, inactive or annual
2617 training duty. Employees are not required to use paid leave for these periods but may if they wish.
2618 Residents must meet training requirements for graduation. Residents may need to request an extension
2619 of their training if time away exceeds specialty board requirements.
2620
2621 **9.10 Jury Duty**
2622 If you receive a notice that you are to report for jury duty, notify your Program Director and the
2623 Department of Graduate Medical Education immediately so coverage can be arranged for you. UNC
2624 Health Southeastern will pay you your regular salary less any jury duty pay received for any scheduled
2625 hours missed due to jury duty. Upon returning to work, written proof of your jury duty must be
2626 submitted to your Program Director and the Department of Graduate Medical.
2627 Note: Efforts will be made on a case-by-case basis to give appropriate time off while assuring program
2628 compliance upheld. Depending on situation, extension of training may be required.
2629
2630 **9.11 Professional Leave of Absence**
2631
2632 Unpaid professional leave of absence is granted at the discretion of the Program Director of each
2633 residency program, in collaboration with the DIO/GMEC. Time taken off for leave may extend the
2634 training periods as necessary to comply with appropriate accreditation guidelines. Efforts will be made
2635 on a case-by-case basis to give appropriate time off while assuring program compliance upheld.
2636 Depending on situation, extension of training may be required.

9.12 Additional Benefit & Leave Considerations

Residents are not automatically guaranteed re-entry into the training program and therefore should discuss future arrangements with their Program Director prior to commencing a leave of absence.

An employee may be eligible for health benefits during the time he/she is on unpaid leave. During the time the employee is not receiving pay, the usual payroll deduction obviously cannot be made. The employee, therefore, is responsible for direct payment of benefits costs. It is the resident's responsibility to contact Human Resources regarding benefits.

An employee requiring further leave after FMLA has expired, or an employee exercising any of the other forms of unpaid leave, assumes full cost of any insurance coverage. Any leave of any kind must be coordinated through Human Resources and the Department of Graduate Medical Education.

10 INSTITUTIONAL POLICIES

10.1 Policy & Procedure

All patient related policies and procedures are available via the UNC Health Southeastern intranet. Below is a list of topics with links to the policies (links only work when connected to the UNC Health Southeastern intranet). The residency program and UNC Health Southeastern reserves the right to add additional policies at any time. Residents are strongly encouraged to visit the intranet and review available policies on a regular basis to stay informed.

- **Advance Telemetry Unit Policy** (3 Articles)
- **Anesthesia Policy** (39 Articles)
- **Central Service Policy** (33 Articles)
- **Chemotherapy Policy** (16 Articles)
- **CV Perfusion Policies and Procedures** (33 Articles)
- **CV-ICU Policies** (41 Articles)
- **CVOR Policies and Procedures** (87 Articles)
- **Emergency Services Policy** (38 Articles)
- **Endoscopy Policy** (39 Articles)
- **Food Services Policies & Procedures** (59 Articles)
- **Hipaa Policy** (44 Articles)
- **Human Resource Policies & Procedures** (70 Articles)
- **ICU Policies** (51 Articles)
- **Infection Control Policy** (42 Articles)
- **Information Technology Policies and Procedures** (3 Articles)
- **Labor Delivery Policies and Procedures** (103 Articles)
- **Med Care Policy** (1 Article)
- **Med-Surg Policy** (145 Articles)
- **NICU Policies and Procedures** (63 Articles)
- **Nursing Services Policies** (26 Articles)
- **OB Policy Procedures** (47 Articles)
- **Oncology Policy** (15 Articles)
- **Operating Room Policy** (95 Articles)
- **Patient Care Services Policy** (42 Articles)

- **Pediatric Policy** (35 Articles)
- **Pharmacy Policies** (114 Articles)
- **Point of Care Policy (Inpatient)** (14 Articles)
- **Point of Care Policy (Outpatient)** (22 Articles)
- **Prepost Policy** (42 Articles)
- **Psychiatry Policy** (46 Articles)
- **SeHealth Organizational Policy** (200 Articles)
- **Telemetry Policy** (4 Articles)

These policies should be reviewed at the start of your clinical service. Residents are held responsible for the performance of their duties in conformance with these policies and routines.

