

HOUSE STAFF HANDBOOK



THE HOUSE STAFF HANDBOOK HAS BEEN PREPARED TO INFORM YOU ABOUT YOUR BENEFITS AND PRIVILEGES, AS WELL AS THE GENERAL RULES AND REGULATIONS OF CHARLESTON AREA MEDICAL CENTER, INC. (CAMC). WE HOPE YOU WILL FIND IT HELPFUL WHETHER YOU ARE A NEWCOMER OR A VETERAN.

THIS HANDBOOK SETS FORTH POLICIES, WHICH CONCERN EMPLOYMENT AND APPOINTMENT TO CAMC'S HOUSE STAFF AS AN INTERN, RESIDENT OR FELLOW. IT HAS ALWAYS BEEN AND CONTINUES TO BE A PRACTICE TO FOLLOW THESE POLICIES AND TO TREAT ALL EMPLOYEES FAIRLY. FROM TIME TO TIME, THERE WILL BE REVISIONS AND CHANGES OF WHICH RESIDENTS/INTERNS/FELLOWS WILL BE NOTIFIED. THIS HANDBOOK IS NOT A CONTRACT, AND NO EMPLOYEE OF CAMC HAS ANY CONTRACTUAL RIGHT TO THE MATTERS SET FORTH IN THIS HANDBOOK. ANY REFERENCE TO A CONTRACT REFERS TO THE RESIDENT/INTERN/FELLOW AGREEMENT.

THIS HANDBOOK IS NOT DESIGNED TO BE A TOTAL ORGANIZATIONAL MANUAL; THEREFORE, NOT ALL RULES AND REGULATIONS ARE INCLUDED. OTHER INSTITUTIONAL POLICIES MAY APPLY TO RESIDENT ACTIVITIES AND MAY BE REFERENCED IN THIS HANDBOOK. EACH DEPARTMENT HAS SPECIFIC RULES AND REGULATIONS. YOUR DEPARTMENT CHAIR OR PROGRAM DIRECTOR WILL PROVIDE PROGRAM OR DEPARTMENT POLICIES TO YOU IN DETAIL. THE CAMC GRADUATE MEDICAL EDUCATION COMMITTEE MAY REVISE GME RELATED POLICY THROUGHOUT THE YEAR. YOU WILL BE NOTIFIED OF POLICY REVISIONS AS THEY ARE APPROVED. IT IS YOUR RESPONSIBILITY TO REVIEW ALL CHANGES AS YOU RECEIVE SUCH NOTIFICATION. IF AT ANY TIME YOU WISH ADDITIONAL INFORMATION CONCERNING THE CONTENTS OF THIS HANDBOOK OR OTHER INSTITUTIONAL OR DEPARTMENTAL POLICIES, PLEASE CONTACT TOM SCHOOLCRAFT, HUMAN RESOURCES ASSOCIATE, 388-2290 OR THE GRADUATE MEDICAL EDUCATION OFFICE, 388-9946 OR 388-9947.

THIS HANDBOOK SUPERSEDES ALL PREVIOUS HANDBOOKS AND REMAINS THE PROPERTY OF CAMC. WHILE YOU ARE EMPLOYED, PLEASE CONSIDER IT YOUR PERSONAL COPY.

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I. INTRODUCTION

CHARLESTON AREA MEDICAL CENTER, INC. (CAMC) IS A WEST VIRGINIA NONPROFIT CORPORATION, WHICH, AS ONE OF ITS MAJOR FUNCTIONS, OPERATES THREE ACADEMIC MEDICAL CENTER HOSPITALS. RESPONSIBILITY FOR THE CARE OF THE PATIENTS' IN-HOSPITAL NEEDS LIES WITH THE MEDICAL STAFF. MOST PRIVATE PATIENTS ARE AVAILABLE FOR TEACHING PURPOSES.

CAMC HEALTH EDUCATION AND RESEARCH INSTITUTE, INC. (THE INSTITUTE), IS A WEST VIRGINIA NONPROFIT CORPORATION, WHICH WAS INCORPORATED IN JANUARY 1997 TO SERVE AS THE EDUCATION AND RESEARCH ARM OF CAMC. THE INSTITUTE WILL COORDINATE, MANAGE AND ADMINISTER ALL POST-GRADUATE EDUCATION PROGRAMS ON BEHALF OF CAMC, INCLUDING THE INTERNSHIP, RESIDENCY AND FELLOWSHIP PROGRAMS SPONSORED BY CHARLESTON AREA MEDICAL CENTER.

A PRIMARY GOAL IS THE CONSTANT IMPROVEMENT OF THE QUALITY OF CARE PROVIDED TO PATIENTS. EDUCATIONAL PROGRAMS ARE ONE WAY TO ASSURE THIS QUALITY.

THE POSTGRADUATE PROGRAMS ARE UNDER THE ACADEMIC OVERSIGHT OF L. CLARK HANSBARGER, M.D., DIRECTOR OF MEDICAL EDUCATION, CAMC, AND ASSOCIATE VICE PRESIDENT FOR HEALTH SCIENCES OF THE ROBERT C. BYRD HEALTH SCIENCES CENTER OF WEST VIRGINIA UNIVERSITY, CHARLESTON DIVISION. EDUCATIONAL SUPERVISION IS THE SHARED RESPONSIBILITY BETWEEN ALL PROGRAM DIRECTORS. OSTEOPATHIC INTERNSHIPS AND FAST TRACK RESIDENCIES ARE UNDER THE SUPERVISION OF ARTHUR B. RUBIN, D.O., DIRECTOR OF OSTEOPATHIC MEDICAL EDUCATION AND THE SPECIFIC PROGRAM DIRECTOR.

ADMINISTRATIVE OVERSIGHT OF THE PROGRAM IS THE RESPONSIBILITY OF SHARON A. HALL, PRESIDENT OF THE INSTITUTE.

II. THE EDUCATIONAL PROGRAMS

A. DEFINITION

House Staff (resident/intern/fellow) is defined as any physician (M.D. or D.O.), dentist, pharmacist, or psychology intern performing within an accredited or non-accredited graduate educational program of Charleston Area Medical Center, Inc. (CAMC). Accredited programs are designed to lead to certification by a specialty organization in medicine, dentistry, pharmacy or psychology. The terms, interns, residents and fellows may be used interchangeably throughout this handbook. Unless otherwise specified, all policies are applicable to trainees enrolled in any CAMC sponsored accredited or non-accredited training program.

B. SUPERVISION OF RESIDENT/INTERN/FELLOW

Resident/interns/and fellows are governed by their individual resident/intern Agreements; by this handbook, which is updated annually; and by the various policies and procedures of CAMC. Resident/interns are supervised by the faculty (both full-time and volunteer clinical faculty) of the Robert C. Byrd Health Sciences Center of West Virginia University, Charleston Division, or attending physicians with CAMC.

C. POSTGRADUATE TRAINING

Residents will be assigned a level of PGL1, PGL2, etc., or in the appropriate training program. The Post Graduate level will determine his/her salary, education stipend and number of vacation days.

The first postgraduate year may be termed categorical or preliminary. Overall evaluation and assessment of the resident/intern's performance, rotation schedules and supervision of the first postgraduate year will be under the direction of the Program Director. The PGL1 is expected to fulfill certain duties and responsibilities, which are defined by the Program Requirements. These duties and responsibilities are in accordance with the specific requirements listed in the following:

1. Essentials of Accredited Residencies as published by the Accreditation Council on Graduate Medical Education
2. The American Osteopathic Association
3. The American Dental Association
4. The American Psychological Association
5. The American Society of Hospital Pharmacists

D. RECRUITMENT AND SELECTION REQUIREMENTS

The primary source of candidates for entry into graduate medical education programs will be graduates of Liaison Committee for Medical Education (LCME)- or American Osteopathic Association (AOA) accredited medical schools. All programs participate in an organized matching program. **Charleston Area Medical Center**

only accepts permanent and J-1 Visa Status for international graduates interested in resident physician positions. In addition, to be eligible for consideration a candidate must be a:

1. Graduate of a medical school in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).
2. Graduate of a college of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA).
3. Graduate of a medical school outside the United States and Canada who meet at least one of the following qualifications:
 - a) Have received a currently valid certification from the Educational Commission for Foreign Medical Graduates (ECFMG) or
 - b) Have a full and unrestricted license to practice medicine in a U.S. licensing jurisdiction.

Graduate of medical school outside the United States who has completed a Fifth Pathway program provided by an LCME-accredited medical school. A Fifth Pathway program is an academic year of supervised clinical education provided by an LCME-accredited medical school to students who

1. have completed an accredited US college or university, undergraduate premedical education of the quality acceptable for matriculation in an accredited United States medical school;
2. have studied at a medical school outside the United States and Canada but listed in the World Health Directory of Medical schools;
3. have completed all of the formal requirements of the foreign medical school except internship and/or social service;
4. have attained a score satisfactory to the sponsoring medical school on a screening examination; and
5. have passed either the foreign Medical Graduate Examination in the Medical Sciences, Parts I and II of the examination of the National Board of Medical Examiners, or Steps 1 and 2 of the United States Medical Licensing Examination (USMLE).

Residents selected outside the normal matching process, whether through the match 'scramble' or during the 'off-cycle', must be reviewed and approved by the Designated Institutional Official (DIO).

Program directors should base their selection on the eligible candidate's ability, aptitude, and preparedness as evidenced by their academic credentials including but not limited to class rank, course evaluations, standardized licensure qualifying examination scores, communication skills both written and verbal, and letters of recommendation from faculty and the Dean of their school verifying their ability, aptitude, as well as their motivation and integrity. There must not be any discrimination in the selection process with regard to gender, race, age, religious affiliation, color, national origin, disability or veteran status.

E. **APPOINTMENT AND PROMOTION**

Medical students may apply to be accepted into a residency/internship program before passing part II of the USMLE but will not be ranked in the NRMP unless documentation is provided prior to match deadlines. A resident/intern must pass all components of the USMLE Part III of the boards prior to advancing to the PGL2 level. After a twelve (12) month period of residency, program directors shall extend the resident/intern a six (6) month grace period at the same level. Resident/interns may not continue in the program beyond the six-month period. Program Directors will attempt to understand the demands of the residency program and will work with the resident/intern to provide appropriate levels of assignment or other appropriate assistance in meeting work and study requirements.

Graduates of Osteopathic Medical schools must pass all components of Part II of the Osteopathic National Boards prior to starting either the traditional rotating internship or the PGL1 level of a dual-track residency program. A contract will not be issued until documentation of passing the COMLEX II is provided. Osteopathic Interns must pass Part III of the Osteopathic National Boards prior to advancing from the rotating internship to the PGL1 of an allopathic residency or PGL2 of a dual track residency in order to satisfy licensing requirements of the West Virginia Board of Osteopathy

Each department's Program Director determines the program curriculum in accordance with the specific requirements for training as outlined by the accrediting body. These requirements are available through the Program Director's office. Appointment and promotion of house staff will depend on performance as determined by the Residency Training Committee and the Program Director. Such evaluation shall be based on resident meeting program requirements as defined by the program curriculum and accreditation requirements (reference Section I).

F. **Notification of Terms and Conditions of Appointment of Interns, Residents, and Fellows**

a. **Appointment:**

This appointment is authorized by Charleston Area Medical Center (CAMC) and is subject to provisions of the rules, regulations and policies of the governing board.

b. **Resident:**

The word "Resident" is used in this document to mean any physician (M.D. or D.O.), dentist, pharmacist, or psychologist performing as a resident, intern or fellow within an accredited or non-accredited graduate educational program of CAMC.

c. **Conditions of Employment:**

Consistent with the provisions of the rules, regulations and policies of CAMC and the requirements set by accrediting boards and regulatory agencies, the appointment, continued appointment and/or compensation and benefits of the position is contingent upon fulfillment of the responsibilities of the position during the term of the appointment, the availability of funding and the following conditions:

- 1) **License to Practice Medicine/Dentistry:** If West Virginia law requires resident to hold a current license for practice in his/her specialty, the appointment is subject to the Resident maintaining an unrestricted license from the State of West Virginia and from any other state's licensing authority where the resident may be assigned. Upon renewal of a required license, resident must provide a copy of current license renewal to the GME office immediately. Resident shall notify the GME office of any action threatened or taken against his/her license.

If resident has or elects to obtain a license during residency where the license is not required by law, resident shall provide documentation of licensure to the GME office along with any renewal information and any action threatened or taken against his/her license.

Residents participating in non-accredited fellowship programs may be required to maintain an unrestricted license from the State of West Virginia. If required, Resident shall provide documentation of licensure to the GME office along with any renewal information and any action threatened or taken against his/her license.

All licensure requirements as defined by state law and CAMC must be met prior to entry into the residency and to continue residency.

- 2) **US Citizen or Visa Status:** All Residents must be United States citizens or be able to obtain a permanent or J-1 visa prior to entry into the program and maintain visa status for continuation of the program. CAMC requires foreign medical graduates to meet all requirements of the Educational Commission for Foreign Medical Graduates (ECFMG) including enrollment in health insurance coverage prior to or upon entry into the program.
- 3) **Appointment term:** Appointment of a Resident is contingent upon the ability of the Resident to be physically present at CAMC and to fully participate in the residency program during the term identified in the Resident contract. If a Resident is unable at any time to be present and to fully participate, the program in its sole discretion may allow a grace period of up to thirty (30) days, may alter the initial appointment and duration of term, and may cancel the appointment. Any extension of a grace period beyond 30 days will require the approval of the

Designated Institutional Official but in no circumstance is CAMC obligated to hold a position for a new or continuing Resident.

