

# Housestaff Manual



**Nicklaus  
Children's  
Hospital**



**Department of Medical Education**

# WELCOME

Dear housestaff

Welcome to Nicklaus Children's Hospital's Department of Medical Education. We are very excited to embark with you on your medical education journey. Nicklaus Children's Hospital is proud to sponsor a wide range of primary care and sub-specialty training programs designed to prepare you for the future practice of Pediatrics in your specialty of choice. Our committed faculty will guide you through this journey. You will be exposed to the cutting edge and the latest in your chosen field. The Department of Medical Education is committed to make your experience as educationally, professionally, and personally fulfilling as possible.

This handbook contains the policies and procedures pertaining to Graduate Medical Education. Please read it carefully and keep a copy in your files for reference. In addition, this handbook specifically address issues common to all training programs, discusses housestaff's responsibility to evaluate the program and the faculty, and the grievance procedure in the event of an adverse action. Please visit frequently the NCH Medical Education webpages at: <http://www.nicklauschildrens.org/medicaleducation> where updates might be periodically posted. Your individual training program might provide you with program-specific guidance material. If you have any questions, please do not hesitate to call the Department of Medical Education at: (305)-669-5873. The ACGME refers to all physicians-in-Training as "Residents". The word "Resident" in this manual refers to residents and fellows.

Again, welcome to Nicklaus Children's Hospital. We are delighted that you elected to take your educational journey with us and we look forward to working with you and helping you achieve your educational goals. The Department of Medical Education is proud to be part of your educational endeavor.

Sincerely yours,



**Rani S Gereige, MD, MPH, FAAP**  
Executive Director of Medical Education  
Designated Institutional Official (DIO)  
[Rani.Gereige@Nicklaushealth.org](mailto:Rani.Gereige@Nicklaushealth.org)

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## I. OVERVIEW

### A. Nicklaus Children's Hospital (NCH)



Welcome to Nicklaus Children's Hospital (Formerly known as Miami Children's Hospital), a world leader in pediatric healthcare. Nicklaus Children's Hospital® is South Florida's only licensed specialty hospital exclusively for children with more than 650 attending physicians, over 2,000 employees, and over 130 pediatric sub-specialists. The 289-bed hospital is renowned for excellence in all aspects of pediatric medical care from birth through adolescence. Nicklaus Children's Hospital offers more than 40 pediatric specialties and subspecialties, and is home to Florida's only free-standing pediatric trauma center. The hospital is routinely ranked among the best children's hospitals in the nation. Nicklaus Children's is also home to the largest pediatric teaching program in the southeastern United States and has been designated an American Nurses Credentialing Center (ANCC) Magnet facility, the nursing profession's most prestigious institutional honor. At Nicklaus Children's the focus is always on advancements in pediatric medicine.

Nicklaus Children's Hospital's mission is to provide excellent family centered healthcare to children in an academic environment that exceeds the expectations of those we serve and educate; as well as to collaborate with others in our community to improve the health status of children.

Thanks to the founding vision of Dr. Arthur H. Weiland, Variety Children's Hospital opened its doors on March 20, 1950, just as the polio epidemic was encompassing the United States. Variety Children's Hospital was soon deemed the southern center for persons suffering from polio. Throughout the years, the hospital continued to grow and offer new services to meet the needs of the community. Renamed Miami Children's Hospital in 1986, and Nicklaus Children's Hospital in March 2015; this once small facility is a non-profit, freestanding children's hospital that is internationally recognized for its outstanding medical care, research and innovation.

In 1982, Ambassador David M. Walters activated Nicklaus Children's Hospital Foundation to meet that pledge. Following the tragic loss of his six-year old granddaughter Shannon from leukemia, Ambassador Walters vowed that no child ever need leave South Florida to receive the highest caliber medical care.

His legacy lives on today. Ambassador Walters' passion for children's health and his commitment to raising the money to help fund the best pediatric care for all children, led to the Foundation becoming the largest single supporter and source of continued funding for Nicklaus Children's



Hospital. It is through those contributions that Nicklaus Children’s Hospital grew and earned its reputation as a world-leader in pediatric health care.

**B. NCH Graduate Medical Education (GME)**

**Mission Statement**

The GME program at NCH strives to provide an ideal environment for the acquisition of the knowledge, skills, and attitudes necessary for its graduates to achieve the highest levels of professional and personal accomplishment and to safeguard the public trust. In so doing, we support a balanced educational program comprised of individual programs united under a common institutional goal and with shared participation in an interdisciplinary curriculum. The Office of Graduate Medical Education (GME) represents an organized division within the Department of Medical Education, and is directed by Director of Medical Education (DME)/ Designated Institutional Official (DIO) who oversees the NCH GME training programs. These programs include General Pediatric Residency Program, Pediatric Medical and Surgical Subspecialty programs, Pediatric Dentistry, Pharmacy, Psychology, and Physician Assistant training programs. The DME’s/ DIO’s responsibilities include institutional oversight; maintenance of contracts and affiliation agreements; coordination of salaries, benefits, and insurance; and implementation of GMEC policies and procedures.



**C. NCH – Institutional Oversight of Graduate Medical Education**

Nicklaus Children’s Hospital is committed to the highest quality institutional oversight of its Graduate Medical Education (GME) Programs. A Graduate Medical Education Committee (GMEC) is chaired by the DIO and provides oversight of all training programs. The GMEC committee meets every month and is comprised of hospital administrators, the Safety and Quality Institutional Director, the program directors, key teaching faculty, and residents’ representatives, coordinators, and other guests. Its role is defined by the ACGME. Below is the list of the members of the GMEC:

<b>Co-Representative</b>	<b>Co-Representative</b>
<b>COMMITTEE LEADERSHIP</b>	
<b>Rani Gereige, MD Chair</b> Director of Medical Education Designated Institutional Official (DIO)	<b>Beatriz Cunill, MD Vice Chair</b> Director, Pediatric Core Program
<b>TRAINING PROGRAMS LEADERSHIP</b>	
<b>Beatriz Cunill, MD</b> Director, Pediatric Core Program	<b>Mark Gabay, DO</b> Associate Director, Pediatric Core Program
<b>Maria Behnam-Terneus, DO</b> Associate Director, Pediatric Core Program	<b>Bala Totapally, MD</b> Director, Pediatric Critical Care Medicine Program
<b>Michael Leoncio, DO</b> Associate Director, Pediatric Critical Care Medicine Program	<b>Salina Mostajabian, MD</b> Director, Adolescent Medicine Program

<b>Jason Katz, MD</b> Director, Pediatric Cardiology Program <b>Michael Lopez, MD</b> Associate Director, Pediatric Cardiology Program	<b>Michelle Blumstein, MD</b> Director, Pediatric Emergency Medicine Program <b>Ana Maria Paez, MD</b> Associate Director, Pediatric Emergency Medicine Program
<b>Luis Caicedo, MD</b> Director, Pediatric Gastroenterology Program <b>Lina Felipez, MD; Annette Medina, MD; &amp; Carla Perez, MD</b> Associate Directors, Pediatric Gastroenterology Program	<b>Melissa Clemente, MD</b> Director, Pediatric Hospital Medicine Program <b>Maria Behnam-Terneus, DO</b> Associate Director, Pediatric Hospital Medicine Program
<b>Marytery Fajardo, MD</b> Director, Clinical Neurophysiology Program <b>Anuj Jayakar, MD</b> Associate Director, Clinical Neurophysiology Program	<b>Americo Padilla, MD</b> Director, Child & Adolescent Psychiatry Program <b>Sean Horan, DO</b> Associate Director, Child & Adolescent Psychiatry Program
<b>L. Santiago Medina, MD</b> Director, Pediatric Radiology Program <b>Enrique Alvarado Burgos, MD</b> Associate Director, Pediatric Radiology Program	<b>Vivian Hernandez-Trujillo, MD</b> Director, Allergy-Immunology Program
<b>Ziad Khatib, MD</b> Director, Pediatric Hematology-Oncology Program <b>Haneen Abdella, MD</b> Associate Director, Pediatric Hematology-Oncology Program	<b>Fuad Al Khoury, MD</b> Director, Pediatric Surgery Program
<b>Jordan Steinberg, MD</b> Director, Craniofacial Plastic Surgery Program	<b>Miguel Castellan, MD</b> Director, Pediatric Urology Program <b>Daniel Nassau, MD</b> Director, Pediatric Urology Program
<b>John Ragheb, MD</b> Director, Pediatric Neurosurgery Program	<b>Bhavi Patel, DO</b> Director, Pediatric CICU Program
<b>Oscar Arevalo, DMD</b> Director, Pediatric Dentistry Residency Program	<b>Rose M. Alvarez-Salvat, PhD</b> Director, Psychology Internship Program
<b>Thomas Errico, MD</b> Director, Pediatric Orthopedic Spine Program	<b>Keith Meyer, MD</b> Director, Pediatric Neurocritical Care Program
<b>TEACHING FACULTY</b>	
<b>Juan Carlos Meneses Paz, MD</b> Attending, Div of Hospitalist Services and/or Designee	<b>Jefry Biehler, MD</b> Director, Med Students, FIU Ped Dept Chair <b>Alt: Julie Kantor, MD</b> Clerkship Director
<b>Maria Milla, MD</b> Attending, Continuity Clinic General Pediatrics and/or Designee	<b>Athena Pefkarou, MD</b> Attending, Div of Ped Hem/Onc
<b>Magaly Diaz-Barbosa, MD</b> Attending, Chief Division of Neonatology (Administrator)	<b>Anamaria Pulido, MD</b> Attending, Pediatric Hospital Medicine
<b>Christie De La Vega, DO</b> Attending, Pediatric Hospital Medicine	<b>Marisa Azaret, PsyD</b> , Chief Division of Psychology
<b>Pedro Pagan, MD</b> Attending, Pediatric Endocrinology	
<b>TRAINEES</b>	



<b>Camila Gonzalez Aragon, MD</b> Chief Resident, PGY4	<b>Alejandra Frauenfelder Sanchez, MD</b> Chief Resident, PGY4
PGY1 Rep: <b>Janelle Torres, DO</b> Pediatric Resident - PGY1	PGY1 Rep: <b>Samantha Shear, DO</b> Pediatric Resident - PGY1 PGY1 Rep: <b>Santiago Campos, MD</b> Pediatric Resident - PGY1
PGY2 Rep: <b>Daniela Castro, DO</b> Pediatric Resident - PGY2 PGY2 Rep: <b>Milena Fraustro Sanchez, MD</b> Pediatric Resident - PGY2	PGY2 Rep: <b>Breyonna Maddox, DO</b> Pediatric Resident - PGY2
PGY3 Rep: <b>Ifrah Waheed, MD</b> Pediatric Resident - PGY3	PGY3 Rep: <b>Luis Durkac, MD</b> Pediatric Resident - PGY3 PGY3 Rep: <b>Veronica Echanove, MD</b> Pediatric Resident - PGY3
Fellows Rep: <b>Freddy Martin, MD</b> Pediatric Emergency Medicine Fellow - PGY6	Fellows Rep: <b>Caleb Murray, DO</b> Pediatric Critical Care Medicine Fellow - PGY6
Fellows Rep: <b>Ana Luisa Graneiro, MD</b> Allergy-Immunology Fellow - PGY5	Fellows Rep: <b>Alexandra Byrne, MD</b> Pediatric Hospital Medicine Fellow - PGY5
Fellows Rep: <b>Callie Alt, MD</b> Pediatric Emergency Medicine Fellow - PGY4	Fellows Rep: <b>Stephanie San Martin, MD</b> Pediatric Hospital Medicine Fellow - PGY5
Dental Resident Rep: <b>Fitz Brooks, DMD</b> Pediatric Dentistry Resident - Chief Resident	
<b>VOTING COORDINATOR</b>	
<b>Elizabeth Menocal, CPMSM, CPCS</b> Department Administrative Director, VP Clinical Affairs Institutional Coordinator	<b>Randy Harmatz Matott</b> VP/ Chief Quality Officer <b>Alts:</b> <b>Janice Yanez, MSN, APRN, FNP-BC, CPPS</b> - Director of Patient Safety <b>Frederick Trent</b> Quality Resource Administrator
<b>INSTITUTIONAL ADMINISTRATION (EX-OFFICIO, NON-VOTING)</b>	
<b>Perry Ann Reed, MBA, MS, FACHE</b> Senior Vice President & COO, Nicklaus Children's Health System President, Nicklaus Children's Hospital	
- Legal Counsel (AdHoc)	- Legal Counsel (AdHoc)
<b>Amee Hall, PhD</b> Research Educator, Research Institute	<b>Gabriel Cardenas, MPH</b> Data Analyst, Research Institute
<b>NON-VOTING GUESTS</b>	
<b>Ana Otero, C-TAGME</b> Institutional Coordinator, Medical Education	<b>Alina Gonzalez, C-TAGME</b> Lead Residency Coordinator; Medical Education
<b>Brandy Bluett, C-TAGME</b> Fellowship Coordinator; Medical Education	<b>Galia Huerta, C-TAGME</b> Residency Coordinator; Medical Education
<b>Jacqueline Vassallo</b> Fellowship Coordinator; Medical Education	<b>Nancy Vega</b> Fellowship Coordinator; Medical Education
<b>Gloria Montecelo</b> Fellowship Coordinator; Medical Education	<b>Sary Soler</b> Fellowship Coordinator; Medical Education

<b>Catalina Dunoyer</b> Coordinator	<b>Kelly Reardon</b> Pediatric Dentistry Coordinator;
<b>Monica Martinez</b> Coordinator	

## DEPARTMENT OF MEDICAL EDUCATION

### Responsibilities of the Graduate Medical Education Committee (GMEC)

#### (Adapted from the ACGME Institutional Requirements)

The GMEC along with the Designated Institutional Official (DIO) have the authority and responsibility for the **oversight** and **administration** of the Sponsoring Institution's ACGME-accredited programs, as well as responsibility for **ensuring compliance** with the ACGME Institutional, Common, and Specialty/Subspecialty- Specific Program Requirements, and the Sponsoring Institution's Governing Body. The GMEC must meet a minimum of once every quarter during each academic year. Each meeting of the GMEC must include attendance by at least one resident/fellow member.

The GMEC responsibilities must include:

#### A- Oversight of:

- The ACGME accreditation & recognition statuses of the Sponsoring Institution and its ACGME-accredited programs
- The quality of the GME learning and working environment within the Sponsoring Institution, each of its ACGME-accredited programs, and its participating sites
- The quality of educational experiences in each ACGME-accredited program that lead to measurable achievement of educational outcomes as identified in the ACGME Common and specialty/subspecialty-specific Program Requirements
- The ACGME-accredited programs' annual evaluation(s) and self-study(ies)
- ACGME-accredited programs' implementation of institutional policy(ies) for vacation and leaves of absence including medical, parental, and caregiver leaves of absence, at least annually.
- All processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the Sponsoring Institution.
- The provision of summary information of patient safety reports to residents, fellows, faculty members, and other clinical staff members. At a minimum, this oversight must include verification that such summary information is being provided.

#### B- Review and approval of:

- The institutional GME policies and procedures
- GMEC subcommittee actions that address required GMEC responsibilities
- Annual recommendations to the Sponsoring Institution's administration regarding resident/fellow stipends and benefits
- Applications for ACGME accreditation of new programs
- Requests for permanent changes in resident/fellow complement
- Major changes in each in each of its ACGME-accredited programs' structure or duration of education, including any change in the designation of a program's primary clinical site

- Additions and deletions of each of its ACGME-accredited programs' participating sites
- Appointment of new program directors
- Progress reports requested by a Review Committee
- Responses to Clinical Learning Environment Review (CLER) reports
- Requests for exceptions to clinical and educational work hour requirements
- Voluntary withdrawal of ACGME program accreditation or recognition
- Requests for appeal of an adverse action by a Review Committee
- Appeal presentations to an ACGME Appeals Panel.
- Exceptionally qualified candidates for resident/fellow appointments who do not satisfy the Sponsoring Institution's resident/fellow eligibility policy and/or resident/fellow eligibility requirements in the Common Program requirements

**C- Demonstrate effective oversight of the Sponsoring Institution's accreditation through an Annual Institutional Review (AIR)**

- The GMEC must identify **institutional performance indicators** for the AIR to include, at a minimum:
  - The most recent ACGME institutional letter of notification
  - Results of ACGME surveys of residents/fellows and core faculty members
  - Each of its ACGME-accredited program's ACGME accreditation information, including accreditation & recognition statuses and citations.
- The DIO must submit annually a written executive summary of the AIR to the Sponsoring Institution's Governing Body. The written summary must include:
  - A summary of institutional performance indicators for the AIR
  - Action plans and performance monitoring procedures resulting from the AIR.

**D- Demonstrate effective oversight of underperforming programs through a Special Review process.**

- The Special Review process must include a protocol that:
  - Establishes a variety of criteria for identifying underperformance that includes, at a minimum, program accreditation statuses of Initial Accreditation with Warning, Continued Accreditation with Warning, and adverse accreditation statuses as described by ACGME policies
  - Results in a timely report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes, including timeline.

*As of June 2023*

**D. Statement of Institutional Support:**




**INSTITUTIONAL STATEMENT OF COMMITMENT TO  
GRADUATE MEDICAL EDUCATION**

Nicklaus Children's Hospital (NCH) is a sponsoring institution and principal training site for several Graduate Medical Education (GME) programs. NCH is committed to excellence in medical education, research, and patient care by providing the necessary educational, financial, and human resources to support GME, including GME administrative staff, residents' salaries and benefits, program leadership support, space, equipment, supplies, research, and protected time to allow for effective oversight of its programs.


As the Sponsoring Institution, NCHS / NCH, its Board of Directors, and Medical Executive Committee support an organized administrative system whereby the Department of Medical Education and its GME programs are under the direction of and accountable to the hospital senior leadership, as designated by the Board of Directors. The system implementation is led by the Designated Institutional Official (DIO) in collaboration with the Graduate Medical Education Committee (GMEC) to oversee all residency programs. NCH Commits that all ACGME/CODA/APA/ASHP/ACPNF and other non-accredited programs will be in substantial compliance with institutional, common, specialty, and subspecialty-specific program requirements.

The commitment of NCH to GME is exhibited by the provision of leadership, organizational structure, and resources that enable residents to achieve personal and professional development under the guidance and careful supervision of the faculty and staff. This includes providing an ethical, professional, and educational environment in which the curricular requirements as well as the applicable requirements for scholarly activity, QI, research, general competencies, and milestones can be met and exceeded. The regular assessment of the quality of the GME programs, the performance of the residents, and the use of outcome assessment results for program improvement are essential components of this commitment.

The Board of Directors, the Medical Staff Leadership (MEL), the Administration, the teaching faculty and staff support this Statement of Commitment, developed and approved by the GMEC on this **21st day of November, 2022**.

  
Jay Massirman  
Chair, Board of Directors  
Nicklaus Children's Hospital

  
Matthew Love  
President & Chief Executive Officer  
Nicklaus Children's Health System

  
Maria Franco, MD  
President of the Medical Staff  
Nicklaus Children's Hospital

  
Perry Ann Reed  
President & COO  
Nicklaus Children's Hospital

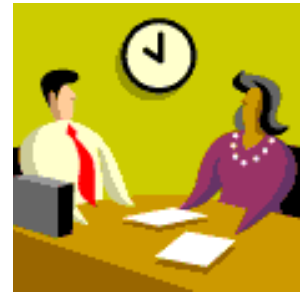
  
Rani S. Gereige, MD  
Director of Medical Education & DIO  
Nicklaus Children's Hospital

## II. EMPLOYMENT

### A. Processes

#### 1. Eligibility and Selection

Nicklaus Children's Hospital ensures that ACGME accredited pediatric programs select from among eligible applicants on the basis of their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity. Nicklaus Children's Hospital will not discriminate with regard to sex, race, age, religion, color, national origin, disability, sexual orientation, or veteran status.



In selecting from among qualified applicants, it is strongly suggested that Nicklaus Children's Hospital and all its sponsored programs participate in an organized matching program, such as the National Resident Matching Program (NRMP), where such is available. Nicklaus Children's Hospital strives to maintain a competitive, high quality GME program that provides fair and equitable access to individuals who meet the specified qualifications. In order to begin a residency training program at NCH, an individual must be a graduate of a North American medical school accredited by the LCME **OR**, graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA), **AND** have successfully completed USMLE Steps 1 and 2. Alternatively, foreign graduates of **WHO** recognized medical schools, who have full ECFMG certification, are eligible to apply. All individuals who are considered for appointment as residents at NCH must be interviewed and selected through an approved matching process (where a match is present). Entry level individuals cannot be selected apart from the match except to fill vacant positions left after an unsuccessful match or through attrition. Applicants to subspecialty fellowship programs are eligible to apply and be considered only if they have completed their core residency training in a program that is accredited by ACGME or the Royal College of Physicians of Canada. Individuals selected for a training program must have completed an approved course in PALS and must be registered in the State of Florida and approved by the Board of Medicine prior to beginning the training program. In order to be approved by the State of Florida, the individual must meet all the current requirements of the State of Florida to be registered as an unlicensed physician-in-training.

#### 2. Duration of Appointment

Upon selection for a training appointment, residents will receive a House Officer Contract (See Section II. D). As noted in the contract, the term of appointment is for **one year only** and is subject to renewal prior to each academic year based on the resident's prior year performance and evaluations. Acceptance into an initial residency at NCH does not assure acceptance into subsequent advanced training programs nor does it assure transfer into another training program at NCH.

### **3. Evaluation and Promotion**

Each House Officer (resident or fellow) shall be evaluated **twice yearly** by the program's appointed Clinical Competency Committee (CCC). The CCC will review an aggregate of each resident's performance evaluations against the individual level's milestones. Outcome of the CCC evaluation is communicated in writing to the program director. This evaluation shall assess the knowledge, skills, and professional growth demonstrated by the resident. There shall also be an evaluation of the resident's professional attitudes, moral and colleagues, supervisors and others. Resident evaluations shall represent the collective input of the Program faculty, parents/ patients, staff (360 degrees). The CCC evaluation shall be communicated to the resident in a timely manner by the program director who will assist the resident in formulating a plan to remedy any deficiencies noted by the CCC where appropriate.

Resident Promotion Policy: It is the policy of NCH to promote each resident from one year to the next if the resident has been determined by the CCC and the Program Director to have satisfactorily completed the previous year, provided that the resident has completed all contractual obligations to the hospital and program, including completion of all medical records. If the contractual obligations to the hospital or the program are not completed, the resident cannot be promoted and cannot receive a certificate of completion of the training program.