11 EVALUATIONS

All components of a resident's program must be evaluated and meet the guidelines set by ACGME. This evaluation must be related to the educational objectives of the program and shall include clinical experiences, intellectual abilities and skills, and attitudes and interpersonal relationships.

11.1 Evaluation of Faculty

All residents are required to complete periodic anonymous evaluations of the faculty with whom they work. The number of faculty evaluations each resident completes will vary depending on service assignments and/or the size of the attending staff. Evaluations, which are retained in the Department of Graduate Medical Education, are an important component of the professional review of each supervising and training physician.

11.2 Evaluation of Resident's Performance

1. Residents will be evaluated via New Innovations upon the completion of each rotation by the attending on each rotation.
2. The Program Director shall review the performance of every resident per ACGME requirements to ensure that educational objectives are being met.
3. Prior to early termination of a resident contract, the institution shall provide the resident with appropriate warning and counseling. The assigned faculty member is responsible for documenting deficiencies and attempting to resolve concerns with the resident.
4. In cases of early termination of a resident contract, the Program Director shall provide the resident with documentation regarding which rotation requirements or standards of behavior were not completed satisfactorily.
5. within a reasonable time frame, residents will be provided with a letter stating which rotations were satisfactorily completed.

A record of these evaluations will be maintained in New Innovations per ACGME requirements. If a resident requires an explanation or interpretation of his/her education records, he/she should submit a written request directly to the-Program Director. Resident evaluations will be based on the ACGME Core Competencies.

11.3 Evaluation of Training Programs

At the completion of each rotation, the resident shall evaluate the rotation. These evaluations will be maintained in the residency management software and reviewed by the program directors and core faculty.

12 MEDICAL RECORDS

The importance of complete and accurate medical records and an orderly and efficient system of charts control (to assure accessibility) cannot be overemphasized. At the beginning of the resident's service, personal instructions in the use of Electronic Medical Records will be given. If a problem arises in connection with medical records, the medical records staff will be glad to assist you. Please be aware regular audits occur to access usage by staff and medical staff to patient records. Fair Warning and discipline may occur if unauthorized access is discovered. Termination from the program may occur. The policy on Fair Warning is found on the intranet.

12.1 Guidelines for Use of Medical Records

Medical records are privileged and confidential documents and must be safeguarded according to Hospital Medical Records policies and procedures.

12.2 Guidelines for Documentation in the Medical Record

Residents are required to follow all guidelines for documentation, including completion deadlines for all types of patient care documents. Residents are reminded that medical records are legal documents, and the physicians may at some future date be cross-examined in court under oath on the notes he/she has written. Personal opinions, or non-medical judgments, should not be expressed in the medical record on any matters except those that pertain to the medical care of the patient.

<u>Rules for Entries into the Medical Record:</u>

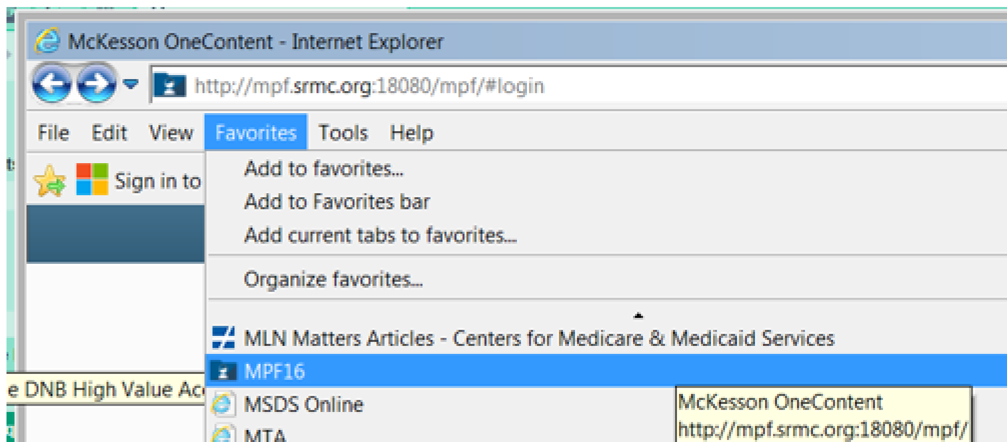
1. Use of the hospitals EMR (EPIC) is the only method of documentation.
2. Entries must be complete and accurate.
3. Entries must be completed according to guidelines set forth by HIM for attending physicians.
4. Entries should not contain facetious, libelous, or otherwise inappropriate, subjective remarks.