Contracts to Residents will be issued approximately 60 days prior to the beginning of the academic year. Residents may not continue residency beyond a current contract period. The Resident contract year will typically be for a one year term; however a term may be less than one year in special circumstances. CAMC is not obligated to hold a position for a Resident who has not signed a contract.

- 4) **House Staff Responsibilities:** Appointment or reappointment is conditional upon the Resident obtaining and maintaining permission to work at CAMC and other affiliated hospitals or institutions to which the Resident is assigned by the program and CAMC. The Resident shall be subject to all policies, rules, and regulations of those hospitals or other locations of assignment.
- 5) **Education and Service Responsibilities:** Appointment is conditional upon Resident maintaining physical and mental ability to perform or to be assigned to patient care and education responsibilities with or without reasonable accommodation.
- 6) **Resident and Employment Policies:** Resident must comply with the rules, policies and procedures of the CAMC Health System. These policies include benefit options, conditions of living quarters, meals, professional liability, health and disability insurance and others and may be accessed on the web site at <http://camc.wvu.edu>.
- 7) **Specific Assignments:** Specific assignments of this appointment will be determined by CAMC or designated representatives of CAMC and reappointment is conditional upon fulfillment of responsibilities as assigned.

G. MEDICAL LIBRARY

The West Virginia University Charleston Division supports a full service medical information center for medical resident/interns. In West Virginia, only the main Health Sciences Library in Morgantown has a larger collection of books and journals in the health sciences. The library is located on the first floor of the West Virginia University Robert C. Byrd Health Sciences Center on the CAMC Memorial Campus. The library has a collection of 380 current journals, 22,000 bound journal volumes and 25,000 books in all areas of medicine.

There are two accredited medical librarians on staff as well as a full complement of support personnel to meet all your medical information needs. The library is open 8:00 a.m. to 9:00 p.m. Monday through Thursday, 8:00 a.m. to 4:30 p.m. on Friday, and 9:00 a.m. to 1:00 p.m. on Saturday. However, residents and medical students have 24-hour access to the library by using their photo ID badge.

The library maintains a bank of personal computers for your use. You can access the library web page at www.hsc.wvu.edu/charleston/library. From the web page you

can access EbscoHost (full-text journals), The Cochrane Library (full-text), MD Consult (full-text), PubMed and a host of other digital resources. Through the library's access to the National Library of Medicine and OCLC, we can access the collections of all national and international medical libraries for borrowing books and journal articles. Many times, your requested article can be sent digitally to your e-mail account.

All medical resident/interns are invited to come to the library and tour the facilities. Every resident/intern who comes to the library receives the individual attention they need to succeed.

H. HOURS OF DUTY

Duty hours are different in each training program. Night schedules, weekend duty schedules, and holiday schedules are the responsibility of the Program Director. Resident/intern will not go off duty if service to the patient requires that he/she remains to meet demands of care. Before going off duty, resident/intern must make certain that his/her relief is present, as well as to report to him/her all seriously ill and critical patients. The resident/intern on-call will remain at CAMC according to departmental policy. At no time may a medical student cover a service. All resident/interns must adhere to institutional and program policies regarding duty hours.

In accordance with ACGME/AOA program requirements **duty hours** are defined as all clinical and academic activities related to the residency program, i.e. patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities. Resident/interns must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of all call time. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call. The objective of **on-call activities** is to provide resident/interns with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal workday when resident/ interns 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. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Resident/interns may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics and maintain continuity of medical and surgical care (unless further limited by the relevant Program Requirements). No new patients may be accepted after 24 continuous hours on duty. A new patient is defined as any patient for whom the resident/intern has not previously provided care (unless otherwise defined in the relevant Program Requirements).

At-home call (pager 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/intern. Resident/interns 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 resident/interns are called into the hospital from home, the hours resident/interns 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. **Moonlighting** must be counted toward the 80-hour weekly limit on duty hours as defined by institutional policy and ACGME institutional requirements.

Residents are responsible for adhering to duty hour requirements and for reporting areas of non-compliance to program and administrative officials in a timely fashion. Residents must also provide accurate and truthful documentation, attestation or other reports required by the program or institution for the purpose of moonlighting practices or duty hour requirements.

I. PERFORMANCE EVALUATION AND MANAGEMENT—PROMOTION AND TERMINATION

Stage 1: Informal Discussions and Supervision

a. OBJECTIVES

The goal of the training program evaluation is to identify areas of improvement in resident/intern performance and education. Faculty through educational supervision will identify performance issues and provide communication and teaching through positive reinforcement. Residents must engage in a variety of clinical and educational experiences that will be supervised by WVU, WVSOM or other WVU/WVSOM or CAMC clinical faculty. In addition to personal discussions, residents/ interns will receive at least two written evaluations per year. Residents will be allowed opportunity to review written evaluation summary documents and to provide a written response if desired.

Additionally, residents are expected to be involved in evaluation of their training experience at CAMC. Evaluations will be conducted according to program requirements or institutional/accreditation requirements. Residents will be provided opportunity to on an annual basis, provide a written, confidential evaluation of the program, faculty and other factors involved in the residency program.

b. PROCEDURES

Procedures must include supervision by designated full-time or clinical faculty as may be defined by the program requirements or as may be individually specified by the program director or training committee.

Stage 2: Formal Consideration by the Departmental Residency Training Committee (or other committee recognized by the RRC or the CAMC Graduate Medical Education Committee)

- a. The Residency Training Committee or other formally recognized Committee may informally discuss resident/intern at any time, but such informal discussions will neither lead to any formal action, nor will there be a written record of such discussions placed in the resident/intern's permanent record. However, in the event there is a serious concern about clinical or educational performance or a concern as to whether the resident/intern should require probation, remediation or continue in the program, there will be formal consideration by the Residency Training Committee to evaluate and to take action.
- b. When the question is raised in the Residency Training Committee about the adequacy of a resident/intern's performance, the Program Director will discuss these concerns with the resident/intern. The Program Director will also discuss these issues with the Department Chair, and each relevant faculty member who has had experience with the resident/intern. The resident/intern's faculty advisor can discuss the resident/intern's situation with the Program Director and/or with the other members of the Residency Training Committee. The Program Director will identify and communicate specific problems the resident/intern may be having, as well as to make recommendations and implement corrective plans that deal with each identified problem (e.g. additional supervision of a specific type, greater review of clinical work, and occasionally recommendations for personal therapy, if there is reason to suspect that the work-related problems might benefit from such action, etc.).

When a service attending physician, or responsible administrative official, feels that patient welfare is jeopardized because of a resident/intern's performance, the service attending physician, or responsible administrative official, can temporarily suspend the resident/intern's clinical activities on his/her service. This is with the proviso that the case will be taken up no later than the next regularly scheduled meeting of the Residency Training Committee. The resident/intern will be informed in writing of the nature of the charges that caused the temporary suspension of his/her clinical privileges and will be given clear information that he/she has the right to invite any members of the faculty, staff or peers to participate fully in the discussion at the Residency Training Committee meeting. The resident/intern's advisor will also be notified of such actions.

Stage 3: Consideration of Probation, Formal Remediation or Termination

- a. When the Residency Training Committee recommends that a resident/intern be placed on formal remediation/probation, these procedures will be followed:
 1. The resident/intern in question will be given written notice by the Committee Chairman (or designee) of the performance issues in advance of his/her appearance before the Committee, will be given an opportunity to appear before the Committee to present additional information or to take issue with the Committee's recommendations, and can bring to the Committee's attention any available information or opinion that the resident/intern feels was not sufficiently or accurately considered in the Committee's previous deliberations.

2. Probation requires the vote of at least a majority of the Committee members present. Resident/interns on the Residency Training Committee must be present when such a vote is taken.
3. The reasons for action taken will be specified in writing, i.e., the resident/intern's specific actions or deficiencies that may lead to a recommendation of probation. The conditions of probation will be specified including a summary of improvement requirements and expectations, specific measures taken by the department and/or resident to help the resident/intern achieve these goals, and the methods of evaluation. A copy of this statement will be presented to the resident/intern, who may at his/her discretion share the information with faculty, advisors, or others.
4. The length of probation or remediation will be specified, together with the various options that can occur following the completion of the probationary period: A period of remediation will usually be from 3 to 6 months, but may occasionally be for the whole academic year. At the end of a probation or remediation period, the following may occur:
 - a) Termination of probation or remediation, with a statement in the resident/ intern's record that the remediation was satisfactorily resolved, and that the issues are no longer considered to be a problem.
 - b) Continuation of remediation for an additional specified period of time, up to 6 months per occurrence, and a redefining of the problems and procedures to be followed as just reviewed.
 - c) Termination of the resident/intern's employment, and/or notification of non-renewal of appointment at the end of the post-graduate year together with immediate suspension of any clinical activities, which could jeopardize patient care or welfare.
5. The remediation length of time status may result in a recommended extension of the residency training program as may be determined by the residency program director and approved by the institution.
6. All recommendations for probation, termination, or non-renewal of contract will be subject to review by the Program Chair and the CAMC Human Resources Director and will require administrative approval by the Director of Medical Education/Dean, School of Medicine and the President of the Institute/Designated Institutional Official (DIO).

Resident may activate the Grievance Procedure based on any action taken that might threaten resident's continuation of residency or career.

J. NON-RENEWAL OF AGREEMENT OF APPOINTMENT

In instances where a resident's agreement is not going to be renewed, the program director shall make a good faith effort to provide a written notification of intent to

resident within four months prior to the end of the resident's current agreement year. However, if the primary reason(s) for the non-renewal occurs within four months prior to the end of the resident's current agreement, residents will receive as much written notice of the intent not to renew the agreement as the circumstances will reasonably allow. Residents will be allowed to implement the institution's grievance procedures if they have received a written notice of intent not to renew their agreements.

K. CONFLICTS, COMPLAINTS AND SUGGESTED PERFORMANCE IMPROVEMENTS

Residents should feel free to discuss issues, concerns or to report patient care problems to any faculty, medical staff, nursing staff or other staff who should be available at all times. Residents should notify administrative staff or faculty immediately of any patient related issues that require immediate attention. Administrative officials are on-call 24/7 and may be reached by contacting the hospital operator.

Residents/Interns/Fellows are strongly encouraged to bring forth conflicts, complaints or suggested performance improvements that could assist in improving their educational experience. CAMC and WVU promote an environment of open communication. Residents who are concerned about program or educational issues or who prefer to contact administrative staff should feel free to contact any administrative official including the Designated Institutional Official for GME, the Director of Medical Education, The Dean, School of Medicine, Department Chair, or Program Director.

Residents are also encouraged to report issues of non-compliance to regulatory requirements or issues contradictory to institutional policies or professional ethics. Residents are encouraged to report any such issues to any individual as named above or other individuals in CAMC/WVU Administration, legal counsel or the compliance office.

Your program director or program chair should always be a first source of communication contact. They should be able to address your issues or to route them to appropriate officials or to speak to officials on your behalf. However, there are many other individuals who may also be a source of communication contact for issues of concern (Reference Section VI.B).

We are accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). If your concerns cannot be resolved at the institutional level, you can contact the JCAHO by e-mail at complaint@jcaho.org or by calling 1-800-994-6610.

L. RESIDENT/INTERN GRIEVANCE PROCEDURE

It is the expectation of CAMC/WVU that any disagreement/grievance be settled at the lowest level of responsibility. In many instances this may be at the Attending or Program Director's level before taking Step I of the formal procedure.

1. DEFINITIONS

- a. The term “grievance” means a dispute regarding any action, which could result in dismissal, non-renewal of a resident/ interns’ agreement, or other actions that could significantly threaten a resident/intern’s intended career development.
- b. The term “workdays” means calendar days exclusive of Saturdays, Sundays or holidays recognized by CAMC.
- c. The term “immediate family member” is defined as: Spouse, child, stepchild, parent, brother, sister, grandparent, grandchild, foster parent, stepbrother, stepsister, or stepparent, son-in-law, daughter-in-law, or parent-in-law.
- d. The term “immediate relative” is defined as: Nephew, niece, aunt, uncle, great grandparent, brother-in-law, or sister-in-law.

2. WHO MAY FILE:

A grievance may be filed by any individual resident/intern or fellow.

3. TIME FOR FILING:

A grievance will be filed within five (5) workdays after occurrence of the matter upon which the grievance is based, or within five (5) workdays after the resident/intern becomes aware of the matter upon which the grievance is based.

4. PROCEDURE:

A grievance will be in writing, signed by the resident/intern, and will be resolved pursuant to the following procedure:

a. **Step I:** Program Director

The grievance first will be filed with the Program Director responsible for training the resident/intern. The Program Director will investigate the matter and provide a written explanation or solution within five (5) workdays after receipt of the grievance.

In the event the grievance is directed to the Program Director or in the event that the resident/intern desires to appeal the Step I decision of the Program Director, the grievance should be presented to the Department Chair or, for Osteopathic Programs without a Department Chair, to the Director of Osteopathic Medical Education as provided in Step II.

b. **Step II:** Department Chair or Director of Osteopathic Medical Education

If the resident/intern desires to appeal the Step I decision of the Program Director, he/she will submit his/her grievance to the Department Chair or to the Director of Osteopathic Medical Education within five (5) workdays from receipt of such decision. The Department Chair or the Director of

Osteopathic Medical Education will examine the grievance and have five (5) workdays to provide a written explanation or solution to the grievant.