Procedure: The decision to promote a resident to the next level will be made based on cumulative formative evaluations. A record of each evaluation is maintained electronically in the program's web-based residents' management system and is accessible by the resident for review at any time. Unless the Program Director has identified a potential problem with a resident prior to the winter mid-year CCC and program director's meeting with the resident, by March 15 the resident will be offered a contract for the following year. The contract shall be contingent on successful completion of the year and completion of contractual duties to the program and the hospital. If the Program Director has identified potential problems, the resident will be informed and the decision whether to offer a contract will be postponed until the problem is resolved.

The decision to approve completion of training shall be made using a summative evaluation. Each Program shall provide a written final evaluation for each resident who completes the Program. The evaluation shall include a review of the resident's performance during the final period of training and shall verify that the resident has demonstrated sufficient professional ability to practice competently and independently without supervision in their specialty. This final evaluation shall remain a part of the resident's permanent record maintained by the institution.

### **4. Probation/Suspension/Non-Renewal/Dismissal**

Residents who do not maintain satisfactory performance and/or who do not maintain satisfactory performance in meeting professional standards in patient care may be placed on review, warning, probation, extension of training, non-renewal, or termination from the program. Notice of probationary status will be sent to the Department of Medical Education and will become a portion of the resident's file. Upon successfully completing the period of probation, the resident's file will reflect the end of probation. In keeping with the principle of progressive discipline, residents will not be non-renewed or dismissed from the residency program without prior probationary status



except for egregious performance necessitating the resident's non-renewal or dismissal without probation. Residents may be immediately suspended from patient care responsibilities by the DME/ DIO, Program Director or designee, following receipt of reliable information that the resident's clinical judgment or proficiency in clinical skills necessary to the practice of medicine is deficient or impaired. Residents who are given notice of their suspension, non-renewal or dismissal from the program have the right to appeal this decision by application to the Department of Medical Education. Such appeal shall be reviewed and determined in accordance with the policy and procedures described in this Resident Handbook. Academic probation is not subject to appeal or grievance.

## **B. Salary**

The resident's salary is determined by contract at the various levels of training. Post-Graduate Year (PGY) level is determined based on prior PGY years of "Accredited" training as defined by: Training that is accredited by the ACGME or the Royal College of Physicians of Canada, or CODA (for Dental Residents). All other prior non-accredited training or training not recognized or that does not count for licensure purposes is not counted when assigning salary stipend based on a PGY level.



Employees receive their salary checks on a biweekly basis (every other week). The Payroll Department issues checks only to Department Heads or to a designated staff member; checks are then distributed within the department. Deductions from pay include Federal Withholding Tax, as required by law; insurance offered by the Hospital, and other deductions, as are jointly agreed upon in writing by the resident and the Hospital. Direct deposit is available and highly recommended.

Residents leaving the Hospital, upon submission of proper written notice of resignation to the Medical Education Department and Human Resources Department, will be paid, where possible, on the last day of employment.

It is not the policy of the Hospital to advance money to employees. However, in cases of extreme personal hardship, the Department Head may recommend, with the concurrence of the Director of Human Resources, that a salary advance for hours already worked, be extended to an employee. A salary advance for compassionate reasons may not be made more than once in any calendar year to the same employee.

## **C. Supervision**

It is the policy of NCH, in keeping with the statues of the State of Florida that post-graduate trainees function only under the supervision of a member of the regular or clinical faculty who is credentialed to perform the activities and procedures involving the residents. Residents are not allowed to function without supervision except in the case of a verified and life-threatening emergency when a supervising attending physician is not readily available. Supervision can either be direct or indirect. Under direct supervision, a resident can participate in any activity or procedure for which the attending physician is physically present and duly credentialed. For indirect supervision, each residency program shall maintain a Scope of Practice statement for each year of the residency indicating the activities suitable for performance by a resident under indirect supervision. Faculty, in conjunction with the program director, will assure that residents are provided an appropriate level of supervision at all times and at all clinical sites. Copies of the Scope of Practice for each residency can be obtained from the GME Office, the Education Office of each Affiliated Hospital, or from the Program's Residency Coordinator.



As noted above, all residents shall have either an active license to practice medicine in the State of Florida or be continually registered as an unlicensed physician-in-training with the Board of Medicine of the State of Florida. As addressed under Other General Resident Responsibilities: “all residents must notify the responsible supervising physician or attending physician of the following: (1) Patients admitted to the hospital, (2) Patients released from the Emergency Room, (3) A significant change in a hospitalized patient's condition leading to higher level of care, (4) Death of a patient, and (5) upon the request of the patient's guardian.” Individual training programs might have additional cases that require notification as delineated by the individual program manual.

## D. Housestaff Officer Sample Contract:

### **VARIETY CHILDREN'S HOSPITAL D/B/A NICKLAUS CHILDREN'S HOSPITAL** **HOUSESTAFF AGREEMENT**

**THIS HOUSESTAFF AGREEMENT** (the "Agreement") is entered into on the date indicated on Attachment A and is by and between VARIETY CHILDREN'S HOSPITAL D/B/A NICKLAUS CHILDREN'S HOSPITAL ("NCH"), a Florida not-for-profit corporation, which is a part of Nicklaus Children's Health System, and the physician resident or fellow whose name appears on Attachment A to the Agreement (the resident or fellow will hereinafter be referred to individually, and collectively with other residents or fellows, as "Housestaff").

#### **RECITALS**

**WHEREAS**, NCH sponsors graduate medical education training programs (individually a "Program" and collectively the "Programs") in accordance with the rules and regulations of the Accreditation Council for Graduate Medical Education ("ACGME"); the Commission on Dental Accreditation ("CODA"); or the Accreditation Council for Pediatric Neurosurgery Fellowships ("ACPNF"), and NCH's Graduate Medical Education Department's ("GME") policies and procedures; and

**WHEREAS**, Housestaff desires to participate as a Post Graduate Year level resident or fellow ("PGY") in one of the Programs offered by NCH as indicated on Attachment A; and

**WHEREAS**, NCH desires for Housestaff to participate in the Program.

**NOW, THEREFORE**, in consideration of the promises and agreements herein contained and other good and valuable consideration, the receipt and adequacy of which are hereby forever acknowledged and confessed, the parties agree as follows:

#### **AGREEMENT**

1. **Appointment**. NCH hereby appoints Housestaff to participate in the Program as a PGY and Housestaff hereby accepts such appointment. Final confirmation for appointment shall be subject to a satisfactory health examination conducted by NCH's Employee Health Office, including a drug and alcohol screening, and background check performed by NCH's Talent Management and Effectiveness Department.

1.1 **Credentials**. If Housestaff is a graduate of an international medical or dental school, Housestaff must present to NCH, prior to participation in the Program, (i) his or her original, valid medical or dental school diploma; (ii) proof of eligibility for employment including valid visa and/or other documents indicating eligibility for employment in the U.S; and for medical Housestaff: (iii) his or her original, valid ECFMG Certificate; and (iv) a valid certificate showing the Housestaff's USMLE/COMLEX score. If Housestaff is a graduate of a domestic medical or dental school or other exempt medical school for which an ECFMG Certificate is not required, Housestaff must present, prior to participation in the Program, all of the items listed above in this section except a valid ECFMG Certificate. If medical Housestaff does not have a "valid-indefinitely" ECFMG Certificate, he or she must apply for and give a copy to the Medical Education Office upon receipt to remain in good standing. If Housestaff does not present NCH with the items listed in this Section at least two (2) weeks prior to the Effective Date (defined below), this Agreement shall be null and void *ab initio* and of no force and effect.

2. **Housestaff's Responsibilities:** Housestaff are expected to conduct themselves as professionals in all situations. As such, Housestaff are expected to dress appropriately, use appropriate language, and interact with patients, families, and co-workers in a congenial, professional and constructive manner. As mature adults with professional responsibility and standing, Housestaff must be committed to quality excellence in all aspects of their activities and are expected to positively represent NCH in all activities, both inside and outside the workplace.

During the term of this Agreement, Housestaff shall:

2.1 Participate in the Program and satisfactorily perform Housestaff's obligations under the Program in accordance with the provisions of this Agreement, the NCH Housestaff Manual ("Housestaff Manual"), a copy of which has been furnished to Housestaff online, NCH's Employee Handbook ("Employee Handbook"), a copy of which has been furnished to Housestaff online, and all of NCH's other policies, procedures and manuals as relevant. Housestaff shall report and be responsible to NCH's Program Director, and/or the Director of Medical Education/Designated Institutional Official ("DIO").

2.2 Participate in the Program as provided for herein and shall: (i) provide satisfactory, prompt services to patients, irrespective of gender, sexual orientation, religion, race, color, national origin, age, disability or any other legally recognized status entitled to protection under local, state or federal laws, (ii) use diligent efforts and good judgment in performing all duties, and (iii) satisfactorily perform under this Agreement as may be required by NCH, and any applicable federal, state or local standard, ruling or regulation or by any agency, corporate entity, or individual exercising authority with respect to or affecting NCH. Housestaff shall provide satisfactory, safe, cost effective, and compassionate care commensurate with Housestaff's level of experience and competence under the general supervision of the attending staff.

2.3 Attend all educational activities of the Program, and as required, assume responsibility for teaching and supervising other housestaff.

2.4 Participate in institutional programs and activities related to the Program, and in committees and councils as assigned, especially those that relate to patient care review activities and residency oversight activities.

2.5 Be required to attain certification in Basic Life Support ("BLS"), Pediatric Advanced Life Support ("PALS"), and for medical Housestaff, Neonatal Resuscitation Program ("NRP"), as approved by NCH's Graduate Medical Education Committee ("GMEC"), and other required training, as determined by the GMEC, such as Advanced Cardiac Life Support ("ACLS") and/or Advanced Trauma Life Support ("ATLS") for selected training programs as per training requirement. NCH shall bear the cost of the initial attempt to obtain the PALS and other required certification. If Housestaff fails to obtain certification on the first attempt or fails to attend their pre-scheduled course, Housestaff shall bear the cost of any additional attempts at certification. Failure of Housestaff to obtain PALS and/or any other required certification, may, at the sole discretion of NCH, be deemed a breach by Housestaff of this Agreement and may result in termination of this Agreement by NCH.

2.6 Participate in all required orientations, continuing education, and safety seminars.

2.7 Obtain and/or maintain State licensure or registration for a training license as required by the Florida Board of Medicine or the Florida Board of Dentistry, as applicable, as described in the Housestaff Manual.

2.8 Comply with the scope of practice documents pertinent to the training program and obtain an appropriate level of supervision for all patient care activities.

2.9 Complete required evaluations in a timely manner as stipulated in the Housestaff Manual.

2.10 Maintain patient logs if required by the Program Director or if part of the Program requirements.

2.11 Document and maintain procedure logs in the Program-designated log system if required.

2.12 Document and maintain work hour logs in accordance with ACGME's clinical and educational work hour requirements and Section 7 of the Agreement.

2.13 Satisfactorily perform such other duties, and satisfactorily participate in the Program during such rotations and hours, as are established by the Program Director and/or the GMEC. Night and weekend call shall be scheduled by the Program Director on a rotational, equitable basis, as provided for in the Program-specific Housestaff Manual.

2.14 Inform the Medical Education Office of any change in address, visa status, or eligibility to work in the United States, as applicable.

3. **Duration of Appointment.** The duration of this appointment shall not exceed one (1) year from the appointment date as specified in Attachment A. Occasionally, appointment might occur for less than one (1) year as specified in the dates in Attachment A. Unless terminated earlier pursuant to Section 15, the term of this Agreement, and accordingly, the appointment created by this Agreement, shall commence on the date indicated on Attachment A (the "Effective Date") and terminate on the date indicated on Attachment A (the "Term"). Housestaff understands and agrees that no additional appointment to the Program is guaranteed or to be implied from this Agreement or any other communication between the parties.

4. **Financial Support.** Compensation to Housestaff will be in accordance GME's policies and procedures in effect during the Term of this Agreement. In consideration for services provided during the Term, NCH shall pay Housestaff the sum indicated on Attachment A. Such compensation shall be paid biweekly in accordance with NCH's policies for paying employees. Housestaff shall not be entitled to any compensation during the pendency of any suspension or dismissal by NCH. If Housestaff is reinstated from suspension or dismissal, Housestaff shall not be entitled to back-compensation Housestaff did not receive during the period of suspension or dismissal. In order to receive compensation, Housestaff must have all documentation regarded by NCH, including a valid visa, if applicable, and Florida license. Compensation during leaves shall be in accordance with NCHS's specific leave policies as applicable.

5. **Conditions of Reappointment and Promotion to a Subsequent PGY Level.** Promotion/reappointment shall be contingent upon Housestaff's satisfactory performance of his or her obligations under this Agreement, all as determined by the Program's Clinical Competency Committee ("CCC"), the Program Director, the Director of Medical Education/DIO, and the GMEC. Housestaff will not complete the training program level until all requirements of this Agreement are completed, including completing training length as set forth by the Program-specific accreditation requirements, and fulfilling NCH required mandatory education requirements as stipulated in the Housestaff Manual.

5.1 **Non-Renewal of Appointment or Non-Promotion.** GME and the individual training Programs have an obligation to provide learning opportunities, adequate supervision, and regular

monitoring for all trainees so that, at the end of their training, Housestaff are competent to practice medicine safely without supervision in their respective fields of training. It is important for such programs to identify residents/fellows with academic poor performance early in their training and provide appropriate remedial measures to ensure training competent physicians. Housestaff agrees and understands that his/her continuation in the Program is dependent upon his/her satisfactory performance in accordance with professional patient care standards and the criteria of his/her Program, and compliance with the conditions and requirements of this Agreement and the Housestaff Manual. NCH endorses the principles of progressive discipline and seeks to address substandard performance and/or conduct with the least severe action necessary to effect the desired change. NCH agrees that any academic or other disciplinary action, including dismissal or non-renewal, which may be taken against Housestaff, will be in accordance with fair institutional policies and procedures as described in the Housestaff Manual. NCH agrees that the adjudication of any Housestaff complaints and grievances related to actions which could result in dismissal or could significantly threaten Housestaff's intended career development will be in accordance with fair institutional policies and procedures as described in the Housestaff Manual.

5.2 **Grievance Procedures and Due Process.** NCH is committed to an educational environment in which Housestaff may raise and resolve issues without fear of retaliation or intimidation. To this end, Housestaff are provided full protection against unfair treatment through a formal grievance procedure as described in the Housestaff Manual, which includes specific directions for filing a grievance are found in the Housestaff Manual. Housestaff are advised that defined time intervals apply to most grievances and delay beyond these prescribed times may exclude the possibility of filing a grievance. The following three (3) academic disciplinary actions are eligible for grievance/appeal as per the process delineated in the Residents'/Fellows' Academic Grievance and Appeal policy found in the Housestaff Manual: (i) Extension of Training Period, (ii) Non-renewal of Contract, and (iii) Termination. The Academic Discipline Status of "Review," "Warning," and "Probation" are not eligible for Grievance and Appeal Process.

6. **Benefits.** NCH agrees to provide the following benefits to the Housestaff:

6.1 **Professional Liability Insurance Coverage.** During the Term of this Agreement, NCH shall provide Housestaff with professional liability insurance (claims made policy), covering the costs of a legal defense and any settlement or judgment, for clinical services performed in the scope of Housestaff's participation in the Program pursuant to this Agreement. Such coverage shall be in accordance with such terms and in such amounts as NCH provides, in its sole discretion, for its other employees providing professional clinical services. A summary of pertinent information regarding this coverage will be provided to Housestaff.

6.2 **Health Insurance.** During the Term, NCH shall offer Housestaff group health, vision and dental insurance on the same terms and in such amounts as is provided to its other employees and their eligible dependents.

6.3 **Disability and Life Insurance.** NCH shall provide Housestaff with such basic life, short- and long-term disability insurance as NCH provides for its other employees. Coverage for benefits will begin as stated in the NCHS Benefits Booklet for the applicable year.

6.4 **Vacation.** Housestaff shall be entitled to twenty-eight (28) calendar paid vacation days. Such vacation shall be taken when is mutually agreed to by Housestaff and the Program Director or his or her designee. A request for paid vacation must be submitted in writing for approval by the Program Director. The process of scheduling and requesting vacation, block out dates for vacation, and advance notices for vacation are as specified by each Program in the Program-specific Housestaff Manual.



## 6.5 Leaves of Absence.

6.5.1 **Paid Medical, Parental and Caregiver Leave.** Housestaff, beginning on the first day of the ACGME accredited Program, may take up to a total of six (6) workweeks of paid leave for qualifying reasons during the training program at NCH. The details regarding this leave are set forth in NCH's Paid Medical, Parent and Caregiver Leave for Fellows and Residents of ACGME Accredited Programs policy in effect as of the date of any leave request.

6.5.2 **Family and Medical Leave Act (FMLA) Leave.** Housestaff may be eligible for up to twelve (12) weeks of unpaid FMLA leave if they have been employed for at least twelve (12) consecutive months, and have worked for at least 1,250 hours during the previous twelve (12) months. The paid leave time under the Paid Medical, Parent and Caregiver Leave for Fellows and Residents of ACGME Accredited Programs policy will run concurrently with, and be applied to, any qualifying FMLA leave.

6.5.3 **Unpaid Leave.** If Housestaff needs leave for a personal reason that does not qualify for paid leave or FMLA leave (as specified above) or after exhausting those leave periods, Housestaff may request an unpaid leave of absence. The request must be submitted in writing (including details on the reason for leave and any supporting medical documentation, if applicable) and obtain the approval of the Program Director, and/or the Director of Medical Education/DIO. The notice must state the reason for requesting the leave, the number of days requested for leave and the contact information (including address) of Housestaff while on leave.

6.5.4 **Sick Days.** Housestaff shall be entitled to paid sick days, at the discretion of the Program Director and/or the Director of Medical Education/DIO, up to a maximum of twelve (12) days during the Term. Any paid sick days will run concurrently with any Paid Medical, Parental and Caregiver Leave or FMLA Leave, as applicable based on the eligibility criteria for those leaves, and in accordance with NCH's applicable policies. Sick days are not subject to accumulation beyond the Term of this Agreement and may not be applied if Housestaff is reappointed under another agreement. In the event Housestaff is absent for more than three (3) consecutive workdays as a result of sickness, Housestaff must submit a fitness for duty certification from a health care provider directly to the Employee Health Office by the start of the Housestaff's next scheduled workday and must be cleared by the Employee Health Office prior to returning to work. Sick days may be required to be made up, at the discretion of the Program Director, if clinical and training requirements are affected.

6.5.5 **Bereavement Leave.** Housestaff shall be entitled to bereavement leave with pay in accordance with NCH's Bereavement Leave policy, as may be amended from time to time.

6.5.6 **Military Leave.** Housestaff with military duties in the state or federal uniformed service will be eligible for leave and/or re-employment in accordance with applicable law and NCH's "Military Leave" policy. Per the ACGME, military service cannot be substituted for training requirements.

6.5.7 **Professional/Educational Leave.** Professional/Educational leave requires prior written approval of the Program Director for appropriateness of the conference and for addressing coverage issues. For Medical Housestaff: Reimbursement for Housestaff participation in Professional/Educational conferences are for Housestaff who are presenting at the conference and require prior approval of the Program Director, and/or the Director of Medical Education/DIO, taking into consideration coverage, patient care, and educational issues as delineated in the Program-specific Housestaff Manual and GME's Educational Conference Travel and Expense Reimbursement policy. For Dental Housestaff: Second year dental Housestaff will attend the AAPD annual meeting in May. If dental Housestaff is entitled to paid professional education leave, Housestaff shall be entitled to be reimbursed up to \$1,500 for expenses

incurred to attend the professional education activity, but only if the activity is approved in advance by the Director of Medical Education and the Program Director. In the event Housestaff is eligible for professional leave and approval to take such leave is granted, Housestaff is responsible for arranging alternate coverage and to notify NCH's operator. For all Housestaff, educational leave must be in writing and is subject to approval at the discretion of the Program Director. The process of submitting a request for educational leave is specified in the Program-specific Housestaff Manual.

**6.5.8 Effect of a Leave of Absence on Training Program Requirements.** Housestaff must complete the corresponding accrediting body's requirements for training and/or meet eligibility for certification by relevant certifying board in order to satisfactorily perform under this Agreement and complete the Program. With any leave, Housestaff must complete the required clinical time in order to advance to the next training level and/or to graduate. If Housestaff fails to complete required time as stipulated by the guidelines set forth by the corresponding accrediting bodies and/or fail to meet eligibility for certification by relevant certifying board, they will not finish the PGY level and/or graduate, as applicable, until training is completed.

6.5.8.1 If, for any reason, Housestaff is absent (regardless of reason) for a total of seven (7) or more days from one (1) rotation, or for a total of twenty-one (21) or more days over the Term of this Agreement, Housestaff shall be required to make up the missed block-time in rotation. Absences for shorter periods shall be made up by Housestaff at the discretion of the Program Director, and/or Director of Medical Education/DIO. Missed time must be made up during vacation time or during such other times as agreed to by the Program Director, and/or the Director of Medical Education/DIO.

**6.6 Professional/Educational Stipends.** NCH shall provide Housestaff with educational support throughout each approved academic training year. Educational stipends for Housestaff's Program are delineated in Attachment B (for Pediatric Housestaff), Attachment C (for Subspecialty Housestaff), or Attachment D (for Dental Housestaff), as applicable. Stipends are approved yearly by the Program Directors and the GMEC and are shared with the applicants and Housestaff. Any stipend not used during the academic year or before the end of the training program will be forfeited. The stipend is non-transferable.

**6.7 Laundry.** NCH shall furnish to Housestaff a white coat and scrubs for use during the Term of this Agreement. NCH does not provide facilities to launder the white coat and scrubs.

**6.8 Parking, Meals and Living Quarters.** NCH shall provide Housestaff with parking during the Term to park in designated areas of NCH at no cost to Housestaff. During the Term, NCH shall furnish Housestaff with meals when Housestaff is on call. Living quarters are not provided. However, on-call rooms with sleeping quarters will be provided for Housestaff scheduled to be on-call in the hospital.

**7. Clinical and Educational Work Hours.** Housestaff shall comply with the ACGME's clinical and educational work hour standards as delineated by GME's "Resident Duty Hours and Working Environment" policy and the Program-specific work hour policies, hours of operation, and processes for attendance and tardiness. Housestaff shall inform the Program Director, and/or the Director of Medical Education/DIO if they feel their hours exceed the maximum allowable hours. Housestaff is required to keep an electronic log of his/her work hours. Failure to document clinical and educational work hours in the assigned log system may lead to disciplinary action.

**8. Moonlighting.** Housestaff shall abide by the moonlighting terms in GME's "Resident Duty Hours and Working Environment" policy. Moonlighting (internal or external) by Housestaff is not permitted without the written approval of the Program-specific Director. The Program Director must ensure that moonlighting, if approved, does not interfere with the ability of Housestaff to achieve the goals and

objectives of the Program. Housestaff shall devote his/her full and exclusive time and attention to serving as Housestaff in the Program in accordance with this Agreement. Unauthorized moonlighting may result in dismissal from the Program. All moonlighting activities (both internal and external) approved by the Program-specific Director may be discontinued at any time at the Program Director's discretion. Internal and external moonlighting shall be counted toward the total maximum allowable duty hours.