12.3 Protected Health Information

Medical records are considered Protected Health Information, are privileged, confidential documents and the information must be safeguarded against unauthorized use. Information regarding a patient's care and treatment shall not be divulged without the written consent of the patient, parents or guardians of minors, or executors of estates of decreased individuals. The Medical Records Department will handle all medical correspondence:

1. All insurance forms.
2. Request for various medical certificates.
3. Request for case summaries and other specified medical record information.
4. Letters to schools, unions, or places of employment.

2776 No resident shall give out any information relative to the hospital or concerning any patient in the
2777 hospital to a representative of the press. Such communications are issued only by the public relations
2778 department by Corporate Communications.
2779
2780 **12.4 Medical Staff Rules & Regulations**
2781
2782 In addition to being familiar with the Hospital's Policies and Procedures, residents should review the
2783 most current copy of the Rules and Regulations of the Medical Staff. These are available in the Medical
2784 Staff Department.
2785
2786 **12.5 Directions for Clearing Out Deficiencies**
2787
2788 If you have deficiencies that are in Harmony but reside in One Content, you should be able to click the
2789 link with the deficiency and the system will take you to One Content. When you do it this way, only the
2790 deficiency you are working on will populate. You will need to enter your One Content information for
2791 the system to identify you and apply your electronic signature.
2792
2793 If you have several deficiencies coming from One Content, it would be faster to log into One
2794 Content. This way, you will be able to address all of your deficiencies with one login. A reminder that
2795 you will access One Content from the UNC Health Southeastern intranet page. Once on the UNC Health
2796 Southeastern intranet page, click on Favorites and find MPF16.
2797

2798 

2799 After you click on MPF16, the login screen will come up.

2800

2801 **13 INSTITUTIONAL RESOURCES**

2802 The hospital has multiple departments. Please refer to the intranet for all departments.
2803
2804 **13.1 Emergency Codes**
2805
2806 Some emergency codes are listed below with the most updated version located on the hospital intranet:
2807

Situation	Overhead Announcement
Code Blue (Cardiac Arrest)	Medical Alert – Code Blue – building, floor, room
Code Red (Fire)	Facility Alert – Code Red – building and floor identifier
Code Pink (Missing or Abducted Child)	Security Alert – Code Pink – building and floor identifier. Description of potential abductor (clothing, race, sex, height)
Security Assistance Requested	Security Alert – cell: 910-671-5449 and state Security assistance needed at location; PLEASE SEE INTRANET FOR COMPLETE PROCEDURE
Code Silver (Weapon or Hostage Situation)	Security Alert - Code Silver – A life threatening situation now exists on – location. Move away from this location or shelter in place immediately.
Code Stroke	
Code STEMI	
Code Yellow (Bomb Threat/Suspicious Package)	Security Alert – Code Yellow – report unknown objects to Security. ****Only page if a credible threat has been identified.****
Code Black	Facility Alert – The (water, electric, phone, med gas, etc.) system has been interrupted in – building and floor.
Adverse Weather	Weather Alert – descriptor (type of weather threat, location) and instructions.
Relocation/Evacuation	Facility Alert – relocate from (building and floor) and proceed to (alternate location.