If the resident/intern desires to appeal the Step II decision of the Department Chair or Director of Osteopathic Medical Education, he/she will submit his/her grievance to the Associate Vice President for Health Sciences and the President of CAMC Health Education and Research Institute within five (5) workdays from receipt of such decision.

- c. **Step III:** Associate Vice President for Health Sciences and President of CAMC Health Education and Research Institute President of the Institute)/Designated Institution Officer (DIO)

Within two (2) workdays after receipt of the grievance, the Associate Vice President for Health Sciences and President of the Institute/DIO will determine the nature of the dispute and submit the same for resolution to either of the following:

- 1) If the dispute is administrative in nature or related to the work environment at CAMC, the grievance will be submitted to the President of the Institute/DIO as outlined in Step IV.

OR

- 2) If the grievance is other than administrative or has potential to result in extension or termination of residency, the grievance will be submitted to the Associate Vice President for Health Sciences. If the Associate Vice President for Health Sciences determines that the need for an ad hoc committee is warranted or if the grievant requests a committee, one would be appointed. Immediate family members and immediate relatives of the grievant and respondent are not permitted to serve on the ad hoc committee. The ad hoc committee would be composed of the following:
 - i) The Associate Vice President for Health Sciences or the Director of Osteopathic Medical Education, who will be the chairperson of the committee,
 - ii) A Program Director from another department (selected by the chairperson of the committee),
 - iii) A resident/intern (selected by the resident/intern alleging the grievance),
 - iv) An attending physician (selected by the resident/ intern alleging the grievance), and
 - v) An attending physician (selected by the Associate Vice President for Health Sciences)

A meeting will be scheduled within five (5) workdays after receipt of the resident/intern's appeal to the Associate Vice President for Health

Sciences. The Associate Vice President for Health Sciences or the Director of Osteopathic Medical Education, serving as chair of the ad hoc committee, will be responsible for the minutes (either directly, by having a staff member take the minutes, or by hiring a court reporter to record the minutes) in connection with the meeting(s) related to the resident/intern's appeal. The actual process will entail the following:

1. A meeting will be scheduled for a three-hour time period, maximum.
2. Neither attorney nor individuals are permitted to represent, accompany or participate in the proceedings on behalf of the company or employee.
3. The Chairman of the Ad Hoc Committee will give the charge to the committee – on record.
4. The Committee will review the grievance documents and the Chairman will briefly review the issues with the group – on record.
5. The Grievant will present his/her side to the committee – 30 minutes maximum (Respondent will not be present) – on record.
6. The Respondent will present his/her side to the committee – 30 minutes maximum (Grievant will not be present) – on record.
7. Closed deliberation session (ad hoc committee members only)– off record.
8. Open session (ad hoc committee and grievant only)/Chairman and Committee present decision to Grievant and clarify right of appeal (Respondent not present) – on record.
9. Open session (ad hoc committee and respondent only) / Chairman and Committee present decision to Respondent (Grievant not present) – on record.
10. Adjournment.

Within five (5) workdays after the meeting(s) in connection with the resident/intern's appeal have been concluded, a written decision will be rendered with respect to the dispute upon which the grievance is based, which decision will be transmitted to the resident/intern alleging the grievance.

d. **Step IV:** President of the Institute/DIO

Within five (5) workdays after receipt of the resident/intern's written intention to appeal, the President of the Institute/DIO will obtain the minutes of all meetings recorded in connection with the resident/intern's grievance, and the decision rendered in Step II and/or Step III. If the President of the Institute/DIO determines that the need for a committee is warranted, the committee would consist of:

- 1) The President of the Institute/DIO who will be the chair of the committee;
- 2) The Chief of the Medical Staff of CAMC; and
- 3) The Chief Operating Officer of CAMC (or designee).

Within ten (10) workdays from receipt of the minutes recorded and decision rendered pursuant to Step II and/or III and IV, the committee will make a thorough investigation of the dispute upon which the grievance is based, meet with the parties, and render a written decision which will be transmitted to the resident/intern, which decision will be final and binding relative to this procedure.

5. WAIVERS AND TIME LIMITS

- a. Any failure by the appropriate individuals or committees to respond to the resident/intern within the time limits specified herein automatically accords the resident/intern the right to process the grievance to the next level of review.
- b. Any level of review or any time limit established herein may be extended by mutual written agreement of the parties and such agreed extension shall not automatically accord the resident/intern the right to process the grievance to the next level of review.
- c. Should the resident/intern fail to appeal to the next level of review provided herein, the grievance will be settled on the basis of the last decision rendered in connection therewith and the same will not be subject to further appeal or reconsideration.

Resident/intern grievances will be resolved using the procedures contained in this House Staff Handbook. **Retaliation against any resident/intern for filing a grievance under the aforementioned procedure, or participating in the procedure on behalf of a resident/intern, will not be tolerated, and should be reported to the Associate Vice President for Health Sciences, the President of the CAMC Health Education and Research Institute, or the CAMC Human Resources Director.**

M. RESIDENT/INTERN AGREEMENT

Unless otherwise specified each resident/intern agreement, with CAMC and a resident/intern, will be for a one (1) year term.

N. EVALUATION OF PERFORMANCE

The Program Directors' decisions to offer a resident/intern Agreement to a resident/intern for the next academic year must be based upon evidence of progressive scholarship and professional growth of the resident/intern as demonstrated by his/her ability to assume increasing responsibility for patient care.

This determination is the responsibility of the Program Director, with advice from members of his/her faculty, and cannot be delegated to a professional or non-professional staff member.

The Program Director will assure that the professional performance of each resident/intern employed pursuant to a resident/intern Agreement with CAMC must be reduced to writing on at least semi-annually during the period of each such resident/intern Agreement.

Each resident/intern will have access to written evaluations made with respect to his/her professional performance during the period of his/her employment with CAMC. A resident/intern desiring to review the written evaluations made with respect to his/her performance will direct a written request to his/her Program Director specifying the evaluation or evaluations desired for review. Within five (5) days after receipt of such request, such records as specified therein will be made available for review to the employee at a location designated by his/her Program Director and upon such other reasonable conditions the Program Director may deem appropriate.

The Program Director will confer with each resident/intern on at least two occasions annually to review the professional performance of such resident/intern.

O. SEXUAL HARASSMENT

It is the policy of CAMC that all employees, including resident/interns, should enjoy a working environment free from all forms of discrimination, including sexual harassment. No employee, either male or female, should be subject to unsolicited and unwelcome sexual overtures or conduct, either physical or verbal. Sexual harassment is unacceptable behavior and will not be tolerated. Specifically, it is illegal and against the policies of CAMC for any employee to sexually harass another employee by:

1. making acceptance of unwelcome sexual advances, or request for sexual favors or other verbal or physical conduct of a sexual nature, a condition of continued employment; or
2. making submission to or rejection of such conduct the basis for employment decisions affecting the employee; or
3. creating an intimidating, hostile, or offensive working environment by such conduct.

CAMC will enforce disciplinary action against any person who threatens or insinuates, either explicitly or implicitly that an employee's refusal to submit to sexual advances will adversely affect the employee's evaluation, wages, advancement, assigned duties, shifts, or any condition of employment or career development. This discipline can include termination. Employees who behave inappropriately with visitors, physicians, medical students or others may also be disciplined.

CAMC recognizes that the question of whether a particular action or incident is a purely personal, social relationship, without a discriminatory employment effect,

requires a determination based on all facts in each case. Therefore, CAMC will investigate alleged sexual harassment claims and will effectively remedy them when an allegation is determined to be valid. Claims of this nature should be reported to the Program Director, Department Chair, Institute President, CAMC Human Resources Director or the human resources representative.

All employees, or others associated with CAMC who are aware of any incidents of sexual harassment in the workplace, are responsible for reporting such incidents. There are a number of individuals available to report such incidents to who will be receptive to your complaint or issue. They are: The Program Director; Department Chair; Associate Vice President for Health Sciences; Institute President; Vice President for Medical Affairs for CAMC; CAMC Human Resources Director or your Human Resources Representative.

Retaliation against any resident/intern for filing a complaint under the aforementioned procedure will not be tolerated, and should be reported to the Associate Vice President for Health Sciences, the President of the CAMC Health Education and Research Institute, or the CAMC Human Resources Director.

Given the nature of this type of discrimination, CAMC also recognizes that false accusations can have serious effects on innocent men and women. Therefore, false accusations will result in the same disciplinary action to the employee making false accusations as would apply to an employee found to have engaged in sexual harassment.

P. SUBSTANCE ABUSE

CAMC is committed to maintaining a productive, safe and healthy environment free from unauthorized alcohol and drug use. The companies have a right to prohibit alcohol and drug use and require that employees be free from the influence of alcohol or drugs at the workplace.

Q. PROCESS FOR HANDLING IMPAIRED PROFESSIONALS (INCLUDING SUBSTANCE ABUSE)

As soon as the Program Director and/or the Department Chair learn that a resident/intern may be impaired, the Program Director and/or the Department Chair must consult the CAMC Human Resources Director. The CAMC Human Resources Director shall help the Program Director and/or Department Chair deal with the situation in a way that complies with applicable state and federal laws.

R. COUNSELING SERVICES/ MENTAL HEALTH SERVICES

CAMC acknowledges that residency training requires sustained intellectual and physical effort throughout the training period. A successful balance of professional and personal needs is critical to the house staff's ability to fulfill training and patient care responsibilities. Recognizing that this balance can often be difficult, CAMC desires to encourage resident/interns who are experiencing any type of personal problems to seek professional and confidential personal assistance. Personal problems that are identified at an early stage can often be successfully addressed if referred to an appropriate form of care. Resident/interns are encouraged to seek

assistance quickly for any personal problem affecting their residency training performance.

CAMC provides coverage for mental health services predominantly through the health plan options offered to individual resident/interns or through family plan selections. Resident/interns are encouraged to familiarize themselves with requirements for accessing services and seek assistance as needed on a voluntary basis. Resident/interns seeking assistance will be subject to conditions of coverage as defined in the plan option to which the resident/ intern subscribes. Unless the individual requests in writing that the institution be notified or if conditions relating to Exception to Confidentiality are met, all communication and interaction sought by the resident/intern through the health plan will be held in confidence.

Resident/interns who do not have access to mental health services through a CAMC offered health plan or through any other health plan, may seek services independently from the following internal providers: The WVU Department of Behavioral Medicine and Psychiatry and the CAMC Family Resource Center. Unless the individual resident/intern requests in writing that CAMC be notified or if conditions relating to Exception to Confidentiality are met, all communication and interaction sought by the resident/intern through these services will be held in confidence.

All resident/interns are encouraged to seek assistance for any personal problem as quickly as possible through any of these alternative provider choices. No resident/intern will be denied appropriate counseling or support services because of financial concerns or lack of insurance coverage.

1. PROCEDURE FOR REFERRAL BY PROGRAM DIRECTOR OR ADMINISTRATION

Referral to mental health services can be based on a decline in work performance on the part of the resident/intern or a particular on-the-job incident that indicates the possible presence of a personal problem.

- a) When referral is based on performance, the Program Director will contact the CAMC Human Resources Director to discuss the situation.
- b) The Program Director will meet with the resident/intern to discuss performance problems and communicate clearly the possible consequences of failure to resolve the problem. This meeting will focus on defining performance or attendance problems.
- c) The Program Director will review the mental health services available to the resident/intern and ascertain a confirmation of health plan coverage and any referral or other access requirements. Should the resident/intern have no coverage available, the Program Director will inform the resident/intern of available internal services.
- d) If the resident/intern agrees to accept assistance, he/she is responsible for contacting providers and for following through on the recommendation by the Program Director. Unless otherwise covered by Exceptions to Confidentiality, services remain confidential unless written approval is provided by the resident/intern allowing notification to the Program Director. However, the Program Director may require the resident/intern to provide

written confirmation by the provider that services are being provided and that the resident/intern is working toward a plan to resolve the problem.

2. TIME OFF FOR MENTAL HEALTH SERVICES

Any time off during work to attend mental health services is subject to established policy for authorized absence.

3. JOB SECURITY

CAMC will not illegally discriminate against a resident/intern who seeks mental health services.

4. RELEASE OF INFORMATION BY CONSENT ONLY

All mental health services are conducted in confidence and no information will be provided to the Program Director, the Institute, CAMC, or another family member without the individual's written consent unless covered by the Exception to Confidentiality.

5. EXCEPTION TO CONFIDENTIALITY

There may be exception to confidentiality related to mental health services when the rights and/or safety of faculty, patients, the facility or others are potentially jeopardized.

S. CAMC OR PROGRAM CLOSURE/PROGRAM REDUCTION

In the event that CAMC's hospitals and/or the Program is closed, reduced or discontinued, CAMC will:

1. Inform Resident as soon as possible. If Resident is unable to complete Resident's training in the Program, CAMC will make a good faith effort to assist Resident in enrolling in an ACGME/AOA accredited program in the same specialty at the appropriate PGL level;
2. Exercise proper care, custody and disposition of Resident's education records, and appropriately notify licensure and specialty boards; and
3. In the event the closure of CAMC's hospitals or the Program constitutes a "plant closing" or "mass layoff," CAMC shall comply with the Worker Adjustment and Retraining Notification Act, if required by law.