9. **Counseling, Behavioral Health, Medical and Psychological Support and Well Being.** During the Term, NCH shall provide Housestaff with access to confidential counseling, behavioral health, medical and psychological support services. NCH also has an Employee Assistance Program (EAP), which is confidential.

10. **Disasters, Closures, and Reductions.** NCH reserves the right to reduce the size of or close the Program. As per GME's "Closure of Residency Program" policy, and in the event NCH elects to reduce the size of or close the Program voluntarily or as a result of a disaster, NCH shall notify Housestaff as soon as feasible prior to such reduction or closure. In the event of a reduction or closure, at the option of NCH, NCH shall (i) permit Housestaff to complete the Program at NCH or (ii) assist Housestaff in enrolling in another accredited program(s) in which Housestaff can continue his or her education.

11. **Non-Competition.** In accordance with GME's requirements, neither the ACGME-accredited, CODA-Accredited, nor ACPNF-Accredited Programs will require Housestaff to sign a non-competition guarantee or restrictive covenant.

12. **NCH Obligations.** NCH agrees to (i) provide Housestaff a suitable environment for an educational experience; (ii) provide a residency program which meets the standards of the Essentials of Accredited Residencies in Graduate Medical Education by the ACGME, CODA, and ACPNF; and (iii) undertake an evaluation and documentation of the clinical competence of Housestaff in accordance with this Agreement.

13. **NCH Policies and Procedures.**

13.1 **Drug-Free Workplace.** All Housestaff must report for work and education activities free of the influence of alcohol and illegal drugs. NCH will not tolerate the use, possession, distribution, or sale of alcohol or illegal drugs while working or while on NCH property or any other assigned work or educational site (including the parking lots). Housestaff who are found to be under the influence of alcohol or illegal drugs, have alcohol or an illegal drug in their system, possess or sell illegal drugs or alcohol while on NCH work time or property, or any other assigned work or educational site (including parking lots), or who otherwise violate the Drug-Free Workplace policy are subject to corrective action, up to and including termination from the Program and employment and may have legal and licensure consequences. Housestaff who need assistance with drug or alcohol dependency are encouraged to utilize NCH's employee assistance program (EAP).

13.2 **Equal Employment Opportunity and Discrimination and Harassment-Free Workplace.** NCH is committed to promoting and assuring equal employment opportunity and to maintaining a work environment free of discrimination and harassment. NCH prohibits and will not tolerate discrimination against any employee or applicant based on the individual's race, color, religion, sex, age, disability, marital status, national origin, sexual orientation, genetic information, or any other legally recognized status entitled to protection under local, state or federal anti-discrimination laws. This policy governs all aspects of recruitment, hiring and employment, including, but not limited to, compensation, promotion, demotion, transfer, lay-offs, terminations, leaves of absence, training opportunities and other terms and conditions of employment. NCH also prohibits and will not tolerate harassment of any employee based on the employee's race, color, religion, sex, age, disability, marital status,

national origin, sexual orientation, genetic information or any other legally recognized status entitled to protection under local, state or federal antidiscrimination laws. NCH employees, including, but not limited to officers, directors, supervisors and managers, do not have the authority to engage in any activity, which would constitute discrimination or harassment. Housestaff are encouraged to review the full details of NCH's Equal Employment Opportunity and Discrimination and Harassment Free Workplace policies, which are available on the NCHSnet (intranet).

13.3 **Accommodations for Disabilities.** NCH is committed to complying with all applicable provisions of the Americans with Disabilities Act as amended ("ADA"). It is the NCH's policy not to discriminate against any qualified employee or applicant with regard to any terms or conditions of employment because of such individual's disability. Consistent with the corresponding NCH policy of non-discrimination, NCH will provide reasonable accommodations to a qualified individual with a disability, as defined in the ADA, who has made NCH aware of his or her disability, unless doing so creates an undue hardship to NCH, or the individual poses a direct threat to the health or safety of other individuals in the workplace. Housestaff are encouraged to review the full details of NCH's Reasonable Accommodation Under the Americans With Disabilities Act policy, which is available on the NCHSnet (intranet).

13.4 **PPD Testing & Influenza Vaccination.** Housestaff agrees to comply with NCH's health and safety requirements for employees, which include, but are not limited to, COVID-19 vaccination, annual PPD testing, and influenza vaccination.

13.5 **Confidentiality.** Housestaff shall abide by NCH's requirements regarding confidentiality, including, but not limited to, those set forth in the Housestaff Manual. Housestaff shall keep all patient matters confidential and comply with all laws governing the confidentiality of patient information, including HIPAA (Health Information Portability and Accountability Act).

13.6 **Reports and Records.**

13.6.1 **Health Records.** Housestaff shall timely prepare and complete health records in accordance with NCH policies. Although Housestaff's breach of any other provision of this Agreement may also subject Housestaff to discipline, Housestaff hereby acknowledges and agrees that failure to comply with this Section shall subject Housestaff to discipline, including suspension or dismissal by NCH. Housestaff shall be responsible for recording a complete admission history and physician examination on the patient's chart within twenty-four (24) hours of admission. Whenever Housestaff prepares a history, physical examination, and discharge summary, Housestaff shall follow-up to ensure that the same has been counter-signed by the attending physician.

13.6.2 **Ownership of Records.** The ownership and right of control of all reports, records, and supporting documents prepared in connection with the operation of NCH and the participation by Housestaff in the Program shall vest exclusively in NCH.

13.6.3 **Access to Books, Documents and Records.** Until the expiration of four (4) years after the termination of this Agreement, Housestaff shall make available to the Secretary of the United States Department of Health and Human Services and the United States Comptroller General, and their duly authorized representatives, this Agreement and all material books, documents and records in Housestaff's possession or control necessary to certify the nature and extent of the cost to NCH of the services provided pursuant to this Agreement.

14. **Agreement Void *Ab Initio* Upon Failure to Satisfy Certain Conditions Precedent.** On or before the Effective Date, Housestaff shall have: (a) obtained an unrestricted license to practice Medicine in the

State of Florida or successfully completed the registration requirements set forth in Section 458.345 or Section 459.021, Florida Statutes, or any successor statutes thereto and (b) provided proof of eligibility for employment including valid visa and/or other documents indicating eligibility for employment in the U.S. (the "Condition Precedent"). If Housestaff fails for any reason or cause to satisfy the Condition Precedent on or before 11:59 P.M. EST on the day immediately preceding the Effective Date, this Agreement shall be deemed rescinded by mutual agreement and thereupon null, void *ab initio*, and without any force or effect. No action or notice shall be required on the part of NCH under this Section to affect the rescission of this Agreement. In the event Housestaff fails to satisfy the Condition Precedent within the time provided herein, neither party shall have any obligation or duty, monetary or otherwise, to the other for any period prior to or after effective date of this provision.

15. **Termination.** Housestaff's breach of any material provision of this Agreement may, in the discretion of NCH, but subject to Section 5.2., result in immediate termination of this Agreement prior to its expiration.

16. **Entire Agreement/Modification.** This Agreement and the materials referenced herein constitute the entire agreement between the parties relating to Housestaff's participation in the Program. This Agreement shall not be changed, modified or amended in any respect except by a written instrument signed by the parties hereto; provided, however, that amendment of the Housestaff Manual or any policies or procedures of NCH shall not constitute an amendment of this Agreement for which the Housestaff's consent is required.

17. **Agreement Controls.** To the extent of any conflict between this Agreement and any document, manual or policy referenced in this Agreement, this Agreement shall govern.

18. **Florida Law Applies.** This Agreement is made and delivered in, and shall be governed by, and construed in accordance with, the applicable laws of the State of Florida. The exclusive venue for any actions related to this Agreement shall be in a state or federal court in Miami-Dade County, Florida.

19. **Employment Status of Housestaff.** Housestaff, in the performance of services under this Agreement, is a bona fide employee of NCH.

20. **Representations and Covenants of Housestaff.** Housestaff covenants, represents and warrants to NCH that:

20.1 Housestaff is a United States citizen or is otherwise authorized to be employed by NCH.

20.2 Medical Housestaff has a valid ECFMG Certificate, if applicable, and a valid medical school diploma, and Dental Housestaff has a valid dental school diploma.

20.3 Housestaff is able to perform the essential job functions to participate in the Program, with or without reasonable accommodation.

20.4 Housestaff agrees to be bound by and comply with all rules, policies and regulations of NCH.

20.5 The foregoing covenants constitute a material inducement for NCH to enter into this Agreement.

21. **Notices.** Communications or notices required or permitted to be made under this Agreement by Housestaff to NCH, including, but not limited to the Program Director or the Director of Medical

Education/DIO shall be made by Housestaff by certified mail, return receipt requested, to the applicable person, by name and title, to the following address:

Nicklaus Children’s Hospital  
3100 S.W. 62 Avenue  
Miami, FL 33155  
Attn: Director of Medical Education

with copy to: Nicklaus Children’s Hospital  
3100 S.W. 62 Avenue  
Miami, FL 33155  
Attn: General Counsel’s Office

All notices to Housestaff from NCH shall be sent to Housestaff by certified mail, return receipt requested, to the address set forth on Attachment A.

Notices sent by certified mail as provided above shall be deemed given upon mailing. Notices sent by any other method shall be deemed given only upon actual receipt.

22. **Recitals.** All recitals to this Agreement and true and correct and by reference made a part hereof.

**IN WITNESS WHEREOF**, the parties hereto have caused this Agreement to be executed as of the day and year first above written, and effective as specified herein.

**HOUSESTAFF:**

**VARIETY CHILDREN’S HOSPITAL  
D/B/A NICKLAUS CHILDREN'S HOSPITAL:**

SIGNATURE APPEARS ON  
ATTACHMENT A

By: \_\_\_\_\_

Rani S Gereige, MD, MPH  
Director of Medical Education & Designated  
Institutional Official (DIO)

Date: \_\_\_\_\_



**ATTACHMENT A  
NCH HOUSESTAFF AGREEMENT**

Program Name:

Housestaff's Name:

Date of Execution:

Effective Date:           Orientation Date(s):

Training Commencement Date:

Last Day of Term:

PGY Level:

Compensation:

Housestaff's Mailing Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AGREED AND ACCEPTED**

\_\_\_\_\_

\_\_\_\_\_

Date

## ATTACHMENT B

2023 – 2024

# Resident Benefits in Brief

### **Stipends**

PL-1 \$62,420.80  
PL-2 \$65,312.00  
PL-3 \$68,036.80

### **Vacation**

Housestaff are allowed 4 weeks of paid vacation each academic year.

### **Sponsored Courses**

PL3 residents are required to attend the 3-day PPGC Board Review Course. BLS, PALS, and NRP certification courses are provided as part of the PL1 orientation. Recertification is also offered in the second year of training. Simulation training is part of the training program.

### **Food**

Lunch is provided at the daily teaching conferences. Food provided when on-call overnight with a card swiping system.

### **Visas**

Nicklaus Children's Hospital will sponsor J1s.

### **Annual Program Activities**

2-week Intern Orientation  
PL1 Retreat  
PL2 Retreat  
PL3 Retreat – NCH Board Review  
Holiday Party  
Faculty vs Resident Softball Game & BBQ  
Resident's Day Dinner  
Graduation Ceremony & Dinner  
Dance

### **Insurance**

#### **Medical Insurance**

Subsidized medical insurance coverage is available and becomes effective the first day of NCH employment. There are both HMO and PPO options.

#### **Dental Insurance**

Subsidized dental insurance is also available. There are both HMO and PPO options.

#### **Disability & Life Insurance - Basic**

Basic disability and life insurance is provided at no cost to the resident. Additional coverage may be purchased at reasonable rates.

#### **Medical Malpractice**

Malpractice coverage is provided for all house officers performing within the scope of their duties.

#### **Other Optional Insurance**

Supplemental Short Term & Long Term Disability  
Accidental Death and Dismemberment  
Supplemental Life Insurance  
Dependent Life Insurance  
Vision Insurance  
Legal Plan  
Pet Insurance  
Cancer Protection  
Critical Illness  
Flexible Spending Account  
Family & Medical Leave of Absence  
Employee Assistance Program

### **Professional Educational Allowance**

An allowance of up to \$800 in value to be dispersed in either equipment (ie iPad), educational materials, (ie textbooks, MedStudy curriculum, board review course registration), and/or cash at the discretion of the program.

### **Computer and Library Services**

Computers for housestaff use are available in the housestaff call-room area, on inpatient wards, in the library, and throughout the hospital. They can also be used to access the physician portal, previous medical records, lab results, and x-ray computer applications (PACS). Resource information can be accessed via online searches, interlibrary loans, 24 hour library access, and access to Ovid, MD Consult, Up to Date, and Isabel systems.

### **Membership**

Resident memberships to the American Osteopathic Association (if applicable), American Academy of Pediatrics with yearly PREP subscriptions, and AMA Membership with access to IPM Education Modules.

### **Miscellaneous**

Free Parking  
Lab Coats & Scrubs  
Annual Hospital Activities  
Automatic Payroll Deposit  
ATM Machine  
On-site Fitness Center & Programs  
On-site Pharmacy  
Entertainment Discount  
Notary Services, NCH Way & SOAR Training

**\*\*\*Please note that determination of PGY level is based on years of accredited training as defined by: Training accredited by the ACGME or the Royal College of Physicians of Canada**

ATTACHMENT C

2021 - 2022

# Subspecialty Residents (Fellows) Benefits In Brief

**Stipends**

PL-4	\$71,385.60
PL-5	\$75,296.00
PL-6	\$77,750.40
PL-7	\$80,932.80

**Vacation**

Fellows are allowed 4 weeks of vacation each academic year.

**Sponsored Courses**

Certification in CPR, PALS, NRP, ACLS, and ATLS is required and will be given preferentially. Recertification is available when necessary during the training program. Simulation training is also available.

**Food**

Lunch at the daily teaching conference is provided. Food provided when on-call overnight with a card swiping system.

**Visas**

Nicklaus Children’s Hospital will sponsor J1s

**Insurance\***

**Medical Insurance**

Subsidized medical insurance coverage is available and becomes effective the first day of NCH employment. There are both HMO and PPO options.

**Dental Insurance**

Subsidized dental insurance is also available. There are both HMO and PPO options.

**Disability & Life Insurance – Basic** Basic disability and life insurance is provided at no cost to the resident. Additional coverage may be purchased at reasonable rates.

**Medical Malpractice**

Malpractice coverage is provided for all house officers performing within the scope of their duties.

**Other Optional Insurance:**

- Short Term & Long Term Disability
- Accidental Death and Dismemberment
- Supplemental Life Insurance
- Dependent Life Insurance
- Vision Insurance
- Legal Plan
- Pet Insurance
- Cancer Protection
- Critical Illness
- Flexible Spending Account
- Family & Medical Leave of Absence
- Employee Assistance Program

\*Applies to Domestic Partners

**Professional Educational Allowance**

\$800/ per training year.

**Computer and Library Services**

Computers for housestaff use are available in the housestaff call-room area, on inpatient wards, in the library, and throughout the hospital. They can also be used to access the physician portal, previous medical records, lab results, and x-ray computer applications (PACS). Resource information can be accessed via online searches, interlibrary loans, 24 hour library access, and access to Ovid, MD Consult, Up to Date, and Isabel systems.

**Membership**

Memberships to the American Academy of Pediatrics (or subspecialty Society) with yearly AMA Membership with access to IPM Education Modules.

**Miscellaneous**

- Free Parking
- Lab Coats & Scrubs
- Annual Hospital Activities
- Automatic Payroll Deposit
- ATM Machine
- On-site Medical Library
- On-site Fitness Center & Programs
- On-site Pharmacy
- On-site Dry Cleaning
- Entertainment Discount
- Cafeteria Discount
- Notary Services
- NCH Way & SOAR Training

*\*\*\*Please note that determination of PGY level is based on years of accredited training as defined by: Training accredited by the ACGME or the Royal College of Physicians of Canada*

ATTACHMENT D

2023 – 2024

# Dental Resident Benefits in Brief

**Stipends**

PL-1 \$62,420.80  
PL-2 \$65,312.00

**Vacation**

Housestaff are allowed 4 of paid vacation each academic year.

**Sponsored Courses**

PL2 residents may attend the AAPD Qualifying Examination prep course in February upon approval by the Program Director. PL2 residents may attend the AAPD Annual Session in May upon meeting research requirements and approval by the Program Director. BLS and PALS certification courses are provided as part of the PL1 orientation.

**Food**

Lunch is provided at the daily teaching conferences. Food provided when on-call overnight with a card swiping system.

**Visas**

Nicklaus Children’s Hospital will sponsor J1s.

**Annual Program Activities**

2-week Orientation  
Holiday Party  
Faculty vs Trainees Softball Game & BBQ Picnic and Other program team-building activities  
Graduation Ceremony & Dinner  
Dance

**Insurance**

**Medical Insurance**

Subsidized medical insurance coverage is available and becomes effective the first day of NCH employment. There are both HMO and PPO options.

**Dental Insurance**

Subsidized dental insurance is also available. There are both HMO and PPO options.

**Disability & Life Insurance - Basic**

Basic disability and life insurance is provided at no cost to the resident. Additional coverage may be purchased at reasonable rates.

**Medical Malpractice**

Malpractice coverage is provided for all house officers performing within the scope of their duties.

**Other Optional Insurance**

Supplemental Short Term & Long Term Disability  
Accidental Death and Dismemberment  
Supplemental Life Insurance  
Dependent Life Insurance  
Vision Insurance  
Legal Plan  
Pet Insurance  
Cancer Protection  
Critical Illness

Flexible Spending Account  
Family & Medical Leave of Absence  
Employee Assistance Program

**Professional Educational Allowance**

Up to \$2,800 per resident is available for expenses in approved professional education activities mentioned under Sponsored Courses

**Computer and Library Services**

Computers for housestaff use are available in the housestaff call-room area, on inpatient wards, in the library, and throughout the hospital. They can also be used to access the physician portal, previous medical records, lab results, and x-ray computer applications (PACS). Resource information can be accessed via online searches, interlibrary loans, 24 hour library access, and access to Ovid, MD Consult, and Up to Date.

**Miscellaneous**

Free Parking  
Lab Coats & Scrubs  
Annual Hospital Activities  
Automatic Payroll Deposit  
ATM Machine  
On-site Fitness Center & Programs  
On-site Pharmacy  
Entertainment Discount  
Notary Services  
NCH Way Training

***\*\*\*Please note that determination of PGY level is based on years of accredited training as defined by: Training accredited by CODA***

### III. BENEFITS

#### A. Holidays

The NCH Medical Education Department recognizes the below holidays and a holiday schedule may be implemented dependent upon patient needs and requirements.

New Year's Day  
Memorial Day  
Independence Day  
Christmas Day

Labor Day  
Thanksgiving Day  
Christmas Eve (1/2 day)  
New Years Eve (1/2 day)



Residents may join in the observance of all official holidays recognized by the affiliated hospital in which they are assigned at the time of the holiday and consistent with the appropriate performance of clinical responsibilities.

#### B. Vacation

The resident shall be entitled to twenty-eight (28) calendar days vacation as per the employment contract. Such vacation shall be arranged with the individual program director. The timing of the resident vacation is set at a mutually agreed time between the resident and the program director. The Program Director determines which are the rotations or times of the year that a resident might schedule the vacation in.

#### C. Leave of absence

Residents shall be entitled to an unpaid leave of absence in the event of a personal emergency, as determined by NCH and as outlined in the House Office Contract. Prior to taking such leave, however the resident must notify in writing and obtain the approval of the Program Director, and/or the Director of Medical Education/DIO. The notice must state the reason for requesting the leave, the number of days requested for leave and the address of the resident while on leave. If for any reason, the resident is absent for a total of seven (7) or more days from one rotation, or for a total of twenty-one (21) or more days over the Term of this Agreement, Resident shall be required to make up the missed time. Notwithstanding any of the foregoing, Resident must complete the ACGME or other accreditation requirements for training in order to satisfactorily perform under this Agreement and complete the Program. Absences for shorter periods shall be made up by Resident at the discretion of the program director, and/or the Director of Medical Education/DIO, and the chief of the service from which the time was missed. Missed time must be made up during vacation time or during such other times as agreed to by the Program Director and the Director of Medical Education/DIO. If the resident fails to complete required time as stipulated by ACGME

guidelines, they will not finish the PGY level until time is completed. Individuals are not automatically guaranteed re-entry into the training program and therefore should discuss future arrangements with their Program Director prior to commencing a leave of absence. A leave of absence is uncompensated and may affect completion of the residency program.

#### **D. Funeral Leave**

A resident is entitled to funeral leave with pay for three (3) days in the event of the death of the resident's parents, step-parents, sister, brother, children, spouse or spouse's parents. The resident will be entitled to funeral leave with pay for one (1) days in the event of the death of any other relative or person who, in the opinion of the Program Director or Director of Medical Education/DIO meets the criteria for bereavement. Funeral leave must be taken at the time of the funeral and may not be postponed.

#### **E. Military Leave**

Military leave is to be used for attending a regularly scheduled training period or a call-to-duty under a military obligation in the United States Armed Forces. The Medical Education Department will follow guidelines set forth in the Uniformed Services Employment and Reemployment Rights Act (USERRA).

#### **F. Sick Leave**

Residents are entitled to paid sick days at the discretion of the Director of Medical Education and the Program Director up to a maximum of 12 days during each academic year. Sick days are not subject to accumulation if the resident is reappointed. In the event the resident must be absent for more than five (5) consecutive days as a result of sickness, the resident must request a sick leave in writing from the Director of Medical Education/DIO and the Program Director. The sick leave request must be accompanied by a physician's statement and an estimated length of absence. Sick leave must be made up.

#### **G. Unpaid Leave**

Unpaid leaves may be granted in the event of a personal emergency after vacation time has been exhausted. Prior to taking such leave, the resident must notify in writing and obtain the approval of the Director of Medical Education/DIO and the Program Director. The notice must state the reason for requesting the leave, the number of days requested for leave and the contact information (including address) of the resident while on leave. If, for any reason, the resident is absent for a total of seven (7) or more days from one rotation, or for a total of twenty-one (21) or more days during an academic year, the resident shall be required to make up the missed block time. Absences for shorter periods shall be made up by the resident at the discretion of the Director of Medical Education/DIO and the Program Director. Missed time must be made up during vacation time or during such other times as agreed to by the Director of Medical Education/DIO and the Program Director. The resident must complete the ACGME/RRC requirements for training in order to satisfactorily perform under this Agreement and complete the Program.