Code Walker	Security Alert – A person is missing from (building and floor). Description of missing person is (clothing, race, sex, height).
Infection Control	1-910-674-6327
Code Triage	Security alert- Identifier (mass casualty, power outage, etc.) – Command Center now open
Poison Control	1-800-222-1222
MSDS Online Fax #	1-888-362-2007

2808
2809 # 14 RESIDENT RESOURCES
2810
2811 ## 14.1 Residents Seeing Other Residents as Patients Policy
2812
2813 The GME office recognizes that residents will need medical care locally for acute and chronic conditions
2814 during the time they are in the residency program. All employed providers are Tier 1 providers and
2815 preferred on the hospital's insurance plan. To avoid conflict of interest and the risk of malpractice,
2816 residents are not permitted to provide outpatient medical care for chronic conditions for other residents
2817 or medical students from the same training site. Such care must be provided by attending physicians or
2818 advanced practice providers (APPs). Residents may seek care from attendings or APPs at other clinics
2819 within the same training site, as long as it is NOT their own continuity site. Residents are to read and
2820 understand the entire policy in New Innovations.
2821
2822 ## 14.2 Conferences, Rounds, Lectures
2823
2824 There are regularly scheduled Conferences, Workshops, Rounds, Lectures, etc., presented throughout
2825 the year under the auspices of the hospital, each residency program, and the Department of Learning
2826 and Development. Notification of these meetings is published in advance. Refer to each residency
2827 training program manual for specific didactic programs and attendance requirements.
2828
2829 ## 14.3 Resident Participation on Hospital Committees
2830
2831 Residents are assigned to medical staff committees and are encouraged to be active participants of
2832 these committees. Some committees may be created for short-term projects. Residents will receive
2833 invites to join these ad hoc committees as developed.
2834
2835 ## 14.4 Computer Use and Support
2836
2837 UNC Health Southeastern utilizes Epic as the primary information system in the clinical area which is
2838 supported twenty-four hours a day. Call the Help Desk (x5006, 910-671-5006) for technical assistance, or
2839 email them at helpdesk@srmc.org.
2840
2841 <u>Patient Confidentiality and Security:</u>
2842 Patients have the right to absolute privacy of their clinical records. All access should be by clinical care
2843 providers only and never by curiosity seekers or friends, neighbors, relatives or co-workers not involved
2844 in the patient's clinical care. You are privileged to access patient records with which you have legitimate
2845 clinical links. At the same time your user ID and passwords are assigned, you will be asked to sign a
2846 confidentiality agreement. The agreement verifies your understanding of what constitutes a breach of
2847 access and the consequences of such a violation. All computer access is through use of an individually
2848 assigned sign-on ID and unique password. For security reasons, your ID or password is never to be

shared or borrowed. Use of this user ID establishes user identity and all transactions are tracked and logged to determine appropriateness of those transactions. Information Services constantly runs reports to track users and their access. Audit trails are maintained to allow for periodic audits of clinical transactions, as well as those on the Internet.

Access to any patient data is subject to the UNC Health Southeastern Confidentiality Policy (Refer to Human Resource Policies).

Process for Obtaining Access:
When you have signed the Confidentiality Agreement, you will be assigned your user ID and password. A representative of Information Services will schedule a training class for EMR and other applications as required before you are allowed to sign-on. If for any reason your privileges are suspended or revoked, your computer access will be affected accordingly.

Passwords:
Passwords, which are created by IT, are to be treated as confidential and are NOT to be shared among other individuals. Any violation or inappropriate use of passwords is considered a breach of confidentiality and is subject to disciplinary action. Immediate notification should be made to the IT Department if you suspect that your code or password has been lost, stolen, or used by anyone other than its issued user.