T. DISASTER RESPONSE

In the event of a disaster impacting the graduate medical education programs sponsored by Charleston Area Medical Center, the GMEC establishes this policy to protect the well being, safety and educational experience of residents enrolled in our training programs.

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

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

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

It will be the intent of CAMC to provide the appropriate administrative support, to the extent possible, to re-establish a permanent educational experience which meets the standards of the ACGME/AOA as quickly as possible. If this cannot be achieved within a reasonable amount of time following the disaster, CAMC will take appropriate steps to arrange permanent transfers of residents to other accredited programs.

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

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

III. CONDUCT

A. PERSONAL CONDUCT

The resident/intern is expected to maintain professional conduct at all times. Everyone should be treated with respect, dignity, and courtesy, and strive to practice high standards of ethical conduct in the institution and in the community. Unprofessional conduct or behavior could lead to dismissal. (Please refer to Appendix B for the Core Values)

B. CONFIDENTIAL INFORMATION

As a resident/intern, you may have access to information about patients and employees, their illnesses, and other confidential information. In accordance with HIPAA regulations, you must not access or discuss this information with anyone, including other employees, except when necessary for work. Each employee is expected to keep this information confidential. ***Disciplinary action will be taken for violations of confidentiality.*** (see also HIPAA)

C. DISCIPLINARY ACTION

CAMC has established a disciplinary procedure to use when a resident/intern fails to observe established rules and regulations or when a resident/intern's conduct is unacceptable. These guidelines do not limit the company's right to discharge or otherwise discipline employees for cause or for no cause.

In general, offenses for which employees can be disciplined are grouped into three categories: simple misconduct, serious misconduct, and gross misconduct. The four forms of discipline are as follows: oral warning, written warning, suspension, and discharge. After review of the facts and circumstances surrounding an incident or offense, a determination will be made to ensure the appropriate disciplinary action will be taken. Program Directors are encouraged to contact a HR representative to discuss the appropriateness of various disciplinary actions, prior to taking the action, except in cases of "suspension pending investigation".

CAMC could never list all acts, omissions, and behaviors that a resident is expected to avoid. The guidelines for disciplinary action are similar for all CAMC companies and CAMC employees.

Suspensions ***without pay*** will not be less than one (1) full day. Employees who are classified as exempt from overtime pay may not be suspended without pay for a partial workweek. In some instances where the discipline may result in discharge, the resident/intern will be indefinitely suspended pending complete review of the facts. The resident/intern will be notified as soon as a decision is reached and the appropriate form of discipline will be applied.

No resident/intern is to be discharged without the approval of the Program Director, the Director of Medical Education (Dr. Clark Hansbarger or Dr. Art Rubin), and Sharon Hall, President of the Institute. The Program Director, Academic Chair or

Clinical Director or any responsible administrative official will have the right to “suspend without pay pending investigation” any Resident/Intern who, in their judgment, requires immediate discipline, which could result in termination.

D. PROFESSIONALISM: INTERACTIONS WITH PATIENTS, FAMILIES

Residents/interns/fellows are reminded that family or visitors of patients are alert to chance remarks made about a patient or concerning a patient's condition. Residents must use caution in public areas to respect the privacy concerns of patients. Hallway or elevator comments or consultations are inappropriate as they may be overheard by unauthorized individuals. Housestaff must at all times be respectful and professional in all interactions with patients, families and visitors and in their communication to other health professional about patients.

E. PROFESSIONALISM: MEDICAL STAFF INTERACTION

Resident/interns/fellows are reminded that the ultimate responsibility for the care of the patient rests with the attending physician. The attending physician's wishes are to be kept in mind when any changes of treatment are contemplated. Until the resident/intern is familiar with the attending physician's wishes, it is best to contact him/her by telephone or in person before writing an order for other than emergency medication. The attending physician may delegate these responsibilities to the resident/intern supervising his/her service, as he/she feels appropriate, and for which the resident/intern is competent.

The health care team is comprised of many individuals but relies on good communication and teamwork among the medical professionals responsible for patients. Residents are expected to promote and maintain a professional and collegial approach to working with attending medical staff in the care of patients. **Residents must adhere to the code of conduct for professionalism as outlined by medical staff or GMEC approved policy.**

F. PROFESSIONALISM: STAFF INTERACTION

Mutual respect in interaction with the nursing and other staff will greatly facilitate patient care and lighten the workload of the resident/intern. Experienced health care colleagues are good teachers and allies.

Building a professional relationship with all staff is an important facet of the resident/intern/fellow's training and is an expectation of all employees. Difficulty with nursing staff or other staff interactions or misunderstandings should be brought to the attention of the Program Director and/or chairman of the department for appropriate action.

Interns/Residents and Fellows are expected to promote a work environment where positive communication and teamwork is emphasized. Professionalism is a key core competency expected of all residents to successfully complete their training requirements and has been defined by the ACGME and AOA as a major component of resident performance.

G. RESIDENT INTERACTIONS WITH VENDORS

Interactions with industry occur in a variety of contexts, including marketing of new pharmaceutical products, medical devices, and research equipment as well as on-site training of newly purchased devices. Many aspects of these interactions are positive and important for promoting the educational, clinical and research missions of the institution. However, these interactions must be ethical and cannot create conflicts of interest that could endanger patient safety, data integrity, and the integrity of our education and training programs. Furthermore, residents and faculty are expected to maintain a professional environment conducive to learning and adhere to the core competencies as defined by the ACGME and AOA. Those core competencies state that residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles, including a responsiveness to patient needs that supersedes self-interest and accountability to patients, society and the profession.

It is the policy of CAMC and West Virginia University-Charleston Division that interactions with industry and its vendors should be conducted so as to avoid or minimize conflicts of interest. When conflicts of interest do arise they must be addressed appropriately.

Consistent with the guidelines established by the American Medical Association Statement on Gifts to Physicians, acceptance of gifts from industry vendors is discouraged. In addition, each resident, as a CAMC employee, must comply with CAMC's Code of Ethical Conduct and Conflict of Interest Policy. Any gifts accepted by residents should not be of substantial value. Accordingly, textbooks, modest meals, and other gifts are appropriate only if they serve a genuine educational function. Residents may not accept cash payments directly or indirectly from industry representatives. Residents may not accept gifts or compensation for listening to a sales talk by an industry representative. Residents may not accept gifts or compensation for prescribing or changing a patient's prescription. Residents must consciously separate clinical care decisions from any perceived or actual benefits expected from any company. It is unacceptable for patient care decisions to be influenced by the possibility of personal financial gain.

Industry representatives are not permitted in any CAMC patient care areas except to provide in-service training on devices and other equipment and then only in accord with the policies and procedures of CAMC's Materials Management Department.

Industry vendors are permitted in non-patient care areas by appointment only and must be at the invitation or advanced approval of the program director/department management.

Appointments may be made on a per visit basis or as a standing appointment for a specified period of time, with the approval of the program director or department chair, or their designated hospital or clinic personnel issuing the invitation.

Industry support of educational conferences or other events involving resident physicians may be used for official programs or events sponsored by the program/institution provided that the funds are provided to the institution not directly to the resident or faculty. The program director or other institutional official should

determine if the funded conference or program has educational merit. The institution or program must not be subject to any implicit or explicit expectation of providing something in return for the support. Financial support by industry should be fully disclosed by the meeting sponsor. The meeting or lecture content must be determined by the speaker and not the industrial sponsor. The lecturer is expected to provide a fair and balanced assessment of therapeutic options and to promote objective scientific and educational activities and discourse.

Food of modest standards may be supplied by industry representatives for education programs or conferences if in the context of approved or officially sponsored educational programs, in-services, and clinical conferences. It is expected that industry representatives would only make a brief presentation for a specified period of time to the department and with adequate faculty representation present. Following the industry representative's presentation, he/she should be excused from the meeting to allow the residents to use their remaining educational program time effectively. Food may not be provided on-site for educational programs or events that are not approved or officially sponsored educational programs.

All CME program support or support of receptions/events conducted in conjunction with an approved CME program sponsored by CAMC shall be approved by the Director, Education Division and shall comply with accreditation requirements defined by the institution and the Accreditation Council for Continuing Medical Education (ACCME).

Scheduling or organizing educational meetings with residents outside the residency program is not encouraged or endorsed by CAMC/WVU. Such meetings may not be conducted on the premises of CAMC/WVU campus or be advertised as affiliated with CAMC/WVU. Residents participating in educational activities or events supported from industry vendors or organized by industry representatives that are outside the program or are not sponsored/approved by the program or institution are doing so at their own discretion and shall do so on their own time. Residents shall not be required or expected to attend any meeting organized or sponsored by an industry representative that is not approved or officially sponsored by the program or institution.

Industry representatives are prohibited from using the CAMC paging systems to contact residents directly.

All residents should receive training by the teaching faculty regarding potential conflicts of interest in interactions with industry representatives.

H. SOLICITED PRESCRIPTION MEDICATION AND MEDICAL ADVICE

Resident/interns should refer any employee of CAMC, Inc. or its' affiliates to the Employee Health Service, the Emergency Department, or to the employee's personal physician if they are asked for medical advice or prescription medications. In some instances, resident/interns may have one of these employees as a clinic patient. In this case, they are the employee's personal physician. Resident/interns **will not** prescribe medications for themselves, their spouse, family members, or friends; resident/interns will **only** prescribe for his or her patients.

I. SOLICITATION, DISTRIBUTION AND EMPLOYEE MERCHANDISING

CAMC has adopted the following policy concerning solicitation, distribution, and merchandising to protect employees and visitors and to prevent disruption of CAMC operations.

Solicitation and Distribution by Non-Employees

The selling of products or services by vendors or other non-employees is prohibited on CAMC property without prior authorization from the Purchasing Department. Solicitation or distribution on behalf of any organization by non-employees is prohibited on CAMC property.

CAMC sponsors Charleston Area Medical Center Foundation, Inc., CAMC Auxiliaries, and United Way as approved solicitations.

Solicitation and Distribution by Employees

Employees are prohibited from distributing literature or soliciting employees for membership for any organization in a work area on CAMC property during working time.

Employee Merchandising

Employees are prohibited from selling or distributing tickets, chances, merchandise or services in a work area on CAMC property during working time.

Violation of this policy will subject employees to disciplinary action up to and including discharge.

J. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

The Health Insurance Portability and Accountability Act (HIPAA) was enacted in 1996 to protect patients' privacy. Patients' right to privacy and confidentiality must be protected and respected at all times. Patient information should only be accessed if there is a business need-to-know. Patient information should be protected from others by keeping computer screens from public view, keeping hall side chart boxes secured, etc.

Verbal communication regarding patients must be protected. Necessary conversations regarding patient information must occur in private settings, away from the general public. Information about patients must not be discussed on an elevator, in the cafeteria, or in any public areas, or with anyone who does not have a right or need to know.

Knowingly accessing Protected Health Information without a business need to know will result in termination. All other breaches of privacy can result in discipline up to and including termination. Criminal penalties can also be imposed on individuals, such as fines and imprisonment by the United States of America for HIPAA violations. Whether on duty or off, patient information must always be held in the strictest of confidence.

It is your responsibility to read, understand, and sign an Employee Confidentiality Contract. It is your responsibility to assure that you understand all aspects of the contract and adhere closely to it.

Computer passwords must not be shared under any circumstance. Always log off the computer before leaving. Employee breaches of password security will result in discipline up to and including termination.

Identification badges must be worn at all times with photo facing outwards.

Potential problems or breaches of information systems security should be reported immediately to your manager, Human Resources or to the Compliance Hotline (1-877-777-0787).

IV. ADMINISTRATIVE POLICIES AND PROCEDURES

A. ADMINISTRATIVE POLICIES AND PROCEDURES

CAMC's Administrative Policy and Procedure Manual is available on CAMnet, the hospital's intranet at:

http://camnet_policy.camcare.com/administrationp/Policy/policy_menu.htm

A loose-leaf copy of the manual is available in each hospital's Emergency Department for use during computer downtime procedures. Resident/interns are expected to be familiar with the scope of the manual and act in accordance with relevant CAMC policies at all times. The manual is updated on an as-needed basis on-line and in paper format in the Emergency Departments.

While the resident/intern is responsible for following all policies applicable to situations he/she may encounter, the following topics are among those that may be particularly applicable to the resident/intern's work and which he/she may wish to review in advance:

<u>Policy</u>	<u>Section</u>
Administrative Policies Related to Process	Section 2
Administrative Policies Related to Patients	Section 3
Administrative Policies Related to Consents/Documents	Section 4
Privacy	Section 10

Other policy manuals specific to individual units are maintained throughout the Medical Center. If the resident/intern cannot locate a particular policy book, he/she should ask to speak to the Nurse Manager or supervisor of the area.

B. REQUIRED CERTIFICATIONS

All resident/interns are required to maintain a Basic Life Support (BLS) Certification. Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS), and/or Advanced Trauma Life Support (ATLS) may be required as defined by each individual program requirements or CAMC patient care standards or the Code Blue Committee. Resident/interns are responsible for meeting and maintaining these requirements.

C. DOCUMENTATION OF ORDERS

Orders should be in a physician's own **legible handwriting**. **All orders should be dated, with the time the order is written**. Verbal orders and telephone orders are discouraged at all times and are acceptable only when physician presence is not possible. When physicians are present, nurses or other health professionals may require written orders by residents. If verbal orders are necessary, they must be reduced to writing by nursing personnel and signed by the resident/intern, within 24 hours.