## **H. Parental Leave – Family and Medical Leave**

Residents employed by NCH considering leave request based on the Family and Medical Leave Act (FMLA) shall be entitled if they meet the requirements stated in the Employee Manual based on FMLA. Residents must give at least a 30 day notice when leave is foreseeable or as much notice as practical and complete required forms as indicated by NCH Medical Education Office and Human Resources Department prior to going on leave. Remaining vacation days shall be used first (this time will be paid); any following days are unpaid of leave. Resident may be eligible for Disability (pursuant to NCH's Short Term Disability Plan). Details of FMLA are explained in the Human Resources FMLA package. Refer to the policy section for the updated policy on medical leave as required by ACGME for trainees in ACGME-accredited programs.

## **I. Professional/Educational Leave**

Educational leave policy for medical education is set by the Institutional GMEC. In the event the resident is eligible for professional leave and approval to take such leave is granted, the resident is responsible for arranging alternate coverage and to notify the hospital operator. The educational leave must be in writing.

For professional leave eligible for reimbursement (See the GME Policy), the resident must submit an approved Travel Authorization Request for expenses to the Medical Education Department with ample time prior to the trip. An expense report must be submitted upon return, along with original receipts. Transportation expenses in the continental U.S.A. and registration fees up to a maximum figure (as determined by the Department of Medical Education) will be reimbursed by the Hospital as funding allows. Please check with the Department of Medical Education prior to making any arrangements in case any of the travel requirements have changed.

## **J. Insurance Benefits**

### **Group Insurance**

The Hospital currently maintains a Flexible Benefits program which allows you several options for Health, Dental, Life, Vision, and Prescriptions Drug plans. The Health, Vision, and Dental Plans require an employee contribution. Basic Life, Short and Long term Disability (L.T.D.) insurance are provided to the employee at no extra cost. An additional one, two, or three times your annual salary in life insurance can be obtained at employee expense. Dependent Life and Accidental Life and Dismemberment coverage is also available. Tax saving benefits including a Health Care Reimbursement Account and/or a Dependent Care Reimbursement Account are also available coverage under the Flexible Benefits Program begins the first of the month following your actual starting date with the Hospital, provided enrollment forms have been completed.

### **Malpractice Insurance**



Resident will be provided with professional liability insurance (covering legal defense and judgments) for services performed pursuant to the Resident Agreement, upon such terms and in such amounts as NCH provides for its other employees providing medical/professional services. If professional liability insurance was provided on a claims made basis during the Term, following the expiration or termination of the Resident Agreement, NCH shall provide a continuous reporting endorsement for the applicable statute of limitations for covered acts occurring during the Term of this Agreement.

### **Worker's Compensation**

If an employee is injured or becomes ill, and said injury or illness arises out of and in the course of his employment, he is entitled to benefits as described by the worker's compensation laws of the State of Florida. Worker's compensation coverage is provided free of charge by the hospital. Any resident involved in an accident or injured while working in the hospital regardless of the injury, must report the accident to the Department Head at once. The Department Head will fill out the necessary referral forms and send the resident to the Emergency Room for proper treatment and completion of an incident report. Worker's

Compensation insurance is administered by the Insurance/Risk Management Office. In order to facilitate the handling of these cases, all matters pertaining to Worker's Compensation must be coordinated with this department.

### **K. Other Residents' Benefits**

The Hospital provides all residents during their training at Nicklaus Children's Hospital, the following benefits, services, sponsored events, and sponsored courses:

- Medical, Dental, Vision and Life Insurance (effective 1<sup>st</sup> of the month following employment); prescription drug plan
- Free Disability Insurance and free Life Insurance
- Malpractice insurance
- Four weeks vacation annually
- Free parking
- Free meal allowance while on-call
- Free lunches at daily conferences
- Access to the physicians lounge for the fellows
- On-site Medical Library and electronic journal availability
- Business cards (by request)
- Professional Organizations Memberships (as determined by their Program Director)
- Research opportunities
- Pediatric Human Patient Simulation Program training
- Mentoring program
- Other available services:



- On-site fitness center
- On-site child care center
- On-site banking
- On-site pharmacy
- Discount at cafeteria
- Entertainment discounts
- Optional insurance plans (e.g., legal services insurance, health care reimbursement accounts, long term care)
- Notary services available on-site
- Educational/developmental classes, such as Spanish Language Courses and computer training
- Sponsored Events:
  - Annual Residents Day
  - Annual Holiday Party
  - Resident Graduation Banquet
  - Faculty Sponsored Parties and Events
  - Annual Softball Game – Trainees vs Attendings
  - NCH Employee appreciation events
- Sponsored Courses:
  - Basic Life Support (BLS)
  - Pediatric Advanced Life Support (PALS)
  - Neonatal Resuscitation Program (NRP)
  - Advanced Cardiac Life Support (ACLS)
  - Simulation training
  - Weekly Radiology and Grand Rounds Conferences
  - Free CME meetings sponsored by NCH

## IV. POLICIES AND PROCEDURES – GME SPECIFIC

It is important that residents familiarize themselves with the policies, rules and regulations of Nicklaus Children’s Hospital as well as those of the affiliated institutions where training will occur. Information regarding policies and rules of the affiliated hospitals is provided at the hospital orientation. General NCH GME policies and procedures are briefly discussed below. Specific questions and procedural issues should be directed to the GME Office.



### A. Americans with Disabilities Act (ADA)

NCH strives to ensure that all goods, services, facilities, privileges, advantages and accommodations are meaningfully accessible to qualified persons with disabilities in accordance with federal and state laws.

### B. Compliance

NCH places high priority on “compliance” with the laws, rules and regulations applicable to healthcare services. The Hospital considers this an important aspect of excellence in teaching and patient service, and has established a Compliance Plan that includes related training, monitoring and corrective action. Because Housestaff must play an integral role in providing and documenting patient services, they are expected to become knowledgeable about the regulated aspects of patient billing, resident participation in providing patient care, and resident supervision. Residents must be certified in HIPAA compliance. Information regarding compliance and related training requirements will be made available at Resident Orientation, departmental grand rounds, and at senior resident retreats.

### C. Drug-Free Workplace

NCH is a drug-free workplace. The policy prohibits the unlawful manufacture, distribution, possession or use of alcohol or controlled substances on NCH property or in connection with any of its activities. No resident may report to work while under the influence of illegal drugs or alcohol. Any resident determined to have violated this policy shall be subject to disciplinary action. Individuals forging prescriptions or otherwise illegally obtaining controlled substances will be subject to severe disciplinary measures as well as formal criminal prosecution. Such actions are also cause for evaluation/treatment for substance abuse and referral to the Physicians Resource Network (PRN). Individuals declining referral to the PRN will be reported to the Board of Medicine and may be subject to adverse consideration by NCH. Additionally, individuals are subject to federal, state, and local laws.

### **PHYSICIANS RESOURCE NETWORK (PRN)**

The Florida Medical Practice Act (Florida Statute 458; See Appendix 2.A., Impaired Physicians Act F.S.458.331), the Legislature, Department of Business and Professional Regulation, Board of Medicine, and the medical profession authorize and support the Florida Impaired Practitioners Program. The Physicians Resource Network (PRN), a part of the program, was established to address the specific needs of the impaired physician. The PRN can be reached by calling (800) 888-8PRN (8776) or writing to PRN, PO Box 1881, Fernandina Beach, FL 32034. Incoming residents may be referred to the PRN in conjunction with their Board of Medicine Application for an Unlicensed Physician in Training.

### **DRUG TESTING**

NCH and its affiliated institutions have specific policies and procedures regarding drug screening/testing. It should be noted that all institutions have authority to request random specimens for drug and alcohol screening. All employees of NCH must submit appropriate specimens for drug and alcohol screening prior to beginning service rotations.

## **D. Nondiscrimination**

NCH prohibits discrimination against any employee based on race, color, sex, religious creed, national origin, age, veteran status, handicap, political affiliation, sexual orientation, or marital status. Any discrimination concerns should be reported to the Program Director or Office of Graduate Medical Education.

## **E. Licensure, Registration and Certification**

### **1. Medical License**

The State of Florida requires that all practicing physicians hold a valid Florida medical license in order to provide healthcare services. Resident physicians, who are officially enrolled in an accredited post-graduate training program recognized by the state, must either hold a valid license in the State of Florida or must be continuously registered with the Board of Medicine. Unlicensed residents may not participate in patient care until registration has been approved by the Board of Medicine. Consideration should be given to the conditions of the Good Samaritan Act (See Appendix B) during the course of training in the residency program. Housestaff who wish to be licensed in the State of Florida are required to file formal application, pay a licensing fee, and have passed an appropriate certifying examination that includes the the USMLE Step 3 within ten years of application for licensure. The application for State licensure can be obtained from [www.doh.state.fl.us/mqa](http://www.doh.state.fl.us/mqa) Application materials and specific information on application procedures are available from the USMLE website at [www.usmle.org](http://www.usmle.org). Information is also available from the medical licensing authority in the jurisdiction where the examination is intended to be taken. Step 3 is administered by the individual medical licensing authorities of the United States and its territories. USMLE test dates can be obtained through their website at [www.usmle.org](http://www.usmle.org), or call (817) 868-4000. The USMLE is the only mechanism currently available for obtaining a license to practice medicine in any state in the US. Although regulations vary slightly from state to state, all states now

have a limitation on the time frame over which all three parts of the USMLE must be taken. In Florida, Step 3 must be taken within 7 calendar years of having taken Step 1. Because of the limit on the number of years and the fact that the Step 3 is easier to take early after medical school, we require that individuals take Step 3 of the USMLE before the end of their PGY-2 year.

## 2. Registration

### *a. Drug Enforcement Agency (DEA)*

Individuals with a valid license to practice medicine in Florida may apply for registration with the Drug Enforcement Agency and receive a DEA number. The DEA number allows the individual to prescribe controlled substances for patients. Application forms are available through the residency coordinators or the GME Office. Only physicians licensed in the State of Florida or holding a valid registration may write prescriptions. **Physicians may not write prescriptions for themselves or for members of their immediate family. Similarly, residents are not authorized to write prescriptions for other residents.** Prescriptions are legal documents and must comply with Florida requirements: patient's full name, patient's address, date, name of drug, strength of drug, amount dispensed, instructions for use, number of refills. Florida statute requires that all prescriptions must be printed and legible in order to be filled. E-Prescribing is preferable when possible. The prescription must be signed and must also include the printed name of the physician. A current phone number for the physician should be included. For controlled substances, a physician-specific DEA number must be included. Unlicensed but registered physicians-in-training are not eligible for a DEA certificate and therefore must use a hospital-specific registration number issued by the Board of Medicine. The institutional DEA number is not valid for activities outside the scope of practice of the Program. Pharmacies may refuse to fill a prescription if it is not legible and does not comply with Florida regulations; additionally, some pharmacies will not accept prescriptions from unlicensed physicians-in-training. Prescriptions for controlled drugs must be written or countersigned by a Florida-licensed physician with a valid DEA number.

### *b. Unlicensed Physicians*

#### **All pediatric residents must be aware of and act upon the following:**

*Florida law mandates that any person desiring to practice as a resident physician, assistant resident physician, house physician, intern or fellow must have a valid, active physician's license in Florida or must register with the Florida Board of Medicine before beginning practice.*

Unlicensed residents may not participate in patient care until registration has been approved by the Board of Medicine. Providing care to patients without a license or current registration with the State of Florida is "practicing medicine without a license" and violates state law.

The initial registration is good for two years. The resident must understand that registration with the Florida Board of Medicine automatically expires after two years without further action by the Board unless the Board approves an application for renewal. It is the resident's responsibility to obtain appropriate renewal of his/her unlicensed physician registration number. Renewal must be submitted ninety (90) days prior to the date of expiration of current registration.

Failure to renew the registration will result in dismissal from all clinical duties until the Board has approved such registration. To practice medicine without a license or registration is a criminal offense in the State of Florida. No exceptions will be made.

Should the position for which the resident is hired require licensing or certification, employment is contingent upon proof of current license or certificate and subsequent renewal at intervals as required. Valid Visas for employment as a physician in training are required for any non-US. Citizen. NCH Medical Education only offers J1 Visa Spondored by the ECFMG. Exceptions are discussed on a case by case basis.

### **3. Requirements for Board Certification**

Requirements for Certification by the ABMS - Each Board of the American Board of Medical Specialties has individual requirements and residents should be familiar with them. A summary of each set of board requirements is available in the AMA publication "Graduate Medical Education Directory" which is published each year and which is available in your program director or coordinator's office. In addition, important information regarding requirements and applications is available on the ABMS website, with links to the individual websites for each Board. Listed here is a brief summary of the current requirements. Please note that many Boards have a requirement for a minimum number of weeks worked for a year of training to qualify for board certification. If you have concerns about your eligibility, please meet with your program director and/or contact the appropriate Board for information.

### **F. Performance Evaluation and Assessment of Competency**

Resident Evaluation Policy: It is the policy of Nicklaus Children's Hospital Department of Medical Education to require programs to evaluate their residents in a competency-based manner based on the ACGME six competencies and their related program-specific milestones - patient care, medical knowledge, practice-based learning improvement, interpersonal and communication skills, professionalism, and system based learning. These areas are evaluated through a wide variety of evaluative procedures that accomplish close monitoring on an ongoing formal and informal basis by daily observation, written assessment and individual feedback. There will be an Evaluation of Professionalism and its components will be Honesty, Reliability, Respect, Compassion, Self-improvement, Self-awareness, Collaboration, and Altruism.

Residents shall be provided an opportunity for self evaluation during individual feedback sessions and to be appraised by their peers by attending physicians and preceptors, and by the Program Director. All of this evaluation is coordinated and interrelated by the Director of Medical Education who is responsible for assuring that the evaluation occurs and is reported to the Program Director. The Program Director has the ultimate responsibility for assessing resident performance and determining whether there has been satisfactory completion of the Program as determined by the program's Clinical Competency Committee (CCC).

Each training program is required by the Office of Graduate Medical Education to:

- 1) Provide an overall periodic and annual resident performance analysis summaries to the Graduate Medical Education Committee semiannually (as part of the program directors' periodic reports), and to program faculty on an ongoing basis
- 2) Each program CCC must meet bi-annually to discuss each resident's performance and achievement of the program's milestones as reflected by the various sources of evaluation available to the program. The CCC reviews the documentation, assesses the competency level of each milestone against the expected level based on the Dreyfus model of competency assessment (Novice, Advanced Beginner, Competent, Proficient, and Expert). The CCC generates its recommendation(s) and submits it to the program director.
- 3) Each program director must have a bi-annual performance evaluation meeting with each resident. The meeting should focus on the CCC report, academic progress, future career goals, and formulation of an individual learning plan (ILP) for upcoming six months that addresses any deficiencies. These performance evaluations are to be documented in the resident's portfolio.
- 4) Yearly program evaluation to be completed by each resident and teaching faculty at the end of each academic year: The data gathered from this instrument are carefully analyzed and the summary results are discussed by the Program Evaluation Committee (PEC), the Program Director, and the Director of Medical Education. The results are presented to the Graduate Medical Education Committee along with assessment and a plan for addressing areas of weakness or opportunities for improvement in the form of an Annual Program Evaluation (APE). This instrument is used as a means of identifying those strengths and weaknesses of the program itself as well as its administration and delivery and to delineate further strategies for program improvement and development.

All residents' formative and summative performance evaluations are reviewed by the Program Director, and Director of Medical Education/DIO. Individual meetings are periodically scheduled with each resident throughout the academic year in order to discuss resident performance, allow the resident to provide input relative to the program, discuss career plans, and ascertain the resident's status as to manual skills and subspecialty rotation selections. Promotion to the next level of training shall be dependent upon satisfactory overall performance as well as completion of all program requirements. It is also advisable that every resident has a faculty advisor assigned to him/her in addition to the Program Director.

In addition to the above formal program evaluation, the training program incorporates the following data sources and strategies as a guide to decision making with respect to developing more efficient, effective, and appropriate management systems for residency training; requirements from the Accreditation Council for Graduate Medical Education, Department of Health and Human Services, and other agencies; hospital policies; program staff meetings; minutes of official committee meetings; interviews with faculty and residents, hospital administration and key consultant sources outside of Nicklaus Children's Hospital.

## **G. Procedure Logs**

The resident from each training program will be responsible for documenting and maintaining of log of all procedural skills on the online Case Log Program Database. The list of the procedures is program specific and is determined by the program director. This log will be reviewed by the CCC and the Program Directors twice a year during the residents' biannual evaluation review. Supervision and documentation of skills must be by faculty or others with documented competence in the procedures.

## **H. Duty Hours**

Nicklaus Children's Hospital must comply with the Accreditation Council for Graduate Medical Education's duty hours standards, which limit resident duty hours to a maximum of 80 hours a week and set other restrictions on duty hours.

In addition to the weekly duty hour limit, the standards also include provisions for rest periods and days free from resident duties. Duty hours are defined as time spent on educational and clinical activities related to the residency program, including patient care, administrative duties related to patient care and academic activities. Specific provisions include:

Residents are limited to a maximum of 80 duty hours per week, including in-house call, averaged over four weeks. In certain cases, residency programs will be allowed to increase duty hours by 10 percent if doing so is necessary for optimal resident education and the program receives approval from the appropriate RRC.

Residents must be given one day out of seven free from all clinical and educational responsibilities, averaged over four weeks.

Duty periods cannot last for more than 24 continuous hours for all PGY levels.

Residents should be given at least 8 hours for rest and personal activities between daily duty periods and after in-house call.

Internal and external moonlighting must be counted toward the 80-hour weekly limit of duty hours.

The program will periodically check the hours of the residents to make sure the program complies with the ACGME Duty Hour Standards.

If a resident feels they are not in compliance with the above, they should contact the Director of Medical Education/DIO or the Program Director.

It is the responsibility of the Program Director to establish a mechanism to track the residents' work hours, monitor the hours tracked, and monitor for any signs of fatigue or sleep deprivation.

## **I. Handoff Procedures**

It is the responsibility of the resident to have a complete, appropriate, and face-to-face hand off between shifts and whenever the patient is moved between units (from ED to Floor, from floor to PICU and back, from floor to surgery and back etc.). Residents are expected to follow the standard hand off and transition of care procedures using the SBAR structured communication technique (As per the iPASS Training curriculum) supplemented by the EMR-generated hand off iPASS tool. Structured routine hand off occurs in morning report and in the evening at shift changes face-to-face and in writing.

## **J. Moonlighting**

It is absolutely forbidden for any resident at Nicklaus Children's Hospital, to participate in employment activities (working at other institutions or covering for other physicians) while under contract to Nicklaus Children's (i.e. external moonlighting is NOT permitted). Internal and external moonlighting must be counted toward the 80-hour weekly limit of duty hours. Unauthorized moonlighting may result in dismissal from the program. All moonlighting activities require prior written approval by the Program Director and may be discontinued at any time at the CCC and the Program Director's discretion

## **K. Research at NCH**

Residents must follow all Nicklaus Children's Hospital Research Institute (NCHRI) policies during the conduct of research. All research must be approved by the NCH-designated Institutional Review Board (IRB) prior to the beginning of any research project, including chart reviews. Residents may not be Principal Investigators (PIs) in a research study per NCHRI policy. All IRB proposals must be signed by the attending physician or other researcher who is the project's PI (a copy will be given to the Medical Education office for the resident's file). Any questions regarding research can be addressed with NCHRI Research Administration.

## **L. Unexcused Absence**

If a resident does not show up for assigned hours, including night call, without notifying his Chief Resident or Program Director, the absence will be considered unexcused and subject to progressive discipline. Unexcused time will be taken as leave from the resident's leave entitlement. If the unexcused absence is repeated, disciplinary action may be taken by the Program Director depending upon the severity and frequency of the infraction. Arrangements for "payback" to other residents who may be assigned to cover night call or assigned hours will be made at the discretion of the Program Director.



## V. POLICIES AND PROCEDURES – NCH SPECIFIC

### A. Category of Employment

Residents are members of the Medical Staff, recognized as physicians in training, and employed by the hospital with certain limited privileges to practice medicine within the hospital under supervision. Residents are hospital employees and as such should become familiar with the “Nicklaus Children’s Hospital’s Employee Handbook”. A copy of this hand book is available online on the NCH TM&E Department Intranet (Employee Services).

The residents shall abide by the current Rules and Regulations of the Training Program as described in this manual. This document is designed as a guide to the resident. Where applicable, the Bylaws and Rules and Regulations of the Medical Staff and the Bylaws and Rules and Regulations of the Hospital shall always be the basis upon which the resident’s activities applicable to Nicklaus Children’s Hospital shall apply.

### B. Employment Application Verification

All offers of residency with the Hospital are contingent upon satisfactory verification of prior work and educational background, as well as verification of any information included in the application for residency. Discovery of falsification of information on the application shall be grounds for dismissal at any time after discovery by the Hospital.



### C. Personnel Records

All employment records, including the initial application, W-4 Federal Withholding Tax Form U.S. Immigration Service I-9 Form and Medical History Questionnaire must be completed and in the Medical Education office on the first regular business day worked.

### D. Employee Identification

Every employee is provided with an identification badge bearing the employee's photograph. Photographs are taken at the Hospital's expense. These identification badges must be worn, photo side up, by the employee at all times while on duty in the Hospital and must be surrendered upon request by the Hospital. Identification badges remain the property of the Hospital and may not be used for identification purposes outside the Hospital. Lost cards will be replaced, at the employee's expense, by the Human Resources Department. It is important that all residents wear these cards to identify themselves to patients, parents, visitors and staff. Presentation of ID badges is also necessary for discount privileges in the cafeteria and for periodic unannounced payroll audits. (At these times, checks will not be issued until the employee presents an identification card.)



Personal business cards will be provided to residents upon request to be given for patient-physician identification.

#### **E. Change of Address or Other Personal Statistics**

The Medical Education office and the Human Resources Office should be promptly notified of any change of address, telephone number, or name change. Tax status (W-4) changes should also be made at the Personnel Office.

#### **F. Employee Health Requirements**

All residents will complete a pre-placement assessment to assure that the resident is fit for duty and free of communicable disease. The assessment may include physical examination, health history, and laboratory blood tests for protection from Measles, Rubella, Chickenpox, and Hepatitis. Screening for Tuberculosis will include skin testing or chest x-ray as indicated.

A resident may be required to have a physical examination at any time deemed advisable by the Employee Health Nurse. Semi-annual re-examination is required for certain job categories.

Assessments and required vaccines are done at the expense of the Hospital. Any medical follow-up required to assure fitness for duty is at the resident's expense.

Infection control policies are available in each department, listing communicable diseases, which would exclude an employee from working in certain job activities. Communicable diseases identified in residents are reported immediately to the Infection Control Department. A summary of all resident illnesses is sent by the Health Office to the Infection Control Department monthly.