Security Considerations:

The security of the UNC Health Southeastern network is of primary concern. For this reason, various processes are in place to protect the network, including:

- Internet use is limited to job-related access only, and non-related sites are blocked.
- Mobile computing and storage devices that contain or access information resources at UNC Health Southeastern are strictly monitored. Information Services must approve them prior to connecting to the information systems at UNC Health Southeastern. Mobile computing and storage devices include, but are not limited to: laptop computers, personal digital assistants (PDAs), plug-ins, Universal Serial Bus (USB) port devices, Compact Discs (CDs), Digital Versatile Discs (DVDs), flash drives, modems, handheld wireless devices, wireless networking cards, and any other existing or future mobile computing or storage device. Portable computing devices and portable electronic storage media that contain confidential, personal, or sensitive UNC Health Southeastern information must use encryption or equally strong measures to protect the data while it is being stored.
- Downloading/installing anything on any UNC Health Southeastern computer is strictly prohibited.

14.5 Food Services/Cafeteria

Cafeteria hours can be found on the intranet along with daily menus.

Meals**:** Residents receive a stipend for meals every two weeks to utilize when on clinical duty. The stipend is exclusively for the resident and not for resident families or visitors or other persons. The stipend does not carry over. Residents are responsible for their own meals while at other institutions if on an elective rotation, if that institution does not provide meals free of charge or provide meal tickets.

Vending Machines: Vending machines are available when the gift shop is closed. Items available for purchases are snacks, and beverages. Resident meal stipend monies cannot be used in the gift shop. Items for purchase in the gift shop can be payroll deducted.

14.6 Interpreter Services

Family members and friends **may not** translate for a patient when medical information is being discussed. Federal law requires all language interpreters used by hospitals to be proficient in their field and competency-tested; so that they can ensure that the medical information being shared with the patient has been translated accurately. In addition, offering a third party interpreter to patients allows the patient to keep personal medical information confidential.
SE Health is required to provide interpreters for our patients and families with limited English proficiency and is responsible for assuring the competency of these interpreters. Family and friends should not be used to interpret medical information.

- Spanish and sign-language interpreters are available 24/7 and can be reached by dialing 910-674-6143. Leave a message if the interpreter is busy because when the call is made from within the hospital, the caller ID only identifies the call as from 910-671-5000.
- In addition, CYRACOM provides language interpreters to assist with interpretation needs and may be accessed within the hospital by using the duel hand set blue phones. These phones are located in key areas such as ED, Surgery, MCH, the Front Lobby, etc.
- The blue phones are obtained for individual patients by calling the hospital interpreters.
- SE Health affiliates outside of the hospital should dial the AT&T Language Line at 1-800-874-9426. You will be asked for an account number which should be available to you in your work area. If you need assistance with this please contact the Interpreter's office at ext. 5111.

14.7 Library Facilities

UNC Health Southeastern residents will have access to the electronic Campbell University Jerry M. Wallace School of Osteopathic Medicine's medical library. Library access will be arranged during orientation.

14.8 On-Call Rooms

Every effort is made to ensure acceptable accommodations in a pleasant and restful environment to residents while on call. Every room is marked with a standardized sign. Security measures other than those already in place are also the responsibility of the individual departments. It is the responsibility of each resident to inform the Department of Graduate Medical Education of any failed equipment needs and/or services required or not being tended to. Residents are not to use the call rooms as a permanent residence during training.

14.9 Uniforms & Laundry

OSHA regulations require personal protective equipment (PPE) for medical personnel. Lab coats are designated as PPE for physicians. To comply with this regulation UNC Health Southeastern will furnish each resident with two lab coats or one lab coat and one logo jacket at the start of each academic year. Residents are responsible for laundering their own coats and jackets on a regular basis so both are clean for daily duties.

14.10 FACULTY AND RESIDENT WELLNESS

The Accreditation Council for Graduate Medical Education (ACGME) requires that UNC Health Southeastern, have a written policy that addresses wellness. This policy is designed to ensure appropriate oversight as mandated by ACGME requirements. This policy applies to all ACGME GME programs.

UNC Health Southeastern in affiliation with Campbell University are committed to promoting the health and welfare of residents by creating a supportive educational culture so that they can develop lifelong skills to support and maintain well-being.