An error in writing orders should be marked out with a single line through the error and the word "error" written above, signed, dated and the order given directly to the nurse or unit clerk. Changes may not be made after the nurse signs an order. Any change must be written as a new order.

Resident documentation must be provided in legible handwriting. To avoid potential identification issues, residents should provide pager numbers as an additional identifier for all required documentation. Handwriting consultation will be available to residents who may need assistance in meeting legibility requirements. Residents may be required to attend special courses or consultation at their own expense.

Informed consent for procedures requires the signature of the attending physician prior to any procedure. Residents may provide informed consent and document with signature only if they are directly involved in the care of the patient.

D. MEDICAL STUDENT ORDERS

Third and fourth year medical students may write orders in the medical record for the care of patients. Orders written by medical students may not be carried out until confirmed (in writing or verbally by the resident/intern and/or the attending physician). Medical Student orders confirmed verbally by either a resident or attending physician must be signed by the resident/attending within 24 hours. Medical students are not permitted to give verbal or **telephone orders**.

E. EMERGENCIES

PGL1 resident/interns should call the senior resident/intern in charge of the service when any doubt exists regarding proper emergency management. In the meantime, he/she should write whatever orders are necessary and institute whatever emergency treatment is indicated. Resident/interns may not refuse to take emergency calls and must go to the patient area promptly to see the patient.

F. EMERGENCY DEPARTMENT POLICY

The Emergency Department physician will examine any patient who comes to the Emergency Department seeking aid or assistance.

If the Emergency Department physician desires admission or assistance with treatment, the resident/interns on call for the appropriate service or the attending physician shall be contacted. Any disposition of a patient referred to the resident/intern by an Emergency Department physician must be made in consultation with the Emergency Department physician and/or the patient's attending physician, if applicable. If the Emergency Department physician believes admission is required and the resident believes discharge is appropriate, the resident's attending physician will be contacted and the case discussed. If mutually agreed resolution is not reached, the resident's attending physician will personally evaluate the patient and arrange discharge.

An “Emergency Department Manual” exists and all resident/interns should become familiar with this manual prior to assuming Emergency Department duty. This manual should also be referred to when problems arise.

G. MEDICAL RECORDS

Completion of medical records is essential to assuring the highest quality of patient care. Therefore, it is imperative to complete medical records immediately. Resident/Interns/Fellows must comply with medical records policies set forth by the institution which states that “*the patient’s medical records policies shall be made complete at the time of discharge and include progress notes, final diagnosis and clinical summary.*” The resident/intern/fellow will be notified of any delinquencies and all delinquencies will be reported to the Graduate Medical Education Office and the Residency Program Director. Residents not in compliance with medical records policies are subject to disciplinary procedures.

H. REQUIREMENT OF CHAPERONE IN PATIENT EXAMINATIONS

Unless otherwise specified by the program or medical staff department policy, the presence of a chaperone of the patient’s gender is required whenever a resident/intern of either sex examines a female patient’s breasts or any patient’s genitalia. The only exception would be in the event of a true emergency.

I. NON-HOSPITAL/NON-CAMC SETTINGS ASSIGNMENTS

Residents may not provide services to patients in non-hospital settings without the expressed permission of the residency program director. All non- hospital or non-CAMC location assignments must be assigned by the program director and is subject to the approval of the Designated Institutional Official (DIO) for GME at CAMC. CAMC’s professional liability insurance program applies only to official resident assignments within the training program requirements as assigned by the official program director and approved by CAMC. All such assignments must be approved in advance and are subject to duty hour policy. Provision of physician services outside the residency training requirements as assigned by the program director shall be considered moonlighting and is subject to moonlighting policy. Residents shall not engage in physician services at non-CAMC facilities unless assigned as part of the training assignment by the program director or approved as an approved moonlighting experience.

J. TOBACCO USE POLICY

CAMC is committed to promoting the health and safety of employees, patients, and visitors by providing a safe and healthy environment. In support of this, the use of tobacco is prohibited inside all CAMC buildings and vehicles. The use of tobacco is permitted on outside hospital grounds only in specifically designated areas.

Resident/interns are required to adhere to this policy. Failure to abide by this policy will result in disciplinary action.

K. FIRE ALARMS

The paging operator announces all fire drills and fire alarms as “Code Red.” This designation was implemented to standardize announcements at all divisions in compliance with the Fire Safety Policy.

V. PROFESSIONAL LIABILITY INSURANCE

A. CAMC PROFESSIONAL LIABILITY PROTECTION

CAMC participates in an actuarially sound self-insurance trust fund dedicated to protecting the assets of the corporation, its employees, including House Staff, and certain other individuals against expenses, fees, settlements and judgments related to claims based on alleged negligence in the care of patients. The House Staff is protected by this trust fund while acting within the scope of their employment as a resident at CAMC. The protection afforded to House Staff shall at all times be in an amount at least equal to the minimum amount required of CAMC medical staff members as a condition of staff membership.

B. SCOPE OF COVERAGE

Because CAMC covers House Staff through the assets of the trust fund, the protection afforded to the House Staff is equivalent in scope to “occurrence” based insurance coverage. Accordingly, House Staff are protected by the self-insurance trust fund for liability arising with respect to events that occur while they are House Staff acting within the scope of their employment, regardless of when the claim is first asserted. While most malpractice claims are asserted within two years after the provision of the allegedly negligent medical care, under certain circumstances, malpractice claims may be made as long as twelve years following the provision of medical care. The financial protection herein continues to apply even after the House Staff member is no longer employed by CAMC, as long as the event at issue occurred within the scope of the resident's former employment with CAMC.

CAMC's professional liability protection does not extend to activities outside the scope of employment or the scope of the training program (see also “Moonlighting” in this manual). The House Staff is advised to contain their practice of medicine, dentistry, or psychology to their assigned duties if they do not have their own personal malpractice insurance coverage and permanent licensure. Any House Staff who has questions with respect to the scope of protection available through the trust fund should consult with CAMC's Office of the General Counsel.

C. OBLIGATIONS OF HOUSE STAFF

The extension of professional liability protection by CAMC to House Staff invokes certain obligations on the part of the House Staff. Although CAMC is not an insurance company and does not issue a “policy” to its employees, CAMC does expect cooperation from the House Staff in connection with reporting claims, settling claims, defending lawsuits, and related matters. By accepting the liability protection provided by CAMC, House Staff agree to make themselves available and participate in the defense of any professional liability claim in which they are involved in any manner, even after they have completed their residency training.

CAMC reserves the right to make all decisions with respect to the defense and settlement of claims and lawsuits involving CAMC and/or a member of the House

Staff. CAMC may be obligated by law to report payments of malpractice settlements and judgments on behalf of physicians to the National Practitioners Data Bank and the West Virginia Board of Medicine and shall do so with respect to the House Staff as required by law.

House Staff are expected to adhere to all CAMC policies and procedures relating to reporting claims and incidents, whether or not the same are referred to in this manual. House Staff should report any direct knowledge of intent by any individual to pursue a claim against CAMC with respect to an alleged event of medical malpractice by contacting CAMC's Office of the General Counsel. Such contact shall be in addition to any other procedures applicable to the situation.

A House Staff employee who is served with a summons and complaint or any other legal document with respect to an alleged event of medical malpractice must contact CAMC's Office of the General Counsel immediately. Failure to do so could result in a default judgment against the House Staff member and a voiding of the protection of the House Staff member by CAMC.

House Staff are expected to cooperate fully in their own and CAMC's defense. While CAMC pays expenses associated with lawsuit defense, House Staff are expected to give whatever time is necessary to participate in the defense of a case that involves a House Staff employee, whether or not the House Staff employee is actually a named party in the lawsuit.

In-service training sessions are conducted periodically for House Staff with respect to insurance and liability matters. House Staff are required to attend such sessions as notified and directed by their Program Director or as directed by CAMC administration. These in-services will be designed to prevent and to protect House Staff members and CAMC from liability for alleged acts of medical malpractice.

D. LEGAL CONSULTATIONS

Attorneys employed by CAMC are available for consultation with regard to matters involving potential professional liability and other patient care matters within the scope of the House Staff's employment. House Staff who seek legal advice in these matters are encouraged to contact the attorneys directly. Please call the CAMC Office of the General Counsel for a consultation.

VI. RESIDENT / INTERN ADMINISTRATION

A. HOUSE STAFF COUNCIL

The House Staff Council consists of the Chief resident/intern of each program and is chaired by the elected House Staff President. The Council will meet at the discretion of the House Staff President or GME administration, or at least quarterly, and serve to facilitate communication with administration, faculty and to provide an interdepartmental approach to appropriate resident/intern issues regarding the quality of the educational experience or work environment. The House Staff President shall serve as the primary representative of the resident/ interns to administration for administrative and academic matters concerning the resident/interns. The House Staff President shall provide minutes and reports on Council activities and issues to the President of the Institute and the Associate Vice President for Health Sciences. The House Staff President will attend and provide a standing report at the Graduate Medical Education Committee (at least quarterly). The program chief resident/intern shall provide program level interaction and liaison with program administration and shall serve at the discretion of the program director/institution.

B. RESIDENT/INTERN COMMUNICATIONS

The Institution wishes to promote an environment of open communication, performance improvement and opportunity for direct dialogue among resident/interns, faculty and administration. Resident/interns are encouraged to communicate issues of concern to faculty, administration or other institutional or program officials regarding their educational experience, work environment, patient care or other issues.

To foster this environment, administration will schedule periodic forums or departmental based forums for discussion with resident/interns or meetings may be scheduled at the request of the Chief resident/intern or the House Staff Council.

It is our desire to promote an environment where quality of care, patient safety and work safety are emphasized. As a member of the House Staff, residents are obligated to report issues of quality and safety concerns in a timely fashion.

Resident/interns who wish to discuss issues or concerns in a confidential and protected manner may choose among options at their discretion depending on the nature of the situations as may arise. Resident/interns must understand, however, that total confidentiality is not always possible. Residents may provide information through a number of communication mechanisms:

1. Resident/interns are encouraged to bring forth issues and concerns to department Chairs, Program Directors or Program Faculty of their choice and comfort level.

2. Resident/interns may bring issues to staff in the Office of Graduate Medical Education who may serve to advise them for appropriate communication options.
3. Resident/interns may bring issues to other program representatives including the Chief Resident, the program coordinator and other non-faculty program staff representatives.
4. Resident/interns may bring issues to non-program based representatives including attending medical staff, clinical directors or any administrative or institutional officials.
5. Resident/interns may bring issues to corporate representatives of the Human Resources Department or to the CAMC Office of General Counsel.
6. The resident/intern may at any time seek confidentiality and protection via the Associate Vice President for Health Sciences or the President of the Institute who may serve, at the request of the resident/intern, as liaison between institution and program officials.
7. A resident/intern who discovers any event or behavior which is of a questionable, fraudulent or illegal nature or which appears to be in violation of the corporate Code of Ethical Conduct should report the event or behavior immediately to the Program Director or Graduate Medical Education Office. Also, a reporting hotline has been established for you to report these events. There will be no retribution for asking questions or raising concerns about the Code of Ethical Conduct or any suspected instance of inappropriate conduct. Reports to the Compliance hotline (1-877-777-0787) are identified only by a numeric code to assure the caller's anonymity.
8. A safety hotline has also been established to encourage reporting of clinical or other practices that may be considered to place patients, medical staff, or employees at risk. A prompt response to safety issues requires prompt and accurate reporting and should be encouraged at all times and at any time of the day. It is our desire to create an environment of reporting that can result in optimal responsiveness; but anyone may choose to report issues to the confidential hot line at 388-7233.

Remember---what is most important is that your communication and concern is reported in a timely fashion as you think appropriate. You should select the most comfortable avenue for reporting individual issues.

C. PAGING AND ON-CALL DUTIES

Each resident/intern is assigned a pager. When the resident/intern is paged, he/she is required to answer the page promptly. Those persons assigned to the cardiac arrest call schedule will respond to the 1-2-3 pages immediately.

Resident/interns must be prompt in their response to calls. When a call is received from the nursing unit involving an emergency situation, it is imperative that the resident/intern go to the patient area as quickly as possible to see the situation rather than depend on telephone impressions. This is important to protect the welfare of the patient.

On-call duties are considered a residency training as well as clinical responsibility. Resident/interns may not at their discretion reassign these responsibilities without permission of the residing program director or his/her designee. In extenuating circumstances where a change in call schedules would be necessary, Resident/interns must follow institutional policies defined by the institution and the residing program requirements.

D. **PAGERS**

Your first pager is provided to you at no cost. Resident/interns will be responsible for the replacement cost of lost or damaged pagers.

Upon completion or termination of training, each resident/intern is responsible for returning his/her pager to the Program Coordinator.

E. **PORTABLE DIGITAL ASSISTANTS (PDAs)**

Portable Digital Assistants (PDAs) will be provided to each resident/intern. Some resident/interns may prefer to use their own. Regardless, the CAMC Information Services policy 9071.00 "Protected Health Information on Mobile Computing Devices" must be adhered to. CAMC company policies on confidentiality and security of information assets owned by or in the custody of CAMC, apply regardless of the medium of data capture and/or storage. Use of a PDA, regardless of purchaser or ownership, does not alter the individual's responsibility to uphold the confidentiality of CAMC's Protected Health Information (PHI). Current technology makes portable devices "at risk devices" with respect to security issues. Hence, the user assumes the responsibility for the physical control of the device. Upon completion or termination of training, each resident/intern is responsible for returning his/her CAMC provided PDA to the Program Coordinator.