Tuberculosis prevention education, which may include skin testing (on an annual assessment/questionnaire for those whose PPD are positive), must be completed each year on the resident's anniversary. This must be documented before the performance evaluation is completed. (A salary increase will be delayed until this requirement is met and when eventually given will not be retroactive.)

## G. Drug Screening Policy

Nicklaus Children’s Hospital has an obligation to provide quality patient care and a safe environment for patients, families, employees and visitors. All applicants will be screened for drug use and, where indicated, for alcohol abuse. The urine drug screen test shall include a test for certain psychoactive chemical agents which include:

Amphetamines	Opiate Derivatives
Cannabinoids	Phencyclidine
Cocaine	

It is the intent of the drug screening program to test for those chemical agents that frequently are the drugs of dependency. Therefore, the preceding list of psychoactive agents is subject to continual review and possible modification.

Any resident who tests positive for the presence of any of the psychoactive chemical agents shall not be employed. However, an applicant may be considered for employment and re-testing after a period of twelve months. Upon the successful completion of a subsequent test, the applicant is eligible for employment providing he/she, as a condition of employment, agrees to submit to periodic and random urinalysis for a period of twelve months.

It will be the responsibility of the Medical Education Department to:

1. Inform all applicants of the requirement for a pre-employment urine drug screening test.
2. Have the “selected candidates” execute the Drug Screen Informed Consent document as a condition of employment (part of employment application).
3. Schedule the urine drug screening test for the applicant (“New” or “Special”). Refer the candidate to the Employee Health Office for an appointment for drug screening.
4. Review the results and request confirmation tests when advised by the testing lab.
5. The Human Resource Department/Employee Health Office will clear the candidate or notify the candidate that the offer of employment is withdrawn as a result of failure to meet minimum employment standards (after the candidate has also failed to pass the follow-up confirmation test.)

## H. Management’s Responsibilities And Rights

The Hospital recognizes and accepts its responsibility to provide those services necessary to ensure quality patient care and contribute to the health needs of the community. The Hospital reserves the right to determine the type and extent of work which must be performed by each resident and to make changes when deemed necessary to establish and maintain the most efficient methods and procedures for the operation of the Hospital and to set forth the standards of performance necessary to achieve the Hospital’s objectives.

Furthermore, the Hospital has the responsibility to provide the community with a staff of fully qualified personnel. Therefore, the Hospital must reserve the right to recruit and select its work force, determine specifications to select the applicant who best matches the job and to assure

effective performance. The Hospital is an equal opportunity employer and does not discriminate on the basis of race, sex, creed, age, religion, sexual orientation, national origin, or disability.

## **I. Fitness for Duty**

It is the responsibility of Hospital management to provide a safe environment and to promote the health of its patients, visitors and employees. The Hospital requires its employees to report to work and perform their duties without any adverse effects due to the use or abuse of drugs, medications or alcohol.

Any person who is unable to perform their assigned duty properly, who has an excessive rate of absenteeism or who is disruptive on the job is subject to normal Hospital disciplinary procedures up to and including dismissal.

However, employees with at least six months of service who acknowledge having problems with drugs, alcohol, medication abuse or emotional difficulties are eligible for a Medical Leave-of-Absence under Hospital policy and for those treatment options available through the Hospital's medical plan, health care employee professional programs and any employee assistance program then in effect. To be eligible for the Medical Leave-Of-Absence, the employee must have applied before a termination has occurred.

Employees who demonstrate impaired performance resulting in an incident report may be required by the Hospital to undergo testing for drug or alcohol abuse or to participate in an evaluation by a qualified outside agency. Refusal to undergo such testing or evaluation shall constitute insubordination and shall be dealt with under the regular disciplinary procedure.

Employees who demonstrate impaired performance which has not yet resulted in an incident involving patient care, safety, damage to Hospital equipment or injury to themselves, but whose behavior indicates reasonable cause for concern, may be requested to undergo testing or evaluation. This decision must be made by two management personnel. Their refusal to do so will not result in termination.

Any problems with performance, attendance, or incidents in the future will be dealt with under the regular disciplinary procedures of the Hospital. Therefore, the employee will have waived any further Medical Leave of Absence or the Employee Assistance Program consideration.

## **J. Drug Free Workplace Act of 1988**

The Hospital is subject to the Drug Free Workplace Act of 1988. This act states in a formal way what our policy must be regarding the work-related effects of drug use and the unlawful possession of controlled substances on Hospital premises. The policy is as follows:

1. Employees are expected and required to report to work on time and in appropriate mental and physical condition for work. It is Nicklaus Children's Hospital's intent and obligation to provide a drug-free, safe, healthful, and secure work environment.
2. The unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance on hospital premises or while conducting Hospital business off hospital premises is

absolutely prohibited. Violations of this policy will result in disciplinary action, up to and including termination, and may have legal consequences.

3. The Hospital recognizes drug dependency as an illness and a major health problem. The Hospital also recognizes drug abuse as a potential safety and security problem. Employees needing help in dealing with drug dependency are encouraged to utilize the coverage provided under our health plan and the services offered under the Employee Assistance Program. Conscientious efforts to seek such help will not jeopardize any employee's job, and will not be noted in any active personnel record.
4. Employees must, as a condition of employment, abide by the terms of the above policy and report any conviction under a criminal drug statute for violations occurring on hospital premises or off Hospital premises while conducting Hospital business. A report of a conviction must be made within five (5) days after the conviction. (this requirement is mandated by the Drug Free Workplace Act of 1988).

## **K. Harassment and Discrimination**

The most common forms of discrimination are based on prejudice and misperception about individuals based on their identification with a group.

These misperceptions regarding the workplace abilities and qualifications of the disabled, members of various minority groups, and people of different ages and genders have caused the enactment of comprehensive rules of federal and state law over the last 35 years prohibiting discrimination against members of certain groups.

In addition, other local laws prohibit employment discrimination on the additional bases of ancestry, language, marital status, or sexual orientation. NCH has incorporated those concepts into the categories protected under the hospital policies.

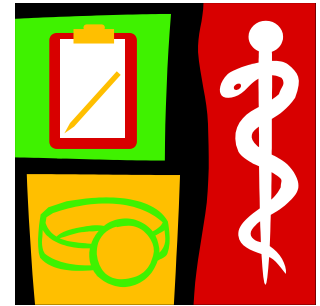
NCH is committed to fostering a workplace where both the letter and spirit of anti-discrimination laws are followed and respected. One of the specific purposes of our policies is to strongly encourage members of the NCH family to bring these matters to our attention so we can resolve the problems quickly and thoroughly within NCH.

All NCH employees are strictly prohibited from discriminating in recruiting, interviewing, hiring, firing, promoting, training, disciplining, establishing compensation and benefits, salaries, and in all other terms conditions and privileges of employment based on any of the criteria listed above or acting in any way that violates any of the policies discussed above. Furthermore, a failure to comply will subject any NCH employee to discipline up to, and including, termination.

## **L. Reporting of Unlawful Conduct**

Any employee of NCH who believes that he or she is the victim of discrimination or sexual or other prohibited harassment or that his or her work is being unreasonably interfered with by such conduct should indicate to the violator that such conduct or language is unacceptable. Then such individual is required to immediately report the conduct to his/her immediate supervisor, or the

Director of Human Resources. If these individuals are not available or do not appear to take your complaint seriously, the affected individual may also contact any manager or officer of NCH who will insure that the matter is brought to the immediate attention of the Director of Human Resources. Anyone who is made aware of discrimination and sexual harassment and fails to report it according to these procedures may be subject of disciplinary action, up to and including termination.



Even when discrimination or sexual harassment is caused by a fellow employee, or by a non-employee third party, such member of the medical staff, a vendor or a visitor, it should be immediately brought to the attention of NCH through the same reporting channels. If the discrimination or harassment comes from a third party, NCH will take whatever action is reasonable within its control to correct the situation.

All reported complaints will be treated as confidentially as circumstances permit and will be investigated and resolved promptly. However, all employees should realize that NCH has, from the moment it is on notice of a possible violation of these policies, an affirmative duty to promptly investigate and take corrective remedial action if necessary.

## **M. Physical or Verbal Abuse**

NCH is committed to maintaining a work environment for employees and physicians free of physical or verbal abuse. Forms of physical or verbal abuse include:

- Loss of emotional control resulting in the offending of an individual in the presence of a patient, family member, visitor or other hospital employee or physician.
- Verbal abuse that results in condescending, demoralizing or demeaning criticism of any individual in the Hospital.
- Loss of emotional control that results in a physical demonstration such as throwing objects or damaging furniture or workplace surrounds.

There is no acceptable justification for physical or verbal abuse; therefore, the investigation of such conduct will focus solely on whether the physical or verbal abuse occurred and will not address any alleged reason for the conduct.

When the alleged physical or verbal abuse is committed by a manager or employee of the hospital, it should be reported to a Manager, Department Head or Vice President responsible for the area.

## **N. Status of Records**

Medical record completion is a responsibility of all resident and attending staff physicians. Failure to complete medical records constitutes grounds for suspension from the residency without pay or credit. If such suspension occurs, reinstatement is not automatic upon completion of delinquent records, necessarily. All residents are required to have completed all medical records prior to June 30th of each year. Unless this obligation is met, salary level and promotion to the next level or

graduation will not be granted. Any resident who leaves the training program with incomplete records will not receive a certificate or educational credit for having completed that year of training

## **O. Professional Conduct**

Nicklaus Children's Hospital continually strives to strengthen its commitment to the care of children by:

- Providing the patient and family with highly qualified professional, technological, and support personnel in a family-type setting, where comfort and dignity are second only to superior care.
- Creating a suitable emotional and spiritual setting, an at-home atmosphere, providing for the special needs of children for play, comprehensive outdoor recreation, and early ambulation.
- Residents should attend their patients and their families without undue delay in a manner as competent and as thorough as possible. Residents should provide a caring and humanistic environment for patients and their families, always strengthening positive behavior such as courtesy, respect, and understanding.

## **P. Discipline**

Nicklaus Children's Hospital recognizes that one of the major factors affecting the safety of its patients, efficiency and human relations is the on-the-job conduct and performance of its residents. Poor and inconsistent disciplinary procedures disrupt and undermine the morale of the entire resident staff. Nicklaus Children's Hospital therefore adheres to the policy that:

- 1) All residents shall make themselves aware of expected rules of conduct and performance, as presented in this manual.
- 2) When discipline is necessary, it shall be administered in a fair, impartial, consistent and constructive manner.
- 3) Continuing improper conduct or performance shall invoke disciplinary measures which may include probation, suspension, or dismissal.
- 4) Any breach of rules, regulations, duties, or responsibilities will be brought to the attention of the Program Director.
- 5) A written record will be made of all warnings given and disciplinary measures taken.
- 6) Serious misconduct can result in immediate administrative action including dismissal.

Further details on Disciplinary Action, Grievance, and Appeal Process are delineated in the corresponding GME Policy

## **Q. Bill Of Rights And Responsibilities For Patients And Parents**

The following statement is given to every family when their child is admitted to the Hospital. It is important that our employees be aware of these rights and responsibilities.

Nicklaus Children's Hospital has a responsibility to give your child appropriate medical care. The following is a set of guiding principles of patient care. It is important for you to know what your child's rights are as a patient and what your rights and obligations are as a parent and user of this hospital. We encourage you to talk with those involved with your child's care.

**You and your child have the right:**

- 1) To considerate, respectful care and to privacy consistent with the care prescribed. This includes consideration of the psychosocial, spiritual, and cultural variables that influence the perceptions of illness.
- 2) To receive care in a safe, well protected environment, conducive to emotional and physical well-being.
- 3) To know by name the physicians, nurses and staff members responsible for your child's care; to receive responses to questions and requests; and to receive information regarding your child's diagnosis, the treatment prescribed, the prognosis of the illness and any instruction required for follow-up care, in language you understand.
- 4) To know what patient support services are available to you and your child.
- 5) To request a consultation or second opinion from another physician; to change hospitals.
- 6) To participate in decisions regarding the medical care of your child. To the extent permitted by law, this includes the right to request consent for treatment; to cross out and initial any part of a consent form that you do not want applied to your child's care; to withdraw consent, and to be informed of the consequences of these actions.
- 7) To have appropriate assessment and management of pain.
- 8) To participate in the consideration of ethical issues arising in the care of your child through the Hospital Bioethics Committee.
- 9) To expect all communications and other records pertaining to your child's care including the source of payment for treatment, to be kept confidential except as needed for proper treatment and hospital administration, or as authorized by appropriate consent, or otherwise provided by law or third party payment contract.
- 10) To be informed of the hospital's policies regarding payment; to request, prior to treatment, an estimate of charges for medical care; and to request information and counseling on the availability of known financial resources for your child's care.
- 11) To receive an itemized bill, and to request an explanation of the charges.
- 12) To have access to your medical records within a reasonable time frame.
- 13) To have access to the medical resources of the hospital indicated for your child's care without regard to race, national origin, religion, handicap, or source of payment.
- 14) To treatment for emergency medical conditions that will deteriorate from failure to receive treatment.
- 15) For information about medical treatment given for the purpose of research, or research being conducted in addition to medical treatment; and, to refuse to participate in research, with the assurance that care will not be adversely affected by such a refusal.
- 16) As a patient, age 18 or older, you have the right to receive information regarding advance directives.
- 17) To express concerns or complaints regarding these rights or the quality of care and service provided by Nicklaus Children's Hospital to the Patient/Family services Department.



**You have the responsibility:**

- 1) To follow the policies of the hospital and the specific unit. Parents or other responsible adults should accompany minor children on any hospital visit and observe all hospital rules.
- 2) To provide, to the best of your knowledge, accurate and complete information about present complaints, including any symptoms, past illnesses, hospitalizations, medications and other matters relating to your child's health; and, to report unexpected changes in your child's condition.
- 3) To notify your child's physician or nurse if you do not understand a diagnosis, treatment or prognosis; and, to ask for clarification if you do not understand papers you are asked to sign.
- 4) To cooperate and to follow the care prescribed or recommended for your child by the physician, nurses or allied health personnel.
- 5) To keep your appointment(s) and to be on time. When an appointment cannot be kept, the hospital or the clinic should be notified as soon as possible to cancel the appointment and arrange for a new one.
- 6) For your actions and their consequences if you refuse treatment for your child, or do not follow the physician's instructions.
- 7) To assure that the financial obligations associated with your child's care are fulfilled as promptly as possible.
- 8) To be considerate of the rights of other patients and hospital personnel by assisting in the control of noise, the number of visitors your child receives, and by observing the no smoking policy. You are welcome to stay in your child's room provided the rules and regulations are adhered to. Parents of patients in the Intensive Care Units and in the Psychiatric Inpatient Unit are encouraged to visit their child. However, in order to respect the unique needs of children who require our most intensive care, parents may not spend the night at the bedside.
- 9) To advise your nurse, physician, or any members of your health care team of any dissatisfaction you may have with your child's care.

The Patient/Family Services Department is responsible for pursuing and/or referring any questions, concerns, complaints or grievances you may have about your rights or the quality of care and service provided by NCH. You may contact the Patient/Family Services staff directly at extension 2455, or ask any staff member to contact them on your behalf. If this is an emergency, please call the hospital operator (dial 0) and ask for them to beep the Operations Administrator. We will gladly address any issues or concerns that you may have regarding your child's care.

**R. Ethics And Confidentiality**

All Hospital employees share the responsibility for observing the code of ethics that regulate the activities

medical and management professionals. The following rules apply :

- 1) Physicians alone have the legal right to diagnose and treat human physical or mental illness and injury.

- 2) Any information regarding the patients treated at Nicklaus Children’s hospital is strictly confidential and must never be discussed with anyone except as it pertains to the performance of assigned duties. Conversations in elevators, the cafeteria, and other public areas, as well as outside the Hospital, are especially prone to become sources of breaches of this confidentiality.
  - A. All must follow the HIPAA (**H**ealth **I**nsurance **P**ortability and **A**ccountability **A**ct) regulations. This means keeping communication about patient health information limited to those who need the information in order to provide treatment, payment, and healthcare operations (TPO) only.
  - B. When faxing confidential information, be sure to double-check the fax number. Do not fax highly confidential information (such as psychotherapy notes).
- 3) Employees are not to burden patients or other employees with their personal problems or opinions.

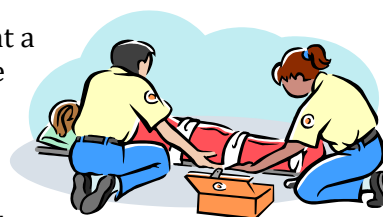
**S. Code Calls:**

The hospital has a number of defined procedures in the event of various disastrous conditions. Residents shall participate as specified. These conditions will be paged as follows:

**Fire: “CODE RED”** This code signals the possibility of a fire within the hospital. All employees should perform those fire duties outlined in the Fire Manual. Residents have no specific duties in a Code Red. Fire drills are held at regular intervals and require the participation of all employees. All employees should also take precautions against creating potential fire conditions and notify supervisory personnel of possible violations.

**Disasters: “CODE D”** Separate manuals on procedures for internal or external disasters will be implemented if a disaster is declared. These are kept in each department and at every nursing station. All residents should report to the Emergency room for duty assignment. Disaster drills will be conducted periodically, and require the participation of all personnel.

**Cardiorespiratory Arrest: “CODE BLUE”** In the event a person in the hospital suffers a Cardiorespiratory arrest, the procedures to be followed are delineated in the Cardiopulmonary Resuscitation Manual. Residents familiarize themselves with their duties in such an event so that they may be prepared to function competently.



person  
must  
event

**Bomb threat : “CODE 13”** signifies a bomb threat. All personnel are instructed to search your immediate area for strange bags, packages, or containers. Such containers should be left alone, untouched, and the hospital operator notified.

**Trauma Network: “CODE ORANGE”** indicates a trauma patient is enroute by emergency transport. The primary responders to a “Code Orange” are the Pediatric Surgeon, the Emergency Department Pediatrician, the Intensivist, and the senior resident on each of these respective services will also respond.

**Code 36:** Child Separated from Parent.

**Code Water:** Unsafe to drink water.

**Code Blackout:** Outside power supply is interrupted.

**Code Ivory:** Infectious Disease – Wear PPE

**Code Lindbergh:** Kidnapping.

**Code Strong:** Violent visitor or staff.

**Code Bear:** Aggressive patient.

**Code R.A.I.N.:** Active threat.

**Code Spill:** Hazardous material spill.

**RRT:** Rapid Response Team

**Code D/D – NBC:** Disaster: Internal/ External, Nuclear/ Biological/ Chemical, Mass Casualty Incident

**STAT:** If paged, respond immediately

## T. Stat Pages

STAT pages should be reserved for medical emergencies only. A person who is paged STAT must go immediately to the required area. Medical emergencies are those situations where a person's life is in potential jeopardy.

## U. OSHA Safety Rules

The Occupational Safety and Health Act (OSHA) of the Federal Government has very specific regulations and requirements for the occupational safety and health of employees. You will be kept informed of these regulations as they apply to you as an individual by your Department Head, the Risk Management Department, and the Safety Committee Chairman.

An employee may be discharged for failure to follow safety rules.

## V. Safety Program

The Hospital Safety Committee meets monthly and maintains written reports of its activities. The Safety Committee activities include: Analyzing incident reports, conducting safety inspections and recommending methods of improving patient, employee and public safety. Any Hospital employee

is welcome to present any matter of concern to the Safety Committee. ALL EMPLOYEES HAVE AN OBLIGATION TO INFORM THE COMMITTEE WHENEVER A HAZARDOUS CONDITION IS OBSERVED.

## **W. Miscellaneous**

### **Bulletin Boards**

The primary Hospital bulletin board is located in the hallway between the Credit Union and the Cafeteria. Notices of events and changes that may affect individuals, departments or the entire Hospital are posted there. It is the employee's responsibility to frequently check this board for important notices. Additional bulletin boards are located in some departments and nursing stations. Employees are responsible for checking those bulletin boards that pertain to their departments. These boards are controlled by the Department Heads and Supervisors. All material posted on individual bulletin boards must be reviewed and approved by the appropriate Department Heads.

Notices of general concern to all departments are usually sent to Department Heads and Supervisors through inter-departmental mail. Notices of special concern to all employees are generally distributed with the paychecks.

### **Communications**

Good communications are vital for efficient and effective hospital operations. Residents will be expected to accept the responsibility for full awareness of all information relating to their work, reading all memos posted on hospital bulletin boards, and for all communications affecting their relationship with the Hospital. Residents are asked also to be quick to communicate to their immediate supervisor or Department Head any significant information relating to patient care, hospital security, the need for maintenance services, or any other matter that requires attention by someone in authority. Residents are expected to be sensitive and sensible when communicating with other co-workers and other departments. Management's goal is a communication system within the Hospital that works freely and effectively in all directions for the welfare of patients, employees and the organization as a whole.

### **Gifts**

Anyone wishing to make a donation or gift to the Hospital should be referred to the Nicklaus Children's Hospital Foundation Office or Administration. Soliciting of gifts or donations for an employee's or a resident's personal benefit is strictly forbidden.

### **Incident & Sentinel Event Reporting**

An **"incident"** is any unusual occurrence, adverse reaction, negative response, or untoward event involving a patient, visitor, or employee. It is also any deviation from approved policy and procedure or adopted standard that could or did result in injury. A **"sentinel event"** is an unexpected occurrence involving death or serious physical or psychological injury to a patient, or the risk thereof, such as the suicide of a patient, infant abduction, hemolytic transfusion reaction,

rape, surgery of the wrong patient /body part, major blood group incompatibilities, etc. These events are called sentinel because they signal the need for immediate investigation and response.

- When an incident occurs, first give appropriate care to the person involved.
- When appropriate, have a physician examine the patient.
- If the person involved in the incident was someone other than a patient, **notify** Security (ext. 4911)
- Fill out an Incident Report in the RL system, giving complete information.
- **Forward all Incident Reports to Risk Management within 72 hours.**
- Risk Management reviews all incident reports and takes appropriate action.
- Sentinel Events must be identified by Risk Management and forwarded for review by the hospital's Sentinel Event review Team, in accordance with the hospital guidelines. A root cause analysis is performed to identify areas for action and strategies for prevention of risk.
- All information regarding incidents and all information written in the Incident Report is confidential and should not be discussed with anyone, except in the line of duty. **Never make a copy of an incident report.**
- Risk Management can be notified at any time through the hospital operator, 24 hours per day, seven days a week.

### **Package Inspection**

All personal property brought on the Hospital site is subject to search. Residents may be required to open their packages and reveal the contents to a Security Guard or Supervisor. Periodic reviews of packages, large containers, and Hospital lockers may be called on an unannounced basis by an authorized representative of the hospital management. It will be done only with the knowledge and presence of the Chief of Staff, the Director of Medical Education/DIO, or their designee. Theft of Hospital supplies or property will be reported to the Police Department of Dade County. When the case warrants prosecution, it is pursued with the State Attorney's Office.