In the current health care environment, residents and faculty members are at increased risk for burnout, depression, and substance abuse. Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician. Self-care is a vital component of professionalism. It is also a skill that must be learned and nurtured in the context of other aspects of residency training. Campbell University will educate residents and faculty members in identification of symptoms of burnout, depression, and substance abuse including means to assist those who experience these conditions. This responsibility includes educating residents and faculty in how to recognize symptoms in themselves and seek appropriate care.

I. In partnership Campbell University School of Osteopathic Medicine, Medical Education shares the responsibility of resident well-being to include:

a) efforts to enhance the meaning that each resident finds in the experience of being a physician
b) providing protected time with patients, minimizing non-physician obligations, providing administrative support, promoting progressive autonomy and flexibility, and enhancing professional relationships
c) directing attention to scheduling, work intensity, and work confinement that impacts resident well-being
d) evaluating workplace safety data and addressing the safety of residents and faculty members' policies and procedures that encourage optimal resident and faculty member well-being;
    i. residents and faculty are given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours with the expectation that the resident and faculty will provide advance notice so patient care coverage can be secured as appropriate; residents will understand that taking such time may come out of their paid time off and may extend their training dates if rotation requirements are not met.
e) directing attention to resident and faculty member burnout, depression, and substance abuse.
    i. the program, in partnership with the sponsoring institution, will educate faculty members and residents in identification of the symptoms of burnout, depression, and substance abuse, including means to assist those who experience these conditions. Some topics may include the following:
        - Fatigue management
        - Impaired physician recognition

2987 - Physician Burnout recognition
2988 - Stress Management

2989 ii. the program, in partnership with the sponsoring institution and the hospital's behavioral
2990 health department, will provide tools to residents and faculty for self-screening and
2991 access to confidential, affordable mental health assessment, counseling, and treatment,
2992 including access to urgent and emergent care 24 hours a day, seven days a week. UNC
2993 Health Southeastern provides a 24 hour/7 days a week hotline called ComPsych which is
2994 the provider of GuidanceResources services. This benefit will give you and your dependents
2995 confidential support, resources and information for personal and work-life issues. These
2996 services are provided at no charge to you. You can call and speak to a representative at
2997 800-272-7255 or visit www.guidanceresources.com and enter company ID: COM589.

2998 iii. Annual resident wellness survey (anonymously)

2999 f) providing residents with free UNC Health Southeastern Lifestyle fitness memberships as well as
3000 discounted rates to Southeastern CrossFit QFE; faculty provided discounted membership
3001 fees
3002 g) providing residents and faculty with the opportunity for discounted health insurance rates
3003 with Healthy Living 4 Life program.
3004 h) residents are provided with a daily nourishment allowance; residents and faculty have the
3005 option for a healthier lunch option, called Clean Eatz, at a discounted rate daily.
3006 i) Quarterly wellness activities throughout the academic year.
3007 j) Yearly retreat paid by UNC Health Southeastern for all residents, faculty and coordinator.

3008 **15 STANDARD PRECAUTIONS**

3009 1. Hand washing
3010 a. Wash hands after touching blood, body fluids, secretions, and contaminated items,
3011 whether or not gloves are worn. Wash hands immediately after gloves are removed,
3012 between patient contacts, and when otherwise indicated to avoid transfer of
3013 microorganisms to other patients or environments. It may be necessary to wash hands
3014 between tasks and procedures on the same patient to prevent cross-contamination of
3015 different body sites.
3016 2. Gloves
3017 a. Wear gloves (clean non-sterile gloves are adequate) when touching blood, body fluids,
3018 secretions, excretions, and contaminated items; put on clean gloves just before
3019 touching mucous membranes and non-intact skin. Change gloves between tasks and
3020 procedures on the same patient after contact with material that may contain a high
3021 concentration of microorganisms. Remove gloves promptly after use, before touching
3022 non-contaminated items and environmental surfaces, and before going to another
3023 patient, and wash hands immediately to avoid transfer of micro-organisms to other
3024 patients or environments.
3025 3. Mask, Eye Protection, Face Shield
3026 a. Wear a mask and eye protection or a face shield to protect mucous membranes of the
3027 eyes, nose, and mouth during procedures and patient-care activities that are likely to
3028 generate splashes or sprays of blood, body fluids, secretions, and excretions.
3029 4. Gown
3030 a. Wear a gown (a clean non-sterile gown is adequate) to protect skin and prevent soiling
3031 of clothing during procedures and patient-care activities that are likely to generate