F. **DISASTER OR EMERGENCY CALL**

In case of disaster or emergency, all resident/interns will be called and will be expected to work as scheduled, until the emergency is under control and declared so by the attending staff. Staff in-house will be notified by audible page ("Emergency Response Plan is now in effect") and/or by pager with the same message. Off-duty house staff are notified by the Command Center and are to report to the hospital as assigned. Upon notification, all resident/ interns on in-house duty are to report to the Emergency Department for assignment to treatment areas. You must have your identification badge with you at all times, but in this instance, it is particularly important.

G. **MOONLIGHTING**

1. Residents must not be required to engage in moonlighting and moonlighting is not encouraged. Residents who engage in moonlighting must not allow such activity to interfere with the ability of the resident to achieve the goals and objectives of their GME program. The program director is responsible for monitoring resident performance and for determining the potential impact of moonlighting practices on the clinical or educational performance of resident

or patient safety. The program director shall monitor the number of hours and the nature of the workload of residents engaging in the moonlighting experience. All residents and fellows must obtain written permission from the program director prior to engaging in moonlighting.

- a) Individual residency programs must adhere to the RRC requirements specific to the accredited residency program and the Institutional requirements as specified by the ACGME. Residency programs must adhere to policies imposed by other accrediting or regulatory agencies.
- b) CAMC as the sponsoring institution is not responsible for any action or problem arising from professional activities which are initiated by the resident and do not involve any agreement between the sponsoring institution and an external employer.
- c) Professional liability insurance coverage is not provided for moonlighting activities. Residents are responsible for securing confirmation of malpractice coverage outside the scope of the residency training assignment.
- d) All residents engaged in moonlighting must be licensed for unsupervised medical practice in the state where the moonlighting occurs. The program director shall not approve moonlighting for any unlicensed resident.
- e) Residents must obtain a separate DEA certificate for use in prescribing medications as part of any moonlighting activity.
- f) The Graduate Medical Education Committee or Charleston Area Medical Center may choose to monitor policy compliance at any time.

2. RESIDENT REQUIREMENTS: The primary responsibility of the resident is to the service or activity to which the resident is assigned. Moonlighting **MUST NOT** interfere with clinical and educational performance. The resident must obtain permission for moonlighting and adhere to criteria for moonlighting that is set forth in this policy or by the residency program director. The residency program director has authority to restrict moonlighting at any time and may establish more stringent reporting requirements than outlined by this policy. Permission will be based on individual academic, clinical and professional performance; an adverse effect on performance may lead to withdrawal of permission. The following guidelines will be applied:

- a) Residents must have satisfactorily completed requirements for the first post-graduate year in the residency program. Interns are not permitted to engage in moonlighting activities.
- b) "Sunlighting" (working for income during hours when an individual has duties and responsibilities to the service on which he/she is training) is not permitted at any time.
- c) Residents must be in good academic standing within their residency training program demonstrating overall satisfactory performance.

- d) Effective with exam dates after January 1, 2003 residents must demonstrate in-training exam scores at the national median or 50th percentile for residents in training at the comparable training level in order to be granted permission to moonlight. Program directors are responsible for scheduling the residents off at least 8 hours prior to and during the exam for ideal conditions conducive to enhancing the resident's performance on the exam.
3. PROCESS FOR REQUESTING PERMISSION TO MOONLIGHT: All residents desiring to engage in moonlighting must complete a Request for Permission to Moonlight Form ("the Form") prior to engaging in any moonlighting activity. It is the responsibility of the individual resident to complete the form and to provide reporting as required.
- a) Permission to moonlight will be granted for a maximum 6 - month time period at which time a new request form must be submitted. Interim reporting may be required by the program director or coordinator.
- b) A Form is required for each employer of a moonlighting resident. Multiple sites staffed by the same employer may be listed on one form and may be updated at any time prior to the resident performing services at a new location.
- c) A copy of the resident's license, DEA certificate in his/her name and confirmation of malpractice insurance at the moonlighting institution must be submitted with the Form.
- d) Upon completion of the Form, one copy will be placed in the resident's institutional file; originals will be placed in the resident's permanent program file.
4. REPORTING REQUIREMENTS: The program director is required to monitor hours and location throughout the academic year. Permission to moonlight is based on a maximum number of hours per week and is specified by location. Any change that results in additional moonlighting hours or changes in locations will require an updated written permission from the program director. The GMEC, the Director of Medical Education or the DIO may require summary reports from programs at any time.
5. RESPONSIBLE PARTIES: Resident programs are responsible for communication of moonlighting policies or changes in policy during the academic year.
- a) Program directors are responsible for enforcement of the policy.
- b) Residents are responsible for meeting requirements set forth in the policy.
- c) The President of the CAMC Health Education and Research Institute has ultimate authority to permit, restrict or withdraw permission to moonlight.

Moonlighting is defined by the ACGME/AOA as "professional and patient care activities that are external to the educational program." The ACGME/AOA

prohibits any requirement of resident/interns to perform moonlighting services.

H. PROFESSIONAL ACTIVITIES DURING RESIDENCY PERIOD

Residents in good academic standing are encouraged but not required to be involved in voluntary professional activities related to their chosen specialty or as a physician professional. These activities include membership or leadership roles in professional societies, association committees, community forums and other activities that are voluntary or non-patient care activities that are not specified as residency or accreditation requirements. Such activities should not interfere with patient care assignments or other requirements of the residency.

With approval of the program director, residents may be able to recognize these efforts as part of meeting the ACGME/AOA core competency requirements as may be appropriate. Residents should provide such documentation as may be necessary to the program director or program training committee who will provide a determination of how such activity might contribute to the resident's portfolio or other requirements established by the program.

Residents who are not in good academic standing and who have been officially placed on a status of "proposed probation" or "probation" by the program or other administrative officials, are discouraged from engaging in professional activities that may distract or place time pressures on the resident from meeting program requirements or the requirements specified by the remediation plan. The program director has the discretion to curtail or prohibit such activities as part of the overall remediation plan imposed on the resident.

I. VACATIONS AND LEAVES

It is expected that residents leave time is subject to review by all parties involved with the resident assignment with sufficient advance notice and consideration of appropriate provision of patient care services. All vacation and educational leave must be approved in advance by the Program Director responsible for the resident and the Program Director and the attending of the service to which the resident/intern is assigned.

The PGL1 resident/interns are allocated fourteen (14) days of vacation during the academic year. All other resident/interns are allocated eighteen (18) days of vacation during the academic year. Requirements for accepting and approving vacation requests may be defined by the Program Director. The program director may, at his/her discretion, assign vacation as appropriate to meet educational or patient care requirements. The Program Coordinators maintain the vacation calendar. The Program Director, May at his/her discretion, approve a maximum of five (5) days vacation may be carried over to the next academic year. In some cases, the specialty boards will not allow the carry over of vacation to the next academic year. Unused vacation days will not be paid upon completion of training unless the resident/intern terminates or is terminated by the Program Director. Vacation time is allocated with the understanding that it will be used within the allotted time period.

Up to a maximum of seven (7) additional days can be allocated to each resident/intern each academic year for the purpose of attending medical meetings and/or other medical education activities. The expense allotment for medical meetings and/or other medical education activities is limited to the Education Stipend. Such meeting time may not be extended unless the additional time is counted as vacation leave. Educational leave time or expense allotments may not be accumulated and carried over to the following academic year. Education and leave time may not be converted to vacation days and shall not be used for other purposes. Vacation time and/or medical education days, as outlined above, must be used by the residents/interns for interview days.

There is no compensatory vacation leave for holidays worked by the resident/intern. A work week is counted as seven (7) days; therefore, weekend days are counted in vacation calculations for resident/interns. When vacation or education leave is approved requiring a change to the call schedule, it is the resident's responsibility to notify the paging operators of this change.

Efforts will be made to respect religious holidays when considering vacation leave schedules. According to GMEC policy, it is up to the program director to structure or assign holiday leave periods, such as December and January, in such a manner to maintain quality patient care and fairness to residents.

Resident/interns are eligible to receive time off with pay in the event of the death of a family member or relative, as part of a funeral leave service. This service provides you with up to three (3) scheduled workdays with pay for immediate family members and one (1) scheduled workday for an immediate relative. You must obtain approval of your Program Director. Immediate family members are defined as: Spouse, child, stepchild, parent, brother, sister, grandparent, grandchild, foster parent, stepbrother, stepsister, or stepparent, son-in-law, daughter-in-law, or parent-in-law. Immediate relatives are defined as: Nephew, niece, aunt, uncle, great grandparent, brother-in-law, or sister-in-law.

Residents are expected to fulfill their contract and be in attendance for the full contract term unless they are on scheduled leave or granted a leave of absence. Attendance or approved leave is required for the duration of the contract even if the resident/intern has completed all program requirements before the contract's end date.

J. EXTENDED ABSENCES (INCLUDING MATERNITY/PATERNITY LEAVE)

Situations may arise which require extended absence during the year. This includes such activities as National Guard duty, military duty, or a combination of these leaves and absences due to personal or family illness (including maternity and paternity leave).

For reasons related to their own personal illness, resident/interns are provided with fifteen (15) days of sick leave per academic year. The intent of providing a sick leave benefit is to ensure uninterrupted salary income in the event of an illness. Sick leave will be paid in conjunction with worked time 14 day pay period regardless of

the days in which the actual illness occurred. Therefore, weekend days are counted in sick leave calculations for resident/interns.

In cases of maternity leave, the resident/intern will be permitted a leave not to exceed six (6) weeks if not eligible for FMLA. If the resident/intern is FMLA eligible, the maximum leave permitted by law is twelve (12) weeks. For leaves related to maternity extending beyond the 15 sick days provided, the Resident/intern may utilize short-term disability (if elected, not to exceed 6 weeks), available vacation days or receive time off without pay. FMLA is available after one year of employment. FMLA maintains the position but does not guarantee income for lost days.

Paternity leave would be available to resident/interns under FMLA for those who meet the eligibility requirements. Resident/interns wanting time off for this reason would be required to utilize available vacation time or time off without pay with the approval of the Program Director.

Resident/interns are encouraged to sign up for short-term disability coverage during orientation. **Short-term disability if elected will become effective after one year of employment with CAMC.** Residents/interns electing to use short-term disability are required to use five (5) days of vacation time off before short-term disability coverage takes effect.

If resident/interns do not elect Short Term Disability, personal vacation time can be used or resident/interns will be unpaid for time off due to extended illness.

If a resident/intern is required to miss three (3) consecutive days of work due to illness, Employee Health must release the resident/intern in order to return to work.

Please refer to the Family Medical Leave policy for specific employee rights related to absences due to personal or family illness and/or maternity/paternity leave.

K. FAMILY MEDICAL LEAVE

The Family and Medical Leave Act (FMLA) provides residents/interns up to 12 weeks of leave (unpaid, paid or combination of paid and unpaid) in a 12-month period provided the resident/intern has completed 12 months of total service with the company and has worked 1,250 hours in the previous 12 months. Hours of work will be determined according to the principles established in the Fair Labor Standards Act for determining compensable hours.

Residents/interns who apply at the Human Resources Office for Family Medical Leave (FML) will receive a summary of this policy titled "Your Rights and Responsibilities Under The Family and Medical Leave Act of 1993 (FMLA)" and will be asked to sign that they received the form. It is important that Residents/Interns understand the rights and responsibilities associated with FML and thus are encouraged to ask questions to clarify any information.

1. GENERAL INFORMATION

Family Medical Leave may be requested through the Human Resources Office for one or more of the following reasons:

- a) The birth of a child, or to care for such child (leave must be concluded no later than 12 months after date of birth); or
- b) A child's placement for adoption or foster care (leave must be concluded no later than 12 months after date of adoption); or
- c) To care for a spouse, child (age 18 or under), or parent (but not parent-in-law) who has a serious health condition; or
- d) A resident/intern serious health condition that prevents the employee from performing one or more essential functions of the job.

Intermittent FML approvals will not exceed 30 calendar days unless expressly indicated by Employee Health and documented on a FML approval letter.

Resident/interns who have spouses that also work at CAMC are required to notify the company as such at the time of FML application for birth, adoption or to care for each employees own parent with a serious health condition. Employees will be limited to share a maximum of 12 weeks FML time off in a 12-month period. Failure of the resident/intern to provide such information may result in the loss of Family Medical Leave protection for all or part of the leave.

FML is an “unpaid” bank of time; however, you may be required to concurrently use accrued benefits to generate pay (i.e., vacation days) and in some cases you may voluntarily request/apply to use other pay sources (i.e., STD, LTD, Sick Days). In all cases, residents/interns must exhaust all forms of paid leave before being approved for unpaid leave by the Program Director.

2. MEDICAL CERTIFICATION OF FAMILY MEDICAL LEAVE (CERTIFICATE OF HEALTH CARE PROVIDER FORM)

CAMC requires Certificate of Health Care coverage to be completed by the Healthcare provider that is treating the resident/intern or family member for the FML reason requested. This certification is required for all applications of FML regardless of FML reason. This certification must be returned no later than 15 calendar days after the form is received from the Human Resources Office.