### **Political Activities**

Although the Hospital encourages all residents to take active interest and participate when possible in political affairs, such participation cannot be conducted on Hospital premises during a resident's work-time or in working areas.

### **Release of Information**

Inquiries from the media (newspapers, radio and television stations) regarding patients or hospital news must be referred to the Marketing and Public Relations Department. The Director of Marketing and Public Relations and/or hospital spokesperson are available through the Hospital switchboard or beeper. In the absence of either representative, media calls must be referred to the Administrator on-call or the Chief of Staff. Non-media inquiries regarding the general condition of a patient should be directed to the Information Desk receptionist.

## VI. WORK ENVIRONMENT

### A. Dress Code

Residents are professionals. As such, they should wear appropriate attire and observe appropriate standards of cleanliness and good grooming at all times within the hospital. Residents will be provided white jackets free of charge. Residents are responsible for having their names placed on the outside of the jackets for identification at their own expense. Residents will be provided scrubs for use when on-call. Scrubs may only be worn on-call, at night. Scrub suits are inappropriate, unkept, and unprofessional for daytime wear and are permitted to be worn only from 10:00 p.m. to 8:00 a.m. If borrowing these scrub suits, residents will be responsible for their care and return, and will be charged for loss or damage. Scrubs suits should be returned to Environmental services for laundering. Hospital policy requires special chemical and heat treatment, which cannot be done at home.

### B. Lab Coats & Scrubs

The residents will be furnished with up to two (2) lab coats and scrubs for use during the academic year.

### C. Parking, Meals and Living Quarters

The residents will have the ability to park in the designated area of the visitor's parking garage. If the designated area is full, the resident may park anywhere in the visitor's parking garage. All residents will register their cars with security and will be assigned a decal for their car. Appropriate security and personal safety measures will be provided to residents.

At the beginning of each academic year the residents receive a on-call meal allowance which is preloaded into an account which is accessed by the residents' ID badge. The ID badge can only be used in the cafeteria and hospital cafes. There is a maximum 24 hour daily spending cap of \$25. These funds are not to be used to purchase items in bulk or to purchase items for distribution. Funds are to only be used to purchase meals for yourself while on call. Abuse of this policy may result in disciplinary action. These funds will not be re-supplied should the resident run out of funds prior to the end of the academic year. It is the resident's responsibility to therefore pace and monitor the rate at which they use these funds so that they last throughout the academic year. Should the resident lose their ID badge it is their responsibility to immediately notify Medical Education so that another ID badge can be issued and the meal card service restored. Subspecialty residents (fellows) have access to the physicians' lounge using their badge. Breakfast and lunch are provided in the doctors' lounge Monday-Friday (except during holidays).

Additionally, lunch is provided at all educational conferences. Snacks and drinking water are provided in the resident's lounge area. Vending machines are also available on campus.

The residents are provided with adequate and appropriate sleeping quarters (call rooms) that are safe and private.

#### **D. Beepers/Pages**

All residents will be provided beepers where required and should maintain them in functional condition at all times. All pages should be answered promptly and courteously. If a resident is going to be unavailable, the operator should be notified. Lost beepers will be replaced at residents' expense.

#### **E. Ancillary Services**

The Institution provides various ancillary services which are available to the residents. These include but are not limited to: the IV team, phlebotomy team, patient transport, and laboratory, pathology, and radiology department services.



#### **F. Smoking**

Nicklaus Children's Hospital is a totally "smoke free" facility. Smoking is permitted only in designated **outside** areas.

#### **G. Suggestions**

The Hospital is always receptive to suggestions for improving services for our patients and/or working conditions for our employees. Employees are encouraged to pass on any suggestions to Department Heads, the Director of Personnel, or Administration. Employees may also present their suggestions in written form, using the employee suggestion box, located near the time clock

#### **H. Telephone**

All telephones should be answered promptly, pleasantly, courteously, and in a helpful manner. The resident should give the department name and his/her own name. Because of the heavy switchboard traffic, residents are requested to use the telephones only for Hospital business. For personal calls, residents may use the pay telephones located throughout the Hospital. The resident is expected not to make or receive personal telephone calls while on duty except for matters of extreme urgency or family emergency.

#### **I. Valuables**

Residents are asked to check with Medical Education for assignment of lockers. Residents are cautioned not to bring excessive amounts of money or valuables with them to the Hospital. The Hospital cannot accept responsibility for employees' articles or money lost or stolen.

## **VII. OTHER GENERAL RESIDENTS' RESPONSIBILITIES**

### **A. Medical Records**

All residents are required to complete the EMR (P.E.D.S) training prior to be given access to the electronic medical record. Login and passwords MUST not be shared with others. Residents are responsible for recording a complete admission history and physical examination on the chart within 24 hours of admission. Progress notes shall be recorded at the time of observation sufficient to permit continuity of care and transferability. Residents should use CPOE and avoid verbal orders unless it is a case of emergency or unless they have no access to a computer system or they tied up in surgery or caring for a very ill patient. The record should not include personal gripes or derogatory comments. Progress notes should indicate the thought process (assessment).

All relevant diagnoses established by the time of discharge, as well as all operative procedures performed are to be recorded using acceptable disease and operative terminology that includes topography and etiology as appropriate. All final diagnoses and any complications are recorded without the use of symbols or abbreviations preferably using ICD-10 codes.

### **B. Discharge Summaries**

The discharge summary shall be completed at the time of discharge and shall include: the reason for hospitalization, the significant findings, the procedures performed and treatment rendered, the condition of the patient on discharge, and any specific instructions given to the patient and/or family, as pertinent. Consideration is given to instructions relating physical activity, medications, diet and follow-up care.

Discharge summaries should be completed within 3-7 days after the patient is discharged. Completed means that the summary has been dictated and/or transcribed and electronically signed.

A printout of medical records status is made available to the chief residents bi-weekly and is the document used to determine delinquency status. Each resident is expected to regularly check their individual Message Center for any communication from the Health Information Management staff regarding their medical records' deficiencies.

If the above rules are not complied with, the first action taken will be assignment of an extra call/shift to residents with more than 10 delinquent charts, as determined by a printout made available to the chief residents on the 15<sup>th</sup> day of each month. If after one week of this first warning, the resident continues to have delinquent charts, he/she may be suspended. Suspension means that the resident will be relieved of all duties usually associated with a residency. Suspension means no credit toward completion of the residency and means no pay. The time lost will not be canceled and must be made up, either from vacation time or at the end of the program, in July.



If coverage for a patient care service becomes compromised as a result of this, or any other event, then residents will be temporarily moved from a noncritical service to replace the suspended resident.

### **C. Language**

It is the policy of the hospital that all medical records should be documented in English. Patient safety (and courtesy) requires that spoken language be understood by all involved participants in all conversations involving patient care and program activities.

### **D. Orders And Medications For Patients**

All orders shall be entered by the physician using CPOE. Verbal or telephone orders may only be given to a registered nurse or physician. These are considered to be comparable to written orders and must be electronically signed within 24 hours by the dictating physician. Certain orders for medications (narcotics, anticoagulants, oxytocics, ergot and derivatives) are automatically discontinued after 72 hours. Antibiotics (unless the original order specifies a longer period of time), sedatives, hypnotics, and barbiturates not included in Schedule II (with the exception of Phenobarbital and Valium) are automatically discontinued after 5 days. Blanket orders to “renew,” “repeat,” or “continue orders” are not acceptable. All orders are canceled when a patient goes to surgery or in or out of ICU. All orders must be written in the metric system; orders such as “a teaspoon” are not acceptable. Additionally, the admitting and discharging residents are responsible for the completion of the Medication Reconciliation Form.

Medications for parents should be written on a prescription. These should be provided only for problems related to a child’s hospitalization. Inpatients are not permitted to use their own medications other than birth control pills.

### **E. Special Permits**

Permits for special procedures including transfusions of blood products, must be obtained by the residents. This task should not be deferred to nurses. Such procedures must be explained to the responsible family member. The needs for such procedures must be clearly stated and understood and the possible risks enumerated. Alternate methods available should be pointed out. Such discussion should be documented in the patient’s chart. It is the resident’s duty to try to obtain written permission for postmortem examination in every death. When the PL1 and PL3 on the case are unable to get this permission, the Chief Residents and attending pediatrician should be called upon. Special consent for photographs must be signed before any photographs are taken of patients.

### **F. Treatment Of Employees**

Residents are not to treat employees or other residents.

## **G. Resident Representatives**

Residents participate in program evaluation and in revision. Each class of residents elects three representatives and fellows elect their representatives who will participate in the monthly GMEC meetings. Fellows representatives are peer-selected. The fellows have a total of six fellows representatives. These residents & fellows reps will secure colleagues' input and suggestions regarding curriculum and program planning. The Resident/Fellows Representatives attend Graduate Medical Education committee meetings and are responsible for channeling results of each of these meetings to his/her level of co-residents. Additionally, residents participate on committees whose actions affect their education and/or patient care. These representatives relay committee meeting information to the other residents via the monthly Program Director's meeting. Hospital committees are opened to trainees as members based on the trainees' interests.

## APPENDIX A - Occupational Health

### Bloodborne Pathogens (BBP): Facts/Risks/Prevention

#### Facts

As of August 31, 1997, Florida ranked third in the cumulative number of reported adult/adolescent AIDS cases and second in the cumulative number of reported pediatric AIDS cases.

Florida has 14% of the total female AIDS cases reported in the United States and 16% of cases reported in children (aged 12 and under). 12% of Florida's AIDS cases are among people over 49.



Nearly half of Florida's AIDS patients aged 65 or older contracted HIV disease through sex. Only 17% of them became HIV infected through transfusions. Recent estimates of the prevalence of HIV in the United States indicate that one in every 333 Americans is HIV positive. The Florida Department of Health estimates that one in every 170 Floridians is living with HIV infection.

These statistics alert residents to the extent and diversity of HIV infected persons residing within this geographic region. These statistics also highlight the rationale behind the CDC's sanctioning of Standard (Universal) Precautions. That is, all patients are to be considered infected with bloodborne pathogens. Practicing Standard Precautions helps to decrease occupational risks associated with bloodborne pathogens and residents need to inculcate this principle into their patient care activities.

The majority of the exposures is sharps-related and occurs under controlled situations rather than emergency settings. Personal protective equipment (e.g., gowns, gloves, and masks) is available at all clinical sites and residents should utilize these protective barriers whenever the potential for blood exposure occurs. Housestaff also have a responsibility to assure they have the knowledge and training to safely perform invasive techniques before initiating them without assistance.

#### Risks

Risk of exposure to bloodborne pathogens (BBP) is determined by:

##### A. Type of BBP:

1. Hepatitis B – 1:4 chances (assuming the source of the exposure is HbsAg positive, especially HbeAg positive, and the healthcare worker is HbsAg negative).
2. Hepatitis B – 1:30 chance if the source is unknown.
3. Hepatitis C – 1:60 to 1:100 chances.
4. HIV – 1:300 chances.

**B. Route of Exposure:**

1. Needle size – large gauge more risky than smaller gauge.
2. Needle type – hollow bore more risky than solid suture needle.
3. Needle with syringe of fluid – more risky than needle alone.
4. Deep puncture with fluid injection > deep puncture without fluid > Superficial puncture > superficial scratch with bleeding > mucous membrane exposure > nonintact skin exposure > aerosol of blood.
  - a. Large volumes or prolonged contact with blood is associated with mucous membrane and non-intact skin exposure.
  - b. Aerosolizing of blood has not been associated with the acquisition of any BBP.

**C. Type of Body Fluid:**

- a. Blood is the most risky fluid.
- b. Bloody body fluids are more risky than body fluids without blood.

**D. Amount of Inoculums** – the greater the inoculums, the greater the risk.

**E. Staging of HIV infected source patient:**

- a. Amount of circulating virus is highest when source patient has AIDS and/or is experiencing acute antiretroviral syndrome.
- b. Almost all seroconversions have occurred when source was symptomatic or had AIDS.

**F. Use of Personal Protective Equipment:**

- a. Double gloving more protective than single gloves.
- b. Gloves may decrease exposure volume by 50%.

**G. Institution of immediate First Aid Treatment:**

1. Physical removal of blood/bloody body fluid from exposed site by squeezing, scrubbing, irrigation, flushing.
2. Bleach (1:10 dilution) only agent that kills Hepatitis B in the environment.
3. Bleach, chlorhexidine, providone-iodine – all equally effective in killing HIV in the environment.

**Prevention**

**A. Use of Personal Protective Equipment**

1. Wear gloves to decrease inoculums from sharps injury.
2. Wear gowns, face shields, and gloves to decrease extent of mucous membrane or skin exposure.

**B. Elimination of risky practices**

1. Do not recap needles.
2. Do not overfill sharps containers.
3. Do not attempt invasive skills without training and/or supervision.
4. Consider all patients as potentially infectious – practice Standard (Universal) Precautions.

## APPENDIX B – Legislations and Statutes

### 1. Florida Medical Practice Act

The Florida Medical Practice Act (F.S. 458), the Legislature, Department of Professional Regulation, Board of Medicine and medical profession affirm their commitment to public safety by continuing to authorize the Florida Impaired Practitioners Program. The impaired practitioner program also governs the professionals of osteopathic medicine, pharmacy, podiatry, and nursing. The legislation provides in some cases therapeutic alternatives to disciplinary action; in other cases, the legislation allows therapeutic intervention and treatment concurrent with disciplinary action. Recognition that illness and recovery are mitigating factors in Board disciplinary proceedings gives a licensee an opportunity to reenter practice after satisfactorily completing treatment and progressing satisfactorily in recovery and provides increased incentive for early interventions and treatment. Information on the Physicians Recovery Network and its program can be obtained by calling 1-800-888-8PRN (8776) or by writing to Physicians Recovery Network, PO Box 1881, Fernandina Beach, FL 32034.

### 2. Professional Liability Protection (Florida Statutes 768.28)

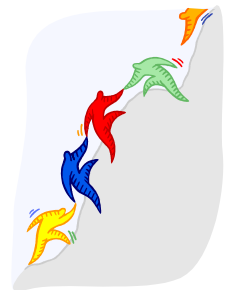
Waiver of sovereign immunity in tort actions; recovery limits; limitation on attorney fees; statute of limitations; exclusions; indemnification; risk management programs.

- A. In accordance with s. 13, Art. X, State Constitution, the state, for itself and for its agencies or subdivisions, hereby waives sovereign immunity for liability for torts, but only to the extent specified in this act. Actions at law against the state or any or its agencies or subdivisions to recover damages in tort for money damages against the state or its agencies or subdivisions for injury or loss of property, personal injury, or death caused by the negligent or wrongful act or omission of any employee of the agency of subdivision while acting within the scope of the employee's office or employment under circumstances in which the state or such agency or subdivision, if a private person, would be liable to the claimant, in accordance with the general laws of this state, may be prosecuted subject to the limitations specified in this act. Any such action may be brought in the county where the property in litigation is located or, if the affected agency or subdivision has an office in such county for the transaction of its customary business, where the cause of action accrued.
- B. As used in this act, "state agencies or subdivisions" include the executive departments, the Legislature, the judicial branch (including public defenders), and the independent establishments of the state; counties and municipalities; and corporations primarily acting as instrumentalities or agencies of the state, counties or municipalities, including the Spaceport Florida Authority.
- C. Except for a municipality and the Spaceport Florida Authority, the affected agency or subdivision may, at its discretion, request the assistance of the Department of Insurance in the consideration, adjustment, and settlement of any claim under this act.
- D. Subject to the provisions of this section, any state agency or subdivision shall have the right to appeal any award, compromise, settlement, or determination to the court of appropriate jurisdiction.

- E. The state and its agencies and subdivisions shall be liable for tort claims in the same manner and to the same extent as a private individual under like circumstances, but liability shall not include punitive damages or interest for the period before judgment. Neither the state nor its agencies or subdivisions shall be liable to pay a claim or a judgment by any one person which exceeds the sum of \$100,000 or any claim or judgment, or portions thereof, which, when totaled with all other claims or judgments paid by the state or its agencies or subdivisions arising out of the same incident or occurrence, exceeds the sum of \$200,000. However, a judgment or judgments may be claimed and rendered in excess of these amounts and may be settled and paid pursuant to this act up to \$100,000 or \$200,000, as the case may be, and that portion of the judgment that exceeds these amounts may be reported to the Legislature, but may be paid in part or in whole only by further act of the Legislature. Notwithstanding the limited waiver of sovereign immunity provided herein, the state or an agency or subdivision thereof may agree, within the limits of insurance coverage provided, to settle a claim made or a judgment rendered against it without further action by the Legislature, but the state or agency or subdivision thereof shall not be deemed to have waived any defense of sovereign immunity or to have increased the limits of its liability as a result of its obtaining insurance coverage for tortuous acts in excess of the \$100,000 or \$200,000 waiver provided above. The limitations of liability set forth in this subsection shall apply to the state and its agencies and subdivisions whether or not the state or its agencies or subdivisions possessed sovereign immunity before July 1, 1974.
- F. **6.a.** An action may not be instituted...(continued)  
**6.b.** As used in this subsection, the term:
- “Employee” includes any volunteer firefighter.
  - “Officer, employee, or agent” includes, but is not limited to, any health care provider when providing services pursuant to s. 766.1115, any member of the Florida Health Services Corps, as defined in s. 381.0302, who provides uncompensated care to medically indigent persons referred by the Department of Health and Rehabilitative Services, and any public defender or her or his employee or agent, including, among others, an assistant public defender and an investigator.

### 3. Good Samaritan Act (Florida Statutes 768.13)

1. This act shall be known and cited as the “Good Samaritan Act.
  2. **2 A.** Any person, including those licensed to practice medicine, who gratuitously and in good faith renders emergency care or treatment either in direct response to emergency situations related to and arising out of a state of emergency which has been declared pursuant to 252.36 or at the scene of an emergency outside of a hospital, doctor’s office, or other place having proper medical equipment, without objection of the injured victim or victims thereof, shall not be held liable for any civil damages as a result of such care or treatment or as a result of any act or failure to act in providing or arranging further medical treatment where the person acts as an ordinary reasonably prudent individual would have acted under the same or similar circumstances.
- 2 B. 1.** Any hospital licensed under chapter 395, any employee of such hospital working in a clinical area within the facility and providing patient care, and any person licensed to practice medicine who in good faith renders medical care or treatment necessitated by a sudden, unexpected situation



or occurrence resulting in serious medical condition demanding immediate medical attention, for which the patient enters the hospital through its emergency room or trauma center, shall not be held liable for any civil damages as a result of such medical care or treatment unless such damages result from providing, or failing to provide, medical care or treatment under circumstances demonstrating a reckless disregard for the consequences so as to affect the life or health of another.

**2B. 2.** The immunity provided by this paragraph does not apply to damages as a result of any act or omission of providing medical care or treatment:

- a.** Which occurs after the patient is stabilized and is capable of receiving medical treatment as a non-emergency patient, unless surgery is required as a result of the emergency within a
- b.** reasonable time after the patient is stabilized, in which case the immunity provided by this paragraph applies to any act or omission of providing medical care or treatment which occurs prior to the stabilization of the patient following the surgery; or
- c.** unrelated to the original medical emergency.

**2B. 3.** For purposes of this paragraph, “reckless disregard” as it applies to a given health care provider rendering emergency medical services shall be such conduct which a health care provider knew or should have known, at the time such services were rendered, would be likely to result in injury so as to affect the life or health of another, taking into account the following to the extent they may be present:

- a.** The extent or serious nature of the circumstances prevailing.
- b.** The lack of time or ability to obtain appropriate consultation.
- c.** The lack of a prior patient-physician relationship.
- d.** The inability to obtain an appropriate medical history of the patient.
- e.** The time constraints imposed by coexisting emergencies.

**2B. 4.** Every emergency care facility granted immunity under this paragraph shall accept and treat all emergency care patients within the operational capacity of such facility without regard to ability to pay, including patients transferred from another emergency care facility or other health care provider pursuant to Pub. L. No. 99-272, s. 9121. The failure of an emergency care facility to comply with this subparagraph constitutes grounds for the department to initiate disciplinary action against the facility pursuant to chapter 395.

**2.C.** Any person who is licensed to practice medicine, while acting as a staff member or with professional clinical privileges at a nonprofit medical facility, (other than a hospital licensed under chapter 395) or as a result of any act or failure to act in such capacity in providing or arranging further medical treatment or while performing health screening services, shall not be held liable for any civil damages as a result of care or treatment provided gratuitously in such capacity as a result of any act or failure to act in such capacity in providing or arranging further medical treatment, if such person acts as a reasonably prudent person licensed to practice medicine would have acted under the same or similar circumstances.

3. Any person, including those licensed to practice veterinary medicine, who gratuitously and in good faith renders emergency care or treatment to an injured animal at the scene of an emergency on or adjacent to a roadway shall not be held liable for any civil damages as a result of such care or treatment or as a result of any act or failure to act in providing or arranging further medical treatment where the person acts as an ordinary reasonable prudent person would have acted under the same or similar circumstances.
4. Any person, including those licensed to practice medicine, who gratuitously and in good faith renders emergency care or treatment by the use of or provision of an automatic external

defibrillator, without objection of the injured victim or victims thereof, shall not be held liable for any civil damages as a result of such care or treatment or as a result of any act or failure to act in providing or arranging further medical treatment where the person acts as an ordinary reasonably prudent person would have acted under the same or similar circumstances.

#### **4. Family and Medical Leave Act**

The purpose of the Family and Medical Leave Act of 1993 is:

1. To balance the demands of the workplace with the needs of families, to promote the stability and economic security of families, and to promote national interests in preserving family integrity;
2. To entitle employees to take reasonable leave for medical reasons, for the birth or adoption of a child, and for the care of a child, spouse, or parent who has a serious health condition;
3. To accomplish the purposes described in paragraphs (1) and (2) in a manner that accommodates the legitimate interests of employers;
4. To accomplish the purposes described in paragraphs (1) and (2) in a manner that, consistent with the Equal Protection Clause of the Fourteenth Amendment, minimizes the potential for employment discrimination on the basis of sex by ensuring generally that leave is available for eligible medical reasons (including maternity-related disability) and for compelling family reasons, on a gender-neutral basis; and
5. To promote the goal of equal employment opportunity for women and men, pursuant to such clause. A total of 12 weeks of uncompensated Family and Medical Leave may be allowed for House Officers upon prior written request and approval by Program Director and GME Office. As prescribed by the FMLA, when both spouses are employed by the same employer, they are entitled to a combined total of 12 weeks parental leave.