3032 splashes or sprays of blood, body fluids, secretions, or excretions or cause soiling of
3033 clothing. Select a gown that is appropriate for the activity and amount of fluid likely to
3034 be encountered. Remove a soiled gown as –promptly as possible and wash hands to
3035 avoid transfer of micro-organisms to other patients or environments.
3036
3037
3038 5. Patient-care Equipment
3039 a. Handle used patient-care equipment soiled with blood, body fluids, secretions, and
3040 excretions in a manger that prevents skins and mucous membrane exposure,
3041 contamination of clothing, and transfer of micro-organisms to other patients and
3042 environments. Ensure that reusable equipment is not used for the care of another
3043 patient until it has been appropriately cleaned and reprocessed and single-use items are
3044 properly discarded.
3045 6. Linen
3046 a. Handle, transport, and process used linen soiled with blood, body fluids, secretions, and
3047 excretions in a manner that prevents skin and mucous membrane exposure and
3048 contamination of clothing and avoids transfer of micro-organisms to other patients and
3049 environments.
3050 7. Dishes, glasses and cups, and eating utensils
3051 a. No special precautions are needed for dishes, glasses and cups, or eating utensils. The
3052 combination of hot water and detergents used in hospital dishwashers is sufficient to
3053 decontaminate dishes, glasses and cups, and eating utensils.
3054 8. Routine and terminal cleaning
3055 a. The room or cubicle and bedside equipment are cleaned using the hospital approved
3056 germicidal disinfectant cleaner. Thorough cleaning and disinfection of bedside and
3057 environmental surfaces (e.g. bedrails, bedside tables, carts, commodes, doorknobs,
3058 faucet handles) is very important to remove pathogenic micro-organisms that can
3059 survive in the inanimate environment for prolonged periods of times.
3060 9. No reOccupational Health and Blood-borne Pathogens
3061 a. Take care to prevent injuries when using needles, scalpels, and other sharp instruments
3062 or devices; when handling sharp instruments after procedures, when disposing of used
3063 needles. Never recap used needles or otherwise manipulate them with both hands or
3064 any other technique that involves directing the point of a needle toward any part of the
3065 body; rather, use either a one handed "scoop" technique or a mechanical device
3066 designed for holding the needle sheath. Do not remove used needles from disposable
3067 syringes by hand; and do not bend, break, or otherwise manipulate used needles by
3068 hand. Place used disposable syringes and needles, scalper blades, and other sharp items
3069 in appropriate puncture-resistant containers located as close as practical to the area in
3070 which the items were used; and place reusable syringes and needles in a puncture-
3071 resistant container for transport to the reprocessing area.
3072 b. Use mouthpiece, resuscitation bags, or other ventilation devices as an alternative to
3073 mouth-to-mouth resuscitation methods in areas where the need for resuscitation is
3074 predictable.
3075
3076
3077
3078
3079

16 EMPLOYEE COMMUNICATIONS

16.1 Open Communication

UNC Health Southeastern encourages employees to discuss any issues they may have with a co-worker directly with that person. If a resolution is not reached, employees should arrange a meeting with their direct supervisor. If the concern, problem, or issue is not properly addressed, employees should contact the Human Resources Department. Any information discussed in an Open Communication meeting is considered confidential, to the extent possible while still allowing management to respond to the problem. Retaliation against any employee for appropriate usage of Open Communication channels is unacceptable.

16.2 Resident Forum and Patient Safety Meetings (Housestaff)

In order to keep the communication channels open and provide peer problem-solving, the Department of Graduate Medical Education implements a once-a-month all resident meeting. This meeting is part of the didactic calendar. The agenda in consistent at all meetings.