It is the resident/intern responsibility to deliver the certification to the Healthcare provider and conduct any necessary follow up to ensure that it is completed and returned on time to Employee Health. Failure to meet the 15-calendar day time frame may result in the delay or denial of the FML request.

Once the certification has been returned to Employee Health, a verbal decision of “approved” or “denied” will be conveyed to the resident/intern. A written notice will be issued to the resident/intern, Program Director and the Human Resources Office within a reasonable period of time documenting the decision.

CAMC may require a second medical opinion at the expense of the company. If the first opinion (health care provider chosen by the resident/intern) and the second opinion (health care provider chosen and paid for by CAMC) differ, CAMC may require a binding third opinion from a healthcare provider approved jointly by the company and resident/intern (paid for by CAMC).

3. EMPLOYEE RESPONSIBILITY OF ADVANCE NOTIFICATION OF THE NEED FOR LEAVE

To the extent foreseeable, the resident/intern must give the Program Director a minimum of 14-calendar days notice of the need for Family Medical Leave unless it is not practicable due to unforeseen circumstances that would prevent such notification. If the leave is not foreseeable, the Program Director must give notice as soon as practicable, which would generally be no later than two business days from the date the employee knew of the need to take Family Medical Leave.

If leave will be used for planned medical treatment for the employee or family member (i.e., scheduled medical appointments) it is the employee's responsibility to make a reasonable effort to consult with the manager/supervisor to schedule those appointments outside the work schedule and/or to minimize the disruption to the company.

The company reserves the right to inquire about advance notice and scheduling efforts of the employee to the extent necessary to determine if a reasonable effort was made. Failure to meet proper notice requirements may result in the delay or denial of FML coverage.

4. JOB PROTECTION AND BENEFITS

The resident/intern and Program Coordinator are responsible for tracking used and remaining FML hours. The starting total hours will be issued to the resident/intern at the time of FML application through Human Resources.

While on Family Medical Leave the resident/intern will be entitled to medical benefits with the same premium payment, as they would have if they were not on Family Medical Leave. Those premiums will be deducted from the paycheck or in some cases, when an employee is placed on a "Leave of Absence," they will be notified in writing that it will be necessary for the resident/intern to pay premiums directly to the company (i.e., personal check). Failure to make required benefit payments (30 days in arrears) may result in the loss of benefit coverage and in some cases may result in new waiting periods for certain benefits. If loss of benefits occurs, the resident/intern (and family members where applicable) will be notified of their COBRA rights for continuation of coverage.

It should be noted that extended leaves might also extend the anticipated residency completion date accordingly.

5. RETURNING TO WORK

Resident/interns return to the same or an equivalent position and general terms and conditions of employment and benefits if the employee returns to work prior to the exhaustion of Family Medical Leave. However, an employee has no greater right to restoration or to other benefits than if the employee had been continuously employed during the leave period. "Equivalent position" is defined as one with the same pay, benefits, working conditions, shift and status held prior to the leave. Employees who do not return to work upon the expiration of their Family and Medical Leave may be terminated.

Upon returning to work from each Family Medical Leave occasion, the resident/intern must be evaluated by Employee Health no later than two business days after the employee's return to work date. In some cases, such as for Short Term Disability or Workers' Compensation, Employee Health must evaluate the resident/intern prior to returning to duty. This evaluation includes a fitness for duty exam, verification of medical information, and advance notice requirement analysis. Failure to complete this required step in the FML process may result in the forfeiture of FML coverage.

If a resident/intern is released to return to work from Family Medical Leave with medical restrictions, which prevent them from performing all the essential functions of the job, the resident/intern will not be entitled to their original position.

If a resident/intern utilizing intermittent FML and is not able to meet work responsibilities or required status hours, (i.e., full-time = 80 hours a pay period) the company may require the resident/intern to transfer temporarily to an available alternative position with equivalent pay and benefits if the employee is qualified for the position and it better accommodates recurring periods of leave better than the resident/intern's regular job. An alternative position for these purposes does not have to have equivalent duties and may require a status change, work schedule change or change in duties to an alternative position or assignment to accommodate the reoccurring Family Medical Leave. As soon as the employee is fully again able to perform all the essential functions and meet the work schedule requirements, they will be restored to the original status, assignment etc.

Residents/interns who have been released to return to work from a leave of absence and do not report to Employee Health for fitness for duty determination within two business days may be terminated from employment.

6. WORKERS' COMPENSATION, SHORT TERM DISABILITY AND FML

A Workers' Compensation leave greater than three calendar days and a FML will automatically run concurrently if the resident/intern's condition qualifies for Family Medical Leave. Employee Health will utilize the OSHA form as the medical certification to verify that a Workers' Compensation illness or injury also qualifies under the FMLA as a "serious health condition".

Prior to the expiration of the FML entitlement, the resident/intern may not be forced to return to work in a light duty assignment. However, if a resident/intern refuses to accept a medically approved light duty assignment, the FMLA does

not prevent state workers' compensation laws from suspending the payment of workers' compensation benefits as a result of the resident/intern's refusal.

A resident/intern does not have to exhaust vacation days, Short Term Disability, and Sick Days while receiving Workers' Compensation benefits.

A Short Term Disability Leave and a FML will automatically run concurrently if the resident/intern's condition qualifies for FML. Employee Health will utilize the Short Term Disability Certification form as the medical certification to verify that a STD illness or injury also qualifies under the FMLA as a "serious health condition".

Matters not specifically covered in this section will be controlled by the provisions of the Family Medical Leave Act of 1993.

L. EXTENSION OF RESIDENCY DUE TO LEAVE TIME

In general, a total absence of one month during the first postgraduate year and two months during all other years may require extension of the training program subject to the specialty board requirements in each department.

M. EDUCATION STIPEND

Educational stipends are provided to intern/resident/fellow as enhancement opportunities to the residency experience. Intern/resident/fellow must use these funds to support educational objectives for purposes related to patient care responsibilities at CAMC and/or educational benefit. Funds may be utilized for approved expenditures as outlined in this policy at the discretion of the Program Director. The sponsoring institution will annually evaluate stipend allotments guidelines for the appropriate use of funds.

For purposes of allocation of funds, funds are applied based on the PG level of the resident at the beginning of the academic year calendar. Intern/resident/fellows may access approved funding at any time during the academic year. Stipend funds may not be carried over from year to year and must be requested no later than 30 days prior to the end of the resident's contract.

Depending on the utilization of funds as defined below, funds may be considered supplemental compensation to resident and, therefore, are subject to required income and other payroll taxes. Reimbursements of approved expenditures will be processed directly to the intern/resident/fellows paycheck for the next payroll period following submission of all required receipts. Taxes will automatically be deducted for taxable expenditures according to individual intern/resident/fellows declared tax status on the intern/resident/fellows W-4 form on file. Reimbursement of expenses not subject to income or payroll taxes will be processed as an addition to net payroll according to institutional policy through separate check request through the GME office.

The following are approved expenditures for educational stipend allotments.

1. Reimbursement for approved continuing medical education (CME) conferences directly related to enhancement of the clinical, educational or research assignment at CAMC. Intern/resident/fellows must obtain written approval from the residency program director prior to the meeting. The program director signature will serve as confirmation of relevance of meeting attended to the clinical, educational or research assignment at CAMC. All travel reimbursement is subject to Institutional Travel Policy (Policy #5050.00) specifying reimbursable and payment processing procedures. Intern/resident/fellows will be held responsible for obtaining an updated travel policy upon making travel plans. With prior approval and confirmation from the program director, expenses for CME are considered a reimbursable business related expense and not subject to income or other taxes. Using the "Education-Request for Travel" form available online and submitting it to the Graduate Medical Education office will ensure timely reimbursement. Staff in the GME office can also offer support in completing and processing your travel request and reimbursement forms.
2. Reimbursement for purchase of medical texts, electronic texts or learning aides intended for professional use of intern/resident/fellows to fulfill clinical, educational or research assignments as part of the residency requirements. Only texts directly related to work experience within the training program are allowable for reimbursement. The residency program director approval is required and will serve as confirmation of relevance to the clinical, educational or research assignment at CAMC. Intern/resident/fellows must provide original itemized receipts and complete reimbursement forms as required by CAMC. Copies or faxes are not acceptable. Reimbursement of expenses necessary to the work assignment as approved by the program director are considered a business related expense and are not subject to income or other taxes.
3. Information technology equipment and/or supplies. The Institution may provide access to required information technology equipment and/or other supplies as defined by Institutional standards. Equipment or supplies provided to intern/resident/fellows by the institution will remain the property of the Institution, and as such are not subject to income or other taxes.
4. If the stipend is used for informational technology or any other supply not covered in 2 or 3 above, the item will be considered the property of the intern/resident/fellow and the related expense is taxable to the intern/resident/fellow.
5. Reimbursement of Board Review Courses. Intern/resident/fellow may elect to utilize educational stipends to attend a Board Review Course in preparation of certifying board examinations required during the in-training years or immediately following residency. Reimbursement of expenses for board review is considered a professional certification expense supplemental to overall individual compensation and is subject to income and other taxes.
6. Reimbursement of USMLE or equivalent Exam Fees. Intern/resident/fellow may use educational stipends to pay exam fees for USMLE or equivalent required examinations by certifying boards at the PG-1 level or to graduating

intern/resident/fellows who register for the exam prior to graduation. Board exam fees are considered an expense related to professional certification supplemental to overall individual compensation and are subject to income and other taxes.

N. REIMBURSEMENT POLICY FOR BOARD CERTIFICATION EXAM

As a benefit and incentive to residents to maintain high academic performance throughout the training period, CAMC will offer reimbursement of board exam fees to qualifying resident graduates. To qualify a resident must consistently perform at or above the national median or 50th percentile for residents in training at the comparable level until the completion of the program with the exception of residents in the internship year(s).

Reimbursement will only be available for the first applicable exam administration following a resident's graduation and application for reimbursement must be made prior to graduation.

O. PARTICIPATION IN RESEARCH

Learning about research and research regulatory processes is considered an important part of residency training experiences. Residents may be required to participate in research as deemed appropriate by the program. Fellows may serve as principal investigators on research programs. Residents and interns may serve as an investigator but not as principal investigator on research projects. Residents must coordinate potential research study ideas through the Program Director and/or a designated attending physician who shall serve as resident's research supervising physician. Residents are subject to all institutional research requirements as established by the institution. The Research Policy Handbook may be accessed on the CAMNET internal web site for resident review. Residents/interns conducting research will need to work with the CAMC Institute's Research and Grants Administration Office (388-9970), located in room 3284 on the 3rd floor of the WVU Building for clarification of requirements and to assure that research regulatory requirements are met.

Federal regulations require all research to be approved by the CAMC/WVU-Charleston Institutional Review Board (IRB) prior to initiating a research study. Approval will not be granted after research has been initiated. Findings from research that has not been approved by the Institution and the IRB may not be submitted for presentation or publication under any circumstances.

In addition, certain types of research may require review by the CAMC/WVU-Charleston Scientific Review Board. Residents should be aware that the review process could take several weeks and require to complete. The CAMC Institute Research and Grants Administration Office will provide guidance and clarification of research requirements to residents and help the resident to plan for appropriate review time periods toward a goal of expediting the process as much as possible.

Individuals engaged in research at CAMC and/or WVU-Charleston Division are required to complete an online human subjects training course. The course can be accessed on the Research and Grants Administration website at <http://www.camcinstitute.org/Research/grants.htm>.

Support and assistance for developing research protocols can be obtained by contacting the CAMC Institute Center for Health Services and Outcomes Research (388-9910).

P. INTERNAL AND EXTERNAL GRANTS AND SPONSORED PROGRAMS

Internal grant funds are available to residents and students conducting CAMC-WVU-Charleston IRB approved research projects. Applications for research funding are available by contacting the CAMC Institute's Sponsored Projects Coordinator at 388-9974 located in room 3274 in the WVU Building. Applications may also be accessed on the website at <http://www.camcinstitute.org/Research/grants.htm>.

The CAMC Institute's Grants Coordinator may assist residents in accessing external grant sources and applications. Applications for extramural grants and sponsored programs are the responsibility of the supervising research investigator and will require appropriate institutional review and signatures as required by CAMC. Residents must work directly with the Research and Grants Administrative office that shall provide guidance and direction for all such funded activity involving resident research.

Q. PRESENTATION OR PUBLICATION OF SCIENTIFIC PAPERS

Papers submitted to journals or programs for presentation must be approved for submission by the supervising research physician and the program director and follow institutional guidelines and policy. Such submissions shall follow guidelines for appropriate designation of research co-authorship and institutional designation. The Research and Grants Office will provide guidelines to residents on these issues. If a resident/intern authors a scientific paper or papers, which are accepted for oral presentation at a plenary session or workshop at regional/national/ or international meeting, he/she may request financial support for travel expenses related to this meeting. The program director shall be required to approve the time off for such meeting(s) and may at his/her discretion determine an appropriate classification of time off. Special grant funds may be available for this purpose but may be limited. Residents should contact the Research and Grants Office for assistance as soon as notification of acceptance for presentation is received. CAMC or departments may be unable to approve all requests or to support the total meeting expense. In such cases, resident/interns may choose to use their education stipend to pay the remaining expenses.

R. RESEARCH DAY

Research Day is held in the spring of each academic year. Resident/interns are strongly encouraged to submit Abstracts for presentation. Some programs may have specific requirements of residents to provide submissions for research day presentation as part of training requirements. You are encouraged to discuss requirements with your program director who can provide clarification of such requirements.