## APPENDIX C – *Websites*

- Accreditation Council for Graduate Medical Education (ACGME): [www.acgme.org](http://www.acgme.org)
- American Medical Association (AMA): [www.ama-assn.org](http://www.ama-assn.org)
- Board of Medicine (Click on Allopathic or Osteopathic Medicine at following): [www.doh.state.fl.us/mqa](http://www.doh.state.fl.us/mqa)
- Educational Commission for Foreign Medical Graduates (ECFMG): [www.ecfmg.org](http://www.ecfmg.org)
- Florida Department of Health Medical Quality Assurance: <http://www.doh.state.fl.us/mqa>
- Florida Medical Association (FMA): [www.fmaonline.org](http://www.fmaonline.org)



## APPENDIX D – ACGME Website Information

### Institutional Requirements Addition of General Competencies

(Downloaded information from the ACGME website):

At its February 1999 meeting, the ACGME endorsed general competencies for residents in the areas of:

- Patient Care
- Medical Knowledge
- Practice-based Learning and Improvement
- Interpersonal and Communication Skills
- Professionalism
- Systems-based Practice



#### ACGME General Competencies

The residency program must require its residents to develop the competencies in the 6 areas below to the level expected of a new practitioner. Toward this end, programs must define the specific knowledge, skills, and attitudes required and provide educational experiences as needed in order for their residents to demonstrate the competencies.

#### Patient Care

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents are expected to:

- Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families
- Gather essential and accurate information about their patients
- Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment
- Develop and carry out patient management plans
- Counsel and educate patients and their families
- Use information technology to support patient care decisions and patient education
- Perform competently all medical and invasive procedures considered essential for the area of practice
- Provide health care services aimed at preventing health problems or maintaining health
- Work with health care professionals, including those from other disciplines, to provide patient-focused care

#### Medical Knowledge

Residents must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care. Residents are expected to:

- Demonstrate an investigatory and analytic thinking approach to clinical situations
- Know and apply the basic and clinically supportive sciences which are appropriate to their discipline

### **Practice-based Learning and Improvement**

Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices. Residents are expected to:

- Analyze practice experience and perform practice-based improvement activities using a systematic methodology
- Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems
- Obtain and use information about their own population of patients and the larger population from which their patients are drawn
- Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness
- Use information technology to manage information, access on-line medical information; and support their own education
- Facilitate the learning of students and other health care professionals

### **Interpersonal and Communication Skills**

Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients families, and professional associates. Residents are expected to:

- Create and sustain a therapeutic and ethically sound relationship with patients
- Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning and writing skills
- Work effectively with others as a member or leader of a health care team or other professional group

### **Professionalism**

Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Residents are expected to:

- demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development
- demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
- demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities

## **Systems-based Practice**

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. Residents are expected to:

- understand how their patient care and other professional practices affect other health care professionals, the health care organization, and the larger society and how these elements of the system affect their own practice
- know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources]
- practice cost-effective health care and resource allocation that does not compromise quality of care
- advocate for quality patient care and assist patients in dealing with system complexities
- know how to partner with health care managers and health care providers to assess, coordinate, and improve health care and know how these activities can affect system performance

## **ACGME Next Accreditation System (NAS)**

- NAS moves the ACGME from an episodic “biopsy” model (in which compliance is assessed every 4 to 5 years for most programs) to annual data collection.
- Each review committee will perform an annual evaluation of trends in key performance measurements and will extend the period between scheduled accreditation visits to 10 years.
- In addition to the milestones, other data elements for annual surveillance include the ACGME resident and faculty surveys and operative and case-log data.
- The NAS will eliminate the program information form, which is currently prepared before a site visit to describe compliance with the requirements.
- Programs will conduct a self-study before the 10-year site visit, similar to what is done by other educational accreditors. It is envisioned that these self-studies will go beyond a static description of a program by offering opportunities for meaningful discussion of what is important to stakeholders and showcasing of achievements in key program elements and learning outcomes.
- Ongoing data collection and trend analysis will base accreditation in part on the educational outcomes of programs while enhancing ongoing oversight to ensure that programs meet standards for high-quality education and a safe and effective learning environment.
- Programs that demonstrate high-quality outcomes will be freed to innovate by relaxing detailed process standards that specify elements of residents’ formal learning experiences (e.g., hours of lectures and bedside teaching), leaving them free to innovate in these areas while continuing to offer guidance to new programs and those that do not achieve good educational outcomes.
- The Educational Milestones, a key element of the NAS is the measurement and reporting of outcomes through the educational milestones, which is a natural progression of the work on the six competencies.
- Programs in the NAS will submit composite milestone data on their residents every 6 months, synchronized with residents’ semiannual evaluations.

**ACKNOWLEDGEMENT**


**I hereby acknowledge receipt of the  
Housestaff Manual for the  
Graduate Medical Education Programs at  
Nicklaus Children's Hospital and agree  
to abide by these guidelines.**

**Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Resident Name: \_\_\_\_\_  
(Please Print)**

**APPENDIX E – NCH GME Policies**  
 (Access the Latest Versions of The Policies on: <http://policies/default.aspx> )

**A. Hurricane Policy**

<b>NICKLAUS CHILDREN’S HOSPITAL POLICY AND PROCEDURE</b>	
	
<b>ISSUED BY:</b> Dept of Medical Education	<b>POLICY NUMBER:</b>
<b>PAGE:</b> 1 of 2	<b>REPLACES POLICY DATED:</b> 7/12
<b>EFFECTIVE DATE:</b> 8/13/2018	<b>DISTRIBUTION:</b> Department wide
<b>APPROVED BY:</b> Graduate Medical Education Committee	
<b>POLICY DESCRIPTION:</b> Hurricane Policy	

<p><b>SCOPE:</b>          The NCH Medical Education department, including all employees and contractors or any and all personnel providing services.</p>
<p><b>PURPOSE:</b> [why this policy and procedure was created and the intent of the policy]</p>
<p><b>DEFINITIONS:</b> [any words or phrases within the policy and procedure that have a meaning that is not widely known, or a meaning specific to its use within the policy and procedure]</p>
<p><b>POLICY:</b></p> <p>Residents who are assigned to work during the hurricane will make preparations for an oncoming hurricane at the time the <b>HURRICANE WATCH</b> goes into effect.</p> <p>When a <b>HURRICANE WARNING</b> goes into effect, all residents assigned to work during the hurricane must report to the hospital and the Program Director/ DME-DIO/Chief Resident.</p> <p>Residents who are working during the hurricane must be prepared to work at least 24 hours post hurricane.</p> <p>Employees who are to work after the hurricane when the <b>HURRICANE WARNING</b> has been lifted will report to the hospital and the Program Director/ DME-DIO/Chief Resident.</p> <p>All residents who are to work after the hurricane are expected to report to the hospital within 24 hours post hurricane and must be prepared to stay at least 48 hours.</p> <p>All residents must be available by beeper if the phone system is operable. Residents are to report to the hospital at 24 hours post hurricane and are to refrain from calling because communication will be limited.</p> <p>Determining the residents responsible for working during the hurricane.</p>

Prior to the hurricane season all residents will complete the proper hurricane information forms provided by the hospital. At least 50% of the residents must be prepared to remain in the hospital during the hurricane.


Residents will be asked on a voluntary basis to sign-up for the before and after teams.

The residents who are on the call schedule to work at the time of the HURRICANE WARNING are obligated to work on the Alpha Team. Residents should be prepared to be on-call every other day until the crisis has been resolved.

**PROCEDURE:** [description of principal tasks required for performance of an operation, usually constructed in a step-by-step format]

**REFERENCES:** [list of supporting and source documentation used to validate the policy and procedure]

## B. GME Disaster Policy

<b>NICKLAUS CHILDREN'S HOSPITAL POLICY AND PROCEDURE</b> 	
<b>ISSUED BY:</b> Dept. of Medical Education	<b>POLICY NUMBER:</b> O7600018
<b>PAGE:</b> 1 of 3	<b>REPLACES POLICY DATED:</b> 11/10
<b>EFFECTIVE DATE:</b> 8/13/2018	<b>DISTRIBUTION:</b> System wide
<b>APPROVED BY:</b> Graduate Medical Education Committee	
<b>POLICY DESCRIPTION:</b> GME Disaster Policy	

<p><b>SCOPE:</b> All employees and contractors or any and all personnel providing services at all NCH owned or operated facilities, including, but not limited to, hospital, ambulatory centers, physician practices and all departments contained therein.</p>
<p><b>PURPOSE:</b> This policy addresses ACGME Institutional Requirement I.B.8 - <i>The Sponsoring Institution must have a policy that addresses administrative support for GME programs and residents in the event of a disaster or interruption in patient care. This policy should include assistance for continuation of resident assignments.</i> This policy is meant to be a supplement to the NCH Emergency Operational Plan</p>
<p><b>DEFINITIONS:</b> [any words or phrases within the policy and procedure that have a meaning that is not widely known, or a meaning specific to its use within the policy and procedure]</p>
<p><b>POLICY:</b> If Nicklaus Children's Hospital (sponsoring institution) must reduce the size, close, or substantially alter training in any of its sponsored programs due to a disaster, the following policies/procedures shall be implemented:</p> <ul style="list-style-type: none"> <li>A. The Designated Institutional Official (DIO), working with the program directors, NCH administrators, and hospital leadership has the responsibility of determining when conditions exist that requires the relocation of residents so that their educational programs can continue. When this occurs, the DIO, working with NCH leadership, will establish a command center to provide information to the residents, staff and faculty. Depending on actual conditions this may be a physical location, website, call center or some other configuration that facilitates communication with the affected residents, staff and faculty.</li> <li>B. Once conditions prohibit maintenance of applicable ACGME standards and guidelines for graduate medical education (GME) for any program, the DIO shall notify the CoO of NCH, all involved Division Chiefs and Heads, Program Directors, the ACGME, and the applicable RRCs that there will be a need to relocate residents in order to continue their educational program.</li> <li>C. Division Chiefs and Program Directors must maintain operational awareness of the location of ALL residents and fellows within their programs as well as methods of contacting each individual during time of disaster. The following information shall be established on the resident's arrival to the program and updated at least every six months. This information shall include all of: e-mail addresses (non-campus, if available), phone numbers both cellular and land line (if available), next</li> </ul>



of kin / family location information including addresses, email addresses and phone numbers. Each trainee shall provide a disaster evacuation plan to the program director which details where he / she will go including phone numbers, address, e-mail in the event an evacuation of the area is mandated. The program director shall maintain such information in a spreadsheet format on removable media which may be taken with the PD in the event of an evacuation. Likewise, all program directors must provide up-to-date information to the NCH TM&E personnel system.

1. Upon notification of disaster status from the DIO, each PD will immediately determine the location and status of all trainees under his / her supervision and report this information back to the DIO
  2. The DIO will maintain communication with each PD regarding the need to relocate trainees either on a temporary or permanent basis. Once this decision is made, trainees will be notified immediately by their PD.
- D. The Office of GME will maintain a backup of all demographic and training information from the New Innovations Data Management System on removable media which may be easily transported in the event of an evacuation.
- E. In the event of program closure or reduction secondary to disaster:
1. Short-term closure or reduction, the DME and PD shall assist the trainee to locate institutions which can provide short-term training.
  2. For longer-term or closure durations which will be expected to outlast remaining time in residency training, NCH will make every effort to assist trainees in identifying suitable programs for permanent transfer. The ACGME and individual RRCs will assist with this process (see below).
  3. All applicable records (rotations, evaluations, demographics, etc) from New Innovations will be made available to accepting programs.
  4. In addition each program is expected to have critical information about current and past residents stored electronically in at least two locations.
- F. Within 10 days of a disaster determined to necessitate program closure or reconfiguration, the DIO will contact the ACGME to discuss due dates for programs to submit requests for reconfiguration to the ACGME and to inform each program's residents of need to transfer to another program – either for brief or longer durations.
1. The DIO will also notify the IRC Executive Director to inform him / her of the situation necessitating program reconfiguration or closure.
  2. Each PD will notify the appropriate RRC Executive Director about the need to locate positions for each of his / her trainees and the expected duration of time needed for relocation.
  3. Residents will be given contact information (by their PD) about who in their RRC will be coordinating relocation efforts as well as a list of potential accepting programs. PDs will assist each resident in contacting the PD directors at each of these programs.
  4. Residents will continue to receive salary / benefits from NCH during this entire relocation process. If relocation is only temporary or brief, NCH will continue all salary and benefits. If relocation is long-term or lasts until completion of training, salary support will transfer to the accepting institution (also see below regarding transfer of GME funding) once the resident has relocated.

**PROCEDURE:**

**SUMMARY INFORMATION**

In the event of resident transfer, adherence to the following procedures will expedite the process. PDs must be familiar with these steps.

1. Current emergency contact information and disaster planning information for every resident / fellow must be on file on removable media and updated every six months.
2. Involved residents, PDs, Department Chairs, DIO and the GME office will share responsibility for locating a suitable program using ACGME resources.
3. Transfer letters will be completed by PDs using backup information available from NI.
4. Receiving hospitals / institutions are responsible for requesting temporary complement increases from the RRCs
5. In the event of permanent transfers, financial officials from MCH, affiliated hospitals and receiving institutions will work together to assess the process of transferring funded positions. Short-term transfers will continue to be paid by NCH.

**C. Parking Policy**

**NICKLAUS CHILDREN’S HOSPITAL POLICY AND PROCEDURE**




<b>ISSUED BY:</b> Medical Education	<b>POLICY NUMBER:</b>
<b>PAGE:</b> 1 of 1	<b>REPLACES POLICY DATED:</b> 7/12
<b>EFFECTIVE DATE:</b> 8/13/2018	<b>DISTRIBUTION:</b> System wide
<b>APPROVED BY:</b> President and Chief operating Officer, Nicklaus Children's Hospital	
<b>POLICY DESCRIPTION:</b> Parking Policy	

<b>SCOPE:</b> The NCH departments, including all employees and contractors or any and all personnel providing services.
<b>PURPOSE:</b> To provide equitable and efficient parking for residents, fellows, medical students and others associated with the Nicklaus Children's Hospital Medical Education Department.
<b>DEFINITIONS:</b>
<b>POLICY:</b> <b>Employed residents and sub-specialty residents</b> (also known as fellows and referred to as residents this point forward) are to have access to the second floor of the physician’s parking garage. Parking is available on a first-come basis; overflow parking for residents is on the floors above physician parking in the visitor’s lot.  <b>Rotating residents, Medical Students</b> and <b>Domestic/International Observers/Scholars</b> are allowed to park in the visitor’s parking garage only.

**PROCEDURE: Employed residents:** The Medical Education Department staff sends a report to the Security Department when there are changes in the employment status of any resident or other employed members of the Medical Education Department who have access to park in the physician parking areas. The report is to include name, employee number and employee badge number. All residents are given access to the second floor parking area for physician parking by the security office. At the end of employment, the residents' badge is deactivated by Security.

**REFERENCES:** Security Department, Medical Staff Office

### D. Duty Hours and Moonlighting Policy

<p><b>NICKLAUS CHILDREN'S HOSPITAL POLICY AND PROCEDURE</b></p> 	
<b>ISSUED BY:</b> Medical Education	
<b>PAGE:</b> 1 of 5	<b>REPLACES POLICY DATED:</b> 7/1/03; 9/04; 9/10; 7/11
<b>EFFECTIVE DATE:</b> 09/27/2018	<b>DISTRIBUTION:</b> System wide
<b>APPROVED BY:</b> Graduate Medical Education Committee	
<b>POLICY DESCRIPTION:</b> Resident Duty Hours and Working Environment	

**SCOPE:**

The NCH clinical departments, including all employees and contractors or any and all personnel providing services.

**PURPOSE:** To ensure the proper standards related to duty hours and the working environment, per the Accreditation Council for Graduate Medical Education (ACGME), are followed by all residency and subspecialty residency programs at Nicklaus Children's Hospital (NCH).

**DEFINITIONS:** [any words or phrases within the policy and procedure that have a meaning that is not widely known, or a meaning specific to its use within the policy and procedure]

**POLICY:**

**Supervision**

All patient care must be supervised by qualified faculty. The program director is responsible for ensuring, directing, and documenting adequate supervision of residents and subspecialty residents (or fellows, collectively referred to as residents) at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty. Faculty schedules must be structured to provide residents with continuous supervision and consultation.

**Fatigue**

Faculty and residents are educated by the Medical Education Department to recognize the signs of fatigue and sleep deprivation and must adopt and apply policies to prevent and counteract its potential negative effects on patient care and learning.

Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

### **Duty Hours**

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 not exceed 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting.

Residents must be provided with a minimum of 1 day in 7 free of clinical work and required education when averaged over a 4-week period. At-home call cannot be assigned on these free days.

Adequate time for rest and personal activities must be provided. This should consist of an 8-hour time period provided between all scheduled clinical work and education periods. Residents must have at least 14 hours free of clinical work after 24 hours of in-house call. There may be circumstances when residents choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80-hour and the one-dayoff-in-seven requirements. These circumstances must be monitored by the program director.

Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments. Up to 4 hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education. Additional care responsibilities must not be assigned to a resident during this time.

In rare circumstances, after handing off all other responsibilities, a resident, on their own initiative, may elect to remain or return to the clinical site in the following circumstances:

- ✓ To continue to provide care to a single severely ill or unstable patient
- ✓ Humanistic attention to the needs of a patient or family; or
- ✓ To attend unique educational events.

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

Residents must not be scheduled for more than six consecutive nights of nightfloat. Night float must occur within the context of the 80-hour and one-day-in-seven requirements.

Each resident is required to keep an electronic log of his/her work hours. It is the responsibility of the program director to monitor the residents' logs, address violations of the work hours, and report the results of the logs to the GMEC.

Duty Hours Exception: A Residency Review Committee (RRC) may grant exceptions for up to 10% of the 80-hour limit or a maximum of 88 hours, to individual programs based on a sound educational rationale. However, prior to submitting the request to the RRC, the program director must obtain approval of the MCH GMEC and DIO. Duty hour exceptions logged into New Innovations will appear as violations until clarified by the program director.

Residents/fellows exceeding the allowed hours must log the hours and may complete a Notification Form (see attached) to justify the reasons and obtain approval from the program director each time additional service beyond scheduled duty hours occurs.

### **On-Call Activities**

The objective of on-call activities is to provide residents with continuity of patient care experiences.

In-house call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution. In-house call of PGY-2 residents and above 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. Residents may be allowed to remain on-site to accomplish effective transitions in care, residents education, or to ensure patient safety; however, this period must be no longer than an additional four hours. Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.

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. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.

When residents are called into the hospital from home, the hours residents spend in-house or spent answering calls from home or documenting at home 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**

Moonlighting (Internal or external) is not permitted without the written approval of the individual program director of anyone of the NCH training programs. Because residency education is a full-time endeavor, the program director must ensure that moonlighting, if approved, does not interfere with the ability of the resident to achieve the goals and objectives of the educational program, and does not interfere with the resident's fitness for work, nor compromise patient safety.

It is forbidden for any resident at NCH to participate in employment activities (working at other institutions or covering for other physicians) while under contract at NCH. Unauthorized moonlighting may result in dismissal from the program. All moonlighting activities (Both internal and external) approved by the program director may be discontinued at any time at the Program Director's discretion. NCH trainees' malpractice insurance does not cover any trainees' moonlighting activities particularly external moonlighting. A Trainee Moonlighting Approval Form must be completed and signed by the program director and the trainee.

Time spent by residents in external and internal moonlighting (i.e. within the residency program and/or the sponsoring institution or the non-hospital sponsor's primary clinical site(s)) that occurs as part of the training program must be counted toward the 80-hour weekly limit of duty hours.

PGY-1 Residents are not permitted to moonlight under any circumstance.

Any MCH department/division who desire residents from a non-NCH sponsored training program moonlight in their department/division must obtain written approval by the resident(s) program director and follow the sponsoring institution's written policies and procedures including having the moonlighters hold a full license, be credentialed by medical staff, and have proof of malpractice coverage. This is done independently of NCH Medical Education.

**GENERAL INFORMATION:**

Providing residents with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being in a supportive educational environment. Each residency program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energy. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients. NCH requires that all GME training programs, even if non-approved by the ACGME, maintain these same standards. The ACGME standards emphasize the responsibilities of programs, sponsoring institutions, and the accrediting body (ACGME) relating to safe patient care and an appropriate learning environment for residents.

**PROCEDURE:** Each program director for all approved and non-approved residency programs and sub-specialty residency programs is responsible for ensuring their residents are following the required ACGME requirements as described above. The GME Committee will ask the program directors to submit verification of compliance from time to time.

Residents who believe they are working over the 80-hour rule, have concerns regarding the supervision or other factors related to the working environment at NCH or their rotation sites, should first talk to the Program Director and/or Chief Medical Officer. The Resident also may call the NCH anonymous Employee Compliance Hotline (1-888-323-6248) / (1-888-MCHTalk).

**REFERENCES:** ACGME



**GRADUATE MEDICAL EDUCATION  
TRAINEE MOONLIGHTING APPROVAL FORM**

Dear Program Director: (Name) \_\_\_\_\_

RE: (Trainee) \_\_\_\_\_

The above named trainee is requesting credentialing for moonlighting activity. According to the NCH GME Policy on **“Residents Duty Hours and Working Environment”**, moonlighting (internal or external) is not permitted without the written approval of the individual program director.

**Responsibility of the program director:**

- ◆ Approve all moonlighting activity requests for their trainees
- ◆ Ensure that moonlighting, if approved, does not interfere with the ability of the trainee to achieve the goals and objectives of the educational program.
- ◆ Ensure that NCH-employed trainee does not engage in external employment activities (i.e. working at other institutions or covering for other physicians) while under contract at NCH.
- ◆ Monitor the trainee work hours, deterioration in academic performance, and signs of sleep deprivation and fatigue
- ◆ May discontinue moonlighting at any time at the program director’s discretion.

**I have read and understand the Moonlighting Policy of the NCH Department of Medical Education. My signature below is an attestation of my willingness to approve this trainee for moonlighting and to abide by this policy and carry the responsibilities specified above.**

Approved

Denied

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

\_\_\_\_\_  
Date

**Responsibility of the trainee:**

- ◆ Trainee must request approval for moonlighting from the program director prior to engaging in moonlighting activities
- ◆ Must log in their internal or external moonlighting hours and those hours are counted toward the 80 hour work week limit
- ◆ Must carry his/her own malpractice coverage in the event of external moonlighting (outside NCH entities).