16.3 Resident Only Meetings

Resident Only meetings will be held monthly during regular didactic time. The Chief Residents will be responsible for making sure this is on the monthly didactic calendar. The chief residents are responsible for timely communicating concerns raised by the residents to the program director.

16.4 Bulletin Boards

The Department of Graduate Medical Education provides residents with a bulletin board in the Lounge and on the walls in the Graduate Medical Education Department where residents can find organizational announcements, news/events, and discussions about specific topics. The residents are responsible for reading necessary information posted on the bulletin board.

16.5 Suggestions

The Department of Graduate Medical Education encourages all residents to bring forward their suggestions and good ideas about making UNC Health Southeastern a better place to work and enhancing service to UNC Health Southeastern customers. Any employee who sees an opportunity for improvement is encouraged to talk it over with their Program Director and ADME. The Department of Graduate Medical Education can help bring ideas to the attention of the people in the organization who will be responsible for possibly implementing them. All suggestions are valued.

16.6 Closing Statement

Successful working conditions and relationships depend upon successful communication. It is important that residents stay aware of changes in procedures, policies, and general information. It is also important to communicate ideas, suggestions, personal goals, or problems as they affect work at UNC Health Southeastern to the Department of Graduate Medical Education.

18 ACKNOWLEDGMENT

I acknowledge that I have received a copy of the UNC Health Southeastern's Resident Manual and I do commit to read and follow these policies.

I am aware that if, at any time, I have questions regarding the Resident Manual, I should direct them to the program director.

I know that UNC Health Southeastern policies and other related documents do not form a contract of employment and are not a guarantee by UNC Health Southeastern of the conditions and benefits that are described within them. Nevertheless, the provisions of such UNC Health Southeastern company policies are incorporated into the acknowledgment, and I agree that I shall abide by its provisions.

I also am aware that UNC Health Southeastern, at any time, may on reasonable notice, change, add to, or delete from the provisions of the company policies.

____

Resident's Printed Name PGY Level

______________________ ______________________

Resident Signature and Date

19 SE HEALTH DEPARTMENT OF MEDICAL EDUCATION
Code of Professional Conduct Policy

Residents must read and sign the Code of Professional Conduct

Communication:

- Discuss treatment plans or changes in status with patients and families daily
- Personally call all consultants at the time the consult is written when on any hospital based service.
- Call the patients primary care provider upon admission and discharge and/or send a copy of admission and discharge summaries to the office when on any hospital based service.
- Discuss issues concerning patient management with fellow colleagues personally and in a professional manner.
- Do not write inflammatory or disparaging remarks about colleagues in the medical record.
- Notify the appropriate personnel about any call schedule changes.

Confidentiality:

- All residents and staff must comply with federal HIPPA guidelines.
- Respect patient privacy at all times.
- Avoid using patients' names and personal information in public places.
- Shred all documents with personal information, including patient census lists.

Honesty:

- All information written in the chart must be accurate and true.
- Changing the medical record in the presence of suspected controversy or poor outcome is considered gross misconduct.
- Honesty must be used when taking any program-related examination or course.
- Never document conference attendance for another resident.
- Never lie about being sick.
- Falsification of a document and/or cheating on an examination are considered gross misconduct and are reasons for immediate dismissal.

Appearance:

- Project a professional, confident, and caring image.
- Be well-groomed, professionally attired, and practice good hygiene.
- Follow the SE Health Dress Code.

Dedication:

- Possess a sound work ethic.
- Follow a diligent reading regimen.
- Ensure proper follow-up of inpatient and outpatients
- Develop a good working relationship with colleagues and consultants.
- Always be on time.
- Promptly respond to all pages.

Respect:

- Show respect for all hospital employees regardless of position.
- Show respect for all patients and families.
- Respond sensitively to patients' and co-workers culture, age, gender, and disabilities.

Resident Signature:____ Date:______________________________