Abstracts are submitted to a review committee according to annual instructions. **It is the policy of the Institution that no presentations may be accepted for**

Research Day presentation unless such research has been approved in advance of initiation by the CAMC/WVU-Charleston Division IRB and the institution. Please note that including more than one case within a case study presentation could require review by the IRB. Please consult Research and Grants Administration Office for guidance on this issue.

S. RESIDENT/INTERN CALL ROOMS

Call rooms are available at each hospital for the use of all resident/interns while on call. Resident/interns are expected to remain on premises for call as dictated by departmental policies. **Food in the Call Rooms is for Night Shift Only.** The institution seeks to provide a comfortable call room space to accommodate on call assignments. All furnishings and equipment provided in the call room is for use by all assignment residents and remains the property of the institution. Residents who intentionally destroy equipment or furnishings in any of CAMC call rooms or other facilities shall be subject to disciplinary procedures.

T. HOUSING

CAMC operates housing units in Dunlop Hall and Maier Village, both of which are located on or near the Memorial Hospital campus. Resident/interns may contact Bobbie Fletcher, Housing manager, (304) 345-0171 for housing information. Housing applications must be in the Housing Office by May 1. The application may be downloaded from www.camc.wvu.edu. Residents utilizing CAMC housing options are subject to the policies and procedures as established by the institution.

U. SECURITY PROGRAM

It is the institution's policy to attempt to safeguard everyone and everything associated with CAMC. Uniformed guards are utilized to assist in this work. Resident/interns should report to their Program Director, Graduate Medical Education Committee Office or to a security guard any suspicious person or circumstance. Residents/interns can also help by observing the rules and regulations of the various departments with regard to the proper securing of company property. CAMC cannot be responsible for loss or damage to personal property or valuables of the residents/interns.

V. DRESS CODE AND PROVISION OF APPAREL/LAUNDRY

For safety considerations and to enhance communication and cultural sensitivity, Residents/Interns and Fellows are required to place a high value on personal appearance, including appropriate attire. Patient trust and confidence in the health care provider are essential to successful treatment experiences and outcomes. A professional dress and appearance plays a fundamental role in establishing trust and confidence and in considering the cultural sensitivities of patients and co-workers.

NON-CLINICAL ASSIGNMENTS

Time in lectures or other activities that do not involve patients, attire should be comfortable and not detracting from the academic atmosphere. When on

assignment at any public location, interns/residents/fellows should wear neat, clean and professional attire, and avoid dress or attire that could be potentially offensive to the public, your peers, patients, faculty and co-workers. ID badges must be worn at all times while on assignment.

CLINICAL ASSIGNMENTS

1. GENERAL REQUIREMENTS

- a. CAMC ID Badges are worn at all times, above the waist in view.
- b. Good personal hygiene is to be maintained at all times. This includes regular bathing, use of deodorants/antiperspirants, and regular dental hygiene.
- c. Avoid distracting perfumes or colognes. They may precipitate allergies or sensitivities.

2. HAIR MAINTENANCE

1. Hair should be neat, clean, and of a natural human color.
2. Hair should be styled off the face and out of the eyes.
3. Shoulder length hair must be secured to avoid interference with patients and work.
4. Avoid scarves or ribbons (unless culturally appropriate).
5. Beards/mustaches must be neatly trimmed.

3. JEWELRY

1. Keep jewelry at a minimum (represents potential for cross-infection).
2. The following are permitted: a watch, up to four rings, small earrings, academic pin/s, badges, or insignias which represents an award, modest bracelet/s and necklace chains. Appropriate holiday pin during the holiday is suitable.

4. DRESS, SHOES, AND HAND CARE

- a) Clothing should be clean, professionally styled and in good repair.
- b) Women should wear skirts of medium length or tailored slacks.
- c) Men should wear tailored slacks and a dress shirt.
- d) All interns, residents and fellows should wear a clean, white, coat over their clothing.
- e) Shoes must be comfortable, clean and in good repair. Shoes should be worn with socks or hose.

- f) Fingernails should be clean and of short to medium length. Muted tones of nail polish are appropriate for women. Artificial nails are not permitted in clinical areas.

5. SCRUB SUITS

- 1. These are to be worn in specific patient care areas only, i.e. OR, PAR, ICU's or as required by your program.
 - 2. They are property of the hospital and are not to be defaced, altered or removed from the hospital premises.
 - 3. If a scrub suit must be worn outside clinical areas, it must be clean and then covered with a clean, white lab coat. Shoe covers, masks, and hair covers must be removed before leaving the clinical area.
 - 4. Stained or soiled scrub suits must be changed as soon as possible (source of contamination).
6. The following items are specifically prohibited in any hospital or clinical facility/location.
- a) Blue jeans, regardless of color, or pants of a blue jean style.
 - b) Shorts
 - c) Open toed, high-heeled or canvas shoes. This is to prevent blood or needles from penetrating the fabric)
 - d) Midriff tops, tee shirts, halters, translucent or transparent tops, shirts or tops with plunging necklines, tank tops or sweatshirts.
 - e) Buttons or large pins that could interfere with work functions, transmit disease or be grabbed by a patient.
 - f) Visible body tattoos or visible body piercing.
7. The program director or hospital administration may at any time prohibit an intern/resident/or fellow from any location based on appropriate and professional dress code and standards.
8. PROVISION OF LAUNDRY SERVICES

Scrub suits as required by the program will be provided at no costs to interns/residents/fellows while on assignment at CAMC facilities. Lab coats and other laundry services are not provided.

W. RESTRICTIVE COVENANTS.

Neither CAMC nor any CAMC Affiliate may require resident to sign a non-competitive guarantee as a condition of appointment to a CAMC sponsored residency program.

X. MISCELLANEOUS BENEFITS

A Moving Allowance is ONLY received upon entering programs either at the PG-1 level or as an osteopathic intern. Interns or residents moving from one program to another or transferring from another institution into CAMC will not receive this benefit.

1. Resident/interns are provided access to meals in all hospital-based cafeterias/contracted food service vendors. In addition, the hospital maintains food-vending services at all hospitals for after hour use. An on-call meal allowance is provided to resident/interns and is based on the average on-call assignments per program. Resident/interns will be notified of the amount of meal allowance or any change in on-call meal allowance or distribution policy prior to the beginning of each academic year.
2. All resident/interns are eligible for the same Health Care, Disability, Retirement and other benefits as offered to other employees. These benefits are reviewed annually and any changes are typically made to be effective January 1st of each calendar year. An annual benefit enrollment is conducted in the fall of each year for residents/interns to make changes for the following calendar year.
3. International graduates are required by the ECFMG to obtain health insurance coverage. Residents must provide proof of such insurance prior to beginning their program or may elect to enroll in the CAMC benefit plan at orientation. CAMC may be required to document and monitor proof of coverage.
4. New House Staff will have the opportunity to elect coverage's of their choice during the Human Resources Benefit Orientation **upon entering the program**. Benefit materials detailing each benefit will be distributed at that time. Residents are eligible to make changes/additional choices during the annual fall benefit enrollment period. Should you have questions concerning the benefits, please call **Tom Schoolcraft, your Human Resource Associate, at 388-2290.**

The house staff manual will be housed on-line and is available for review by existing and prospective residents. The house staff handbook is reviewed at least annually by the institution and by the GMEC for the upcoming academic year. Residents will be notified when the new policy handbook is approved and on-line. Policy reviews, updates and additions may be made throughout the year and will be updated on the web site as approved. Residents are responsible for reviewing the handbook to determine current policy and its new effective date. Residents may request a clarification of policy or request a hard copy of any policy or the handbook in its entirety at any time. All interns and residents

will be required to sign an annual statement which will indicate that they have access to and have read and understand the house staff handbook,

Mission Statement



Striving to provide the best health care to every patient, every day.

Charleston Area Medical Center Statement of Core Values

Quality: *We strive for excellence in our performance. We believe that continuous improvement will lead to performance excellence and that we each have an individual responsibility to understand and act on the needs and expectations of our patients and customers.*

We recognize the importance of continuous improvement and our individual responsibility to demonstrate this by the following:

1. I will listen to the voice of my patients and customers to improve satisfaction.
2. I will identify opportunities to continuously improve my workplace and participate in my department's quality improvement structure and process.
3. I will use my performance planner feedback and we will welcome constructive feedback from my managers and peers to build on my areas of strength and to work on areas for improving my performance.
4. I will accept responsibility for my work performance and participate in education and training that will improve my ability to serve patients and customers.

Service with Compassion: *We provide care with concern, compassion, courtesy and skill. This requires us to understand and act on the needs of our patients and customers to protect and promote their rights and to recognize their cultural differences.*

We are committed to exceptional patient and customer service and will demonstrate this by the following:

1. I will greet people with a smile, make eye contact and speak in a pleasant tone of voice.
2. I will wear my nametag, knock before entering, introduce myself and explain my role and purpose.
3. I will ask for and address my patient by his or her preferred name and title, i.e. Mr., Mrs., Ms., Dr.
4. I will explain the plan of care and treatments in understandable language.
5. I will inform patients of any delay and apologize for any inconvenience it causes
6. Before leaving a patient's room or a customer's site, I will ask if there is anything else I can do and state that I have time.

7. I will answer the telephone within three rings, speak pleasantly and return calls promptly.
8. I will maintain a clean environment
9. When caring for patients, I will wash my hands, preferably in front of patients and families.
10. I will escort lost patient and visitors to the appropriate areas.
11. If I can't meet someone's needs, I will find someone who can.
12. At discharge, I will thank the patient for choosing CAMC for their health care needs.

Respect: We believe that each person has dignity and we value the contribution each individual brings to Charleston Area Medical Center. We are committed to the principles of fairness.

We will demonstrate positive attitudes through our behaviors and demonstrate this by the following:

1. I will recognize the positive contributions of others and myself.
2. I will listen to and respect my fellow employees' and patients' opinions.
3. I will acknowledge the beliefs, spiritual needs and concerns of patients and their families.
4. I will show genuine concern and caring for others.
5. I will respond to others' needs for information in a timely manner.
6. I will dress and act professionally when I am at work.
7. I will strive to manage my personal stress and emotions, so they do not interfere with my interactions with others.
8. I will not disturb others by talking quietly in shared areas, limiting group conversations in public areas and being aware of where personal conversations take place.

Integrity: We are honest in our dealings. We ensure confidentiality and privacy for our patients and our behaviors are consistent with our thoughts, feelings and values.

We will maintain the highest ethical standards at all times and will demonstrate this by the following:

1. I will actively protect and safeguard confidential, sensitive and proprietary patient information
2. I will actively protect confidential, sensitive and proprietary personal information relating to employees such as salary, benefit or disciplinary action.
3. I will not solicit personal gifts, tips or gratuities from patients or vendors.
4. I will not take part in harassment or discrimination of any kind.

5. I will not use the company's equipment, supplies, materials or services for personal benefit.

Stewardship: *We are committed to the wise use of our resources to achieve our mission and to responsibly meet our community's healthcare needs. We will protect our community resources and leave Charleston Area Medical Center a better organization than we found it.*

We understand our responsibility as a non-profit health care provider and will demonstrate this by the following:

1. I will use our resources wisely.
2. I will take care of property and equipment.
3. I will strive for efficiency, eliminate re-work and reduce supply waste.
4. I will speak positively about CAMC in the community.

Pay Period Schedule – 2007

<u>PP#</u>	<u>BEGINNING</u>	<u>ENDING</u>	<u>M. N.</u>	<u>PAY DAY</u>
1	<u>December 17, 2006</u>	<u>December 30, 2006</u>		<u>Jan. 5, 2007</u>
2	<u>December 31, 2006</u>	January 13, 2007		Jan. 19, 2007
3	January 14, 2007	January 27, 2007		Feb. 2, 2007
4	January 28, 2007	February 10, 2007		Feb. 16, 2007
5	February 11, 2007	February 24, 2007		Mar. 2, 2007
6	February 25, 2007	March 10, 2007		Mar. 16, 2007
7	March 11, 2007	March 24, 2007		Mar. 30, 2007
8	March 25, 2007	April 7, 2007		Apr. 13, 2007
9	April 8, 2007	April 21, 2007		Apr. 27, 2007
10	April 22, 2007	May 5, 2007		May 11, 2007
11	May 6, 2007	May 19, 2007		May 25, 2007
12	May 20, 2007	June 2, 2007		Jun. 8, 2007
13	June 3, 2007	June 16, 2007		Jun. 22, 2007
14	June 17, 2007	June 30, 2007		Jul. 6, 2007
15	July 1, 2007	<u>July 14, 2007</u>		Jul. 20, 2007
16	July 15, 2007	July 28, 2007		Aug. 3, 2007
17	July 29, 2007	August 11, 2007		Aug. 17, 2007
18	August 12, 2007	August 25, 2007		Aug. 31, 2007
19	August 26, 2007	September 8, 2007		Sept. 14, 2007
20	September 9, 2007	September 22, 2007		Sept. 28, 2007
21	September 23, 2007	October 6, 2007		Oct. 12, 2007
22	October 7, 2007	October 20, 2007		Oct. 26, 2007
23	October 21, 2007	November 3, 2007		Nov. 9, 2007
24	November 4, 2007	November 17, 2007		Nov. 23, 2007
25	November 18, 2007	December 1, 2007		Dec. 7, 2007
26	December 2, 2007	December 15, 2007		Dec. 21, 2007