**I have read and understand the Moonlighting Policy of the NCH Department of Medical Education. I understand that I may be asked to terminate moonlighting duties if I fail to maintain the academic and professional standards, as well as expectations set forth by my training program at the discretion of my program director.**

\_\_\_\_\_  
Trainee’s Signature


\_\_\_\_\_  
Date

***PS: Signed copy of this document to be scanned in the trainee’s New Innovations file.***





## E. Residents Selection and Appointment Policy

<b>NICKLAUS CHILDREN'S HOSPITAL POLICY AND PROCEDURE</b>	
	
<b>ISSUED BY:</b> Dept of Medical Education	
<b>PAGE:</b> 1 of 3	<b>REPLACES POLICY DATED:</b> 4/03, 9/04, 9/10
<b>EFFECTIVE DATE:</b> 9/27/2018	<b>DISTRIBUTION:</b> System wide
<b>APPROVED BY:</b> Graduate Medical Education Committee	
<b>POLICY DESCRIPTION:</b> Resident Selection and Appointment Policy	

### SCOPE:

The NCH Medical Education department, including all employees and contractors or any and all personnel providing services.

**PURPOSE:** To ensure that the selection and appointment of residents and sub-specialty residents (fellows, hereby referred to as residents) complies with the ACGME Institutional Requirements, the GME Committee (GMEC) and Nicklaus Children's Hospital (NCH) approved policies and procedures to ensure that excellent residents are selected in an equitable manner for training programs at Nicklaus Children's Hospital.

**DEFINITIONS:** [any words or phrases within the policy and procedure that have a meaning that is not widely known, or a meaning specific to its use within the policy and procedure]

**POLICY:** All NCH departments must follow these approved guidelines for hiring residents.

The process must ensure selection from among eligible applicants on the basis of their preparedness, ability, aptitude, academic credentials, communication skills and personal qualities (such as motivation and integrity) and the individual's potential contributions to pediatric medicine.

NCH is committed to ensuring that the resident selection process is free from discrimination. In compliance with all federal and state laws and regulations, no person shall be subject to discrimination in the process of selection on the basis of gender, race, age, religion, color, national origin, disability, sexual orientation, or veteran status.

#### A. Resident Eligibility:

- a. Per ACGME requirements, all medical resident applicants must meet one of the following criteria:
  - i. Graduate of medical school in the U.S. and Canada accredited by the Liaison Committee on Medical Education (LCME) or the American Osteopathic Association (AOA).
  - ii. Graduate of an international medical school, meeting one of the following qualifications:
    1. Have a currently valid ECFMG certificate prior to appointment or
    2. Have a full and unrestricted license to practice medicine in a U.S. licensing jurisdiction in which they are training.

- iii. Graduate of international medical school who has completed a Fifth Pathway program provided by an LCME-accredited medical school.
  - b. Participate in an organized matching program, such as the National resident Matching Program (NRMP), where such is available.
  - c. If no match is available, applicants will complete and submit the Fellowship Application Form attached to this policy
  - d. Be approved by the Residency Selection Committee or be approved by the respective fellowship program selection committee (i.e. individuals who interview the candidates).
  - e. Fulfillment of all documents required by the Matching Program application or as required in the approved checklist (see policy "Required Resident Personnel Information" for details) when a matching program is not available.
  - f. If the program is not in the match, the program director will get a formal approval from GMEC or DME/DIO (pending GMEC approval due to time constraints).
- B. Resident Selection:
- a. All documents submitted by applicants meeting the eligibility criteria will be reviewed by a program selection committee
  - b. Eligible applicants are invited to interview
  - c. Invited applicants who interview with the program are informed in writing or by electronic means, of the terms, conditions, and benefits of their appointment, including financial support; vacation; parental, sick, and other leaves of absence; professional liability, hospitalization, health, disability and other insurance provided for the residents and their families; and the conditions under which NCH provides call rooms, meals, laundry services, or their equivalents. Applicants acknowledge in writing receipt of the above information.
  - d. Resident ranking and selection is based on defined program-related criteria such as preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation, program fit, and integrity without discrimination with regard to gender, race, age, religion, color, national origin, sexual orientation, disability, or any other applicable legally protected status.
- C. Resident Appointment:
- a. NCH Department of GME and program directors provide the matched/selected residents with a written agreement of appointment/ contract outlining the terms and conditions of their appointment to the program.
  - b. NCH Department of GME and program directors ensure that appointed residents are informed of and adhere to established educational and clinical practices, policies, and procedures in all sites to which residents are assigned as outlined in their employment agreement, housestaff manual, and NCH employee handbook. (Refer to the attached copy of the agreement of appointment/ contract for further details)
  - c. Appointed residents are employees of NCH and follow the Department of Talent Management and Employment (TM&E) rules and regulations related to employment and visas where applicable.
  - d. Appointed residents have to successfully complete the Hospital credentialing process prior to beginning employment
  - e. A resident who is ineligible to be employed due to a pending visa or for any other reason, may be approved to attend orientation, but is not eligible for compensation or benefits during orientation or beyond until employment is finalized. Clinical training time does not officially begin until resident employment process is complete. Making up time missed from training is discussed with the program director on an individual basis as delineated in the contract.

**PROCEDURE:** NCH GME Committee, sub-committees (e.g., Pediatric Resident Interview Committee), Medical Education Office and others involved with the selection and appointment of residents at NCH shall follow these guidelines.

**REFERENCES:** ACGME Institutional Requirements, NCH Employee Handbook, GME Housestaff Manual, and NCH TM&E Policies



**Common Application for Nicklaus Children's Hospital Training Programs**

Application for Academic Year 20\_\_\_\_\_ - 20\_\_\_\_\_

Application for the following Training Program: \_\_\_\_\_

**PERSONAL DATA:**

<b>Name (First, Middle, Last):</b>	
<b>Current Mailing Address:</b>	
<b>Permanent Mailing Address:</b>	
<b>Telephone Numbers:</b>	<b>Home:</b>
	<b>Cell:</b>
<b>Email Address:</b>	
<b>Social Security Number:</b>	
<b>Date of Birth:</b>	
<b>Place of Birth:</b>	
<b>Citizenship:</b>	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> J-1 Visa <input type="checkbox"/> Other _____

**EDUCATION:**

<u>Degrees</u>	<u>School</u>	<u>Degree &amp; Date Completed</u>
<b>Undergraduate:</b>		
<b>Medical School:</b>		
<b>Other:</b>		

**POST GRADUATE TRAINING:**

<u>Title</u>	<u>Institution</u>	<u>Date Completed</u>
<b>PGY 1</b>		
<b>PGY 2</b>		
<b>PGY 3</b>		
<b>Other</b>		
<b>USMLE/COMLEX Scores:</b>	USMLE Step 1 / COMLEX Level 1:	
(type in score)	USMLE Step 2 CK/ COMLEX Level 2 CE:	
	USMLE Step 2 CS/ COMLEX Level 2 PE:	
	USMLE Step 3/ COMLEX Level 3:	
<b>ECGMG Certification (IMG):</b>	<input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes   If yes, date of certification:	

<b>Medical Licensure:</b>	State:	Number:
	Type:	Expiration:

<b>Research and Other Scholarly Activities:</b>

**Awards, Honors, and Academic Achievements:**


**Professional Societies and Committee Memberships:**


**Advocacy, Volunteer and Extracurricular Activities:**


**Other Work Experience:**


**Licensure Background Information:**

Was your medical education/training extended or interrupted?     No     Yes  
(if yes, please submit an explanation)

Has your medical license ever been suspended/revoked/voluntarily terminated?     N/A     No     Yes  
(if yes, please submit an explanation)

Have you ever been named in a malpractice suit?     No     Yes  
(if yes, please submit an explanation)

Have you ever been convicted of a misdemeanor?     No     Yes  
(if yes, please submit an explanation)

Have you ever been convicted of a felony?  No  Yes  
(if yes, please submit an explanation)

**PROFESSIONAL REFERENCES: (List Three)**

<b>(1) Name:</b>
<b>Address:</b>
<b>Phone:</b>
<b>Email:</b>
<b>(2) Name:</b>
<b>Address:</b>
<b>Phone:</b>
<b>Email:</b>
<b>(3) Name:</b>
<b>Address:</b>
<b>Phone:</b>
<b>Email:</b>

**CHECKLIST FOR COMPLETION OF APPLICATION:**

Please complete the application electronically. Print, sign and send the application to the attention of the program director with the below documents attached:

- Completed and signed application (including a 2x2 photo)
- Curriculum Vitae (please include months and years)
- Personal Statement (one page)
- Medical School Diploma
- Medical School Transcripts (unofficial or copies is allowable)
- Letter of Support from Current Training Program Director
- USMLE/COMLEX Transcript
- Three (3) letters of recommendation (In addition to the letter from current training program director) – To be sent via email by the letter writer directly to the NCH Program Director

**ATTESTATION:**

I certify that the information contained in this application is complete and accurate to the best of my knowledge. I understand that any false or missing information may disqualify me from consideration for a position or may be grounds for termination from the program if employed. I also understand and agree that the information included in this application may be shared with members of the program's Selection Committee.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Please submit the completed application and supporting documents to the Program Coordinator listed on the individual program website.**



RECOMMENDATION FOR APPOINTMENT FORM

Purpose and use: Used by departments to recommend a physician to the Fellowship Sub-Committee for consideration. Submit completed form to Medical Education Department by March 1 prior to the beginning of the academic year (July 1st).

Today's Date: \_\_\_\_\_

I recommend the appointment of: \_\_\_\_\_

Effective date of appointment request (month/day/year): Last Name First Name M.I. Through: \_\_\_\_\_

To the position of: \_\_\_\_\_ (list program name)

PGY Level (to be verified by MedEd Office): [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 4 [ ] 5 [ ] 6 [ ] 7

Budgeted position? [ ] yes [ ] no Source of salary (be specific): \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Location: \_\_\_\_\_ Permanent Resident: [ ] yes [ ] no

If not a U.S. Citizen, Type of Visa: \_\_\_\_\_

Table with 4 columns: EDUCATION, Institution, Location, Degree Date (mo/yr). Rows include Medical School, Internship, and Previous Residency Training.

(use additional sheet if necessary)


Florida License: [ ] yes [ ] no

International Medical Graduates: ECFMG#: \_\_\_\_\_ (enclose copy of valid certificate) FL license # \_\_\_\_\_ List licenses in other states: \_\_\_\_\_

Signature of Program Director: \_\_\_\_\_




**F. Closure of Residency Program**

<p><b>NICKLAUS CHILDREN’S HOSPITAL POLICY AND PROCEDURE</b></p> 	
<b>ISSUED BY:</b> Medical Education	
<b>PAGE:</b> 1 of 1	<b>REPLACES POLICY DATED:</b> 10/05
<b>EFFECTIVE DATE:</b> 8/2018	<b>DISTRIBUTION:</b> System wide
<b>APPROVED BY:</b> Graduate Medical Education Committee	
<b>POLICY DESCRIPTION:</b> Closure of Residency Program	

<p><b>SCOPE:</b> The NCH Medical Education department, including all employees and contractors or any and all personnel providing services.</p>
<p><b>PURPOSE:</b> To provide a written institutional policy that conforms to the ACGME guidelines. When Nicklaus Children’s Hospital finds it necessary to reduce or close a training program due to unforeseen circumstances, these guidelines will be enforced.</p>
<p><b>DEFINITIONS:</b> [any words or phrases within the policy and procedure that have a meaning that is not widely known, or a meaning specific to its use within the policy and procedure]</p>
<p><b>POLICY:</b> Nicklaus Children’s Hospital is committed to the mission of high quality training for all residents and fellows. However, if Nicklaus Children’s Hospital finds it necessary to reduce or close any or all of the training programs due to unforeseen circumstances, the following guidelines will be enforced:</p> <ol style="list-style-type: none"> <li>1. The Sponsoring Institution must inform the GMEC, the Director of Medical Education, and the residents as soon as possible</li> <li>2. In the event of such a reduction or closure, Nicklaus Children’s Hospital as the sponsoring institution will either allow residents already in the program(s) to complete their education, or the program will assist the residents in enrolling in an ACGME-accredited program(s) in which they can continue their education.</li> <li>3. Restrictive Covenants: Neither the Sponsoring Institution nor its programs may require residents to sign a non-competitive guarantee.</li> </ol>

## G. Resident Supervision and Teaching Standards

<b>NICKLAUS CHILDREN’S HOSPITAL POLICY AND PROCEDURE</b> 	
<b>ISSUED BY:</b> Medical Education	<b>POLICY NUMBER:</b> O7600005
<b>PAGE:</b> 1 of 4	<b>REPLACES POLICY DATED:</b> 4/04, 9/04, 9/10, 7/11
<b>EFFECTIVE DATE:</b> 10/2020	<b>DISTRIBUTION:</b> System wide
<b>APPROVED BY:</b> Graduate Medical Education Committee, Ramesh Sachdeva, MD (SVP Quality/ Clinical Affairs)	
<b>POLICY DESCRIPTION:</b> Resident Supervision and Teaching Standards	

### SCOPE:

The NCH Clinical departments, including all employees and contractors or any and all personnel providing services.

**PURPOSE:** The purpose of this policy is to establish standards for the supervision and teaching of residents at Nicklaus Children's Hospital as required by the Accreditation Council for Graduate Medical Education (ACGME), Det Norske Veritas (Norway) and Germanischer Lloyd (Germany) (DNV-GL) and other applicable organizations, including the level of supervision provided.

**DEFINITIONS:** A resident is defined as either of the following:

1. An individual who participates in an approved Graduate Medical Education (GME) program, including any residency program approved by the ACGME, the Commission on Dental Accreditation (CODA), or other GME training accreditation organization, or
2. A physician who is not in an approved GME program, but who is practicing under a teaching program at the Hospital (i.e., training program has a defined curriculum, goals and objectives and all ACGME guidelines are followed by the training program per NCH policy).

**POLICY:** This policy outlines the procedural requirements for Graduate Medical Education pertaining to the supervision of residents and subspecialty residents (or fellows, hereby referred to as residents) at Nicklaus Children's Hospital (NCH). The provisions of this policy are applicable to all patient care services in inpatient and ambulatory care, and performance and interpretation of all diagnostic and therapeutic procedures on or behalf of NCH by any resident.

### Teaching at NCH

Each residency training program will be structured to encourage and permit residents to assume increasing levels of responsibility commensurate with their individual progress in experience, skill, knowledge, and judgment. Program Directors will review each resident’s performance and supervise progression during their training program based on ACGME guidelines and program curriculum. The responsibility given to residents in patient care activities should depend upon each resident’s knowledge, problem-solving ability, manual skills, experience and the severity and complexity of each patient’s status.

As the residents advance in their training, they may be given increasing responsibilities to conduct clinical activities with limited supervision or to act as teaching assistants for less experienced residents. Job

descriptions and descriptions of rotations are available in the program-specific Residency Manual and are reviewed on an annual basis.

### Supervision

Supervision of residents requires that within the scope of the residency training program, all residents will function under the supervision of appropriately credentialed attending physicians. Every residency program must ensure that adequate supervision is provided for residents at all times. This is particularly critical for patients with severe and/or complex disease. Supervision requirements are the responsibility of the appropriate residency Program Director.

A NCH Medical Staff member must be immediately available to the resident in person or by telephone and, if needed, be able to come to the Hospital within a reasonable period of time. Each department/ division will electronically publish and make available to the hospital operators their call schedules indicating the responsible attending(s) to be contacted. Such schedules are to be readily accessible in a prominent physical or electronic location. The availability of adequate supervision of residents must be documented. All patients admitted by residents are reviewed by the supervising attending within 24 hours during management/teaching rounds conducted seven days a week including holidays and an attending note is required daily.

Residents should be supervised by medical staff in such a way that the residents assume progressively increasing responsibility according to their level of education, ability and experience. This statement is true regardless of specialty or discipline. Medical Staff involved in this process must understand the implications of this principle and its impact on the patient and the resident.

All programs must delineate what level of supervision is required for each level of resident training and each resident experience, consistent with specific ACGME requirements. Levels of supervisions must be communicated to the residents.

The following classification of supervision levels must be used by the program as per the ACGME requirements to promote oversight of resident supervision while providing for graded authority and responsibility:

#### **1) Direct Supervision**

- a. **If live visit:** The supervising physician is physically present with the resident and patient during the key portions of the patient interaction
- b. **If using telemedicine:** The supervising physician and/or patient is not physically present with the resident AND the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.

#### **2) Indirect Supervision:**

The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to provide appropriate Direct Supervision either in person or through appropriate telecommunication technology.

**3) Oversight –** The supervising physician is available to provide review of procedures/ encounters with feedback provided after care is delivered.

The program must have in place (In the form of a program-level policy or in the program-specific manual) the appropriate level of supervision for all residents / fellows based on each resident's/ fellow's level of education/ training and ability, as well as patient complexity and acuity.

- PGY-1 residents, for instance, must initially be directly supervised (at least for the first 6 months of training)

The program director and faculty members are responsible for delegating to each resident the privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care. Faculty members functioning as supervising physicians must delegate portions of care to residents/

fellows based on the needs of each patient and the skills of the individual resident / fellow.

The program director must evaluate each resident's abilities based on specific criteria, guided by the Milestones.

Senior residents or fellows should serve in a supervisory role to junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.

In all instances, the resident (level as designated by each program) must notify the attending physician for:

- A. A patient death or adverse event
- B. An identified patient error
- C. Transfer of a patient to a higher level of care
- D. Consultation when the resident believes is a difference of opinion or concern about patient care that requires attending involvement
- E. A patient to be designated DNR/ DNI or end-of-life decisions

A program may designate additional times when their residents are required to notify the attending physician. All instances must be communicated to the residents by the program director.

**PROCEDURE:** Appropriately qualified Medical Staff must supervise all patient care services. The following procedures will be followed in the supervision of varying levels of residents:

Supervising Medical Staff must have the following qualifications:


- 1) Possess requisite specialty expertise as well as documented educational and administrative abilities and experience in their field
- 2) Be certified in the specialty by the applicable American Board of Medical Specialties (ABMS) Board or possess qualifications which must be approved through the Medical Staff Credentialing Committee
- 3) Physicians must be in good standing, credentialed and a member of the NCH Medical Staff
- 4) Non-physician supervisors must be appropriately qualified in their field and possess appropriate institutional appointments and credentials, and always function under the supervision of a credentialed medical staff member.

#### Emergency situation

An "emergency" is defined as a situation where immediate care is necessary to preserve the life of, or to prevent serious health impairment to a patient. In such situations, any resident, assisted by medical care personnel, will, consistent with the informed consent provisions, be permitted to do everything possible to save the life of a patient or to save a patient from serious harm. The appropriate Medical Staff member must be contacted and apprized of the situation as soon as possible.

**REFERENCES:** ACGME, DNV-GL standards, Pediatric Residency Manual

## H. Paid Medical, Parental and Caregiver Leave For Fellows and Residents of ACGME-Accredited Programs

<b>NICKLAUS CHILDREN’S HOSPITAL POLICY AND PROCEDURE</b>	
	
<b>ISSUED BY:</b> TM&E	
<b>PAGE:</b> 1 of 7	<b>REPLACES POLICY DATED:</b>
<b>EFFECTIVE DATE:</b> 7/2022	<b>DISTRIBUTION:</b> Department wide
<b>APPROVED BY:</b> TM&E & Graduate Medical Education Committee	
<b>POLICY DESCRIPTION:</b> Paid Medical, Parental and Caregiver Leave For Fellows and Residents of ACGME Accredited Programs	

<p><b>SCOPE:</b> This policy applies to employees of Nicklaus Children’s Hospital who are participating in graduate medical residency and fellowship programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) as a “Resident” or “Fellow.” Nicklaus Children’s Hospital is part of the Nicklaus Children’s Health System (“NCHS”).</p>
<p><b>PURPOSE:</b> This policy is adopted to comply with the ACGME Institutional Requirements (effective 7/1/2022) requiring a period of paid leave of absence for qualifying reasons.</p>
<p><b>DEFINITIONS:</b></p> <p>A. <b>“Serious Health Condition”</b> means an injury, illness, impairment or physical or mental condition that involves one of the following:</p> <ol style="list-style-type: none"> <li>1. <b>Inpatient care.</b> An overnight stay in a hospital, hospice, or residential medical care facility, including any period of incapacity or any subsequent treatment in connection with the inpatient care. "Incapacity," for purposes of this Policy, is defined as the inability to work, attend school or perform other regular daily activities due to a serious health condition, or treatment for or the recovery from such condition.</li> <li>2. <b>Absence Plus Treatment.</b> A period of incapacity of more than three (3) consecutive, full calendar days and any subsequent treatment or period of incapacity for the same condition that also involves: (a) treatment two or more times within 30 days of the first day of incapacity, unless extenuating circumstances exist, by a health care provider, by a nurse under direct supervision of a health care provider, or by a provider of health care services (e.g., physical therapist) under order of, or on referral by, a health care provider, or (b) treatment by a health care provider on at least one occasion that results in a regimen of continuing treatment under the supervision of the health care provider. For purposes of this Policy, "treatment by a health care provider" means an in-person visit with that health care provider, and the initial (or only) treatment visit must take place within 7 days of the first day of incapacity.</li> <li>3. <b>Pregnancy.</b> Any period of incapacity because of pregnancy, or for prenatal care.</li> <li>4. <b>Chronic Conditions Requiring Treatments.</b> Any period of incapacity or treatment for such incapacity due to a chronic serious health condition. A “chronic serious health condition” is defined as a condition that: (a) requires periodic visits, at least twice a year, for treatment by</li> </ol>

a health care provider or by a nurse under direct supervision of a health care provider; (b) continues over an extended period of time (including recurring episodes of a single underlying condition); and (c) may cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc.).

5. **Permanent or Long-Term Conditions Requiring Supervision.** A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective, such as Alzheimer's Disease, severe stroke or terminal stages of a disease. The Resident/Fellow or the covered family member must be under the continuing supervision of, but need not be receiving active treatment by, a health care provider.

6. **Multiple Treatments (Non-Chronic Conditions).** Any period of absence to receive multiple treatments by a health care provider (including any period of recovery) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider: (a) for restorative surgery after an accident or other injury; or (b) for a condition that would likely result in a period of incapacity of more than 3 consecutive, full calendar days in the absence of medical treatment or intervention, such as for cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), or kidney disease (dialysis).

B. **"Child"** means a biological, adoptive, foster or stepchild, a legal ward, or a child of a person standing in loco parentis by providing day-to-day care and financial support, where the child is under age 18, or age 18 or older and incapable of self-care because of a physical or mental disability.

C. **"Parent"** means a biological, adoptive, step or foster parent, or any other individual who stood in loco parentis to the Resident/Fellow when the Resident/Fellow was a child (as defined above). This term does not include the Resident/Fellow's parents "in-law."

**POLICY:** In accordance with ACGME's Institutional Requirements, eligible Residents and Fellows, beginning on the first day of their ACGME-accredited program and non-standard fellowship programs, make take up to a total of six (6) workweeks of paid leave for qualifying reasons during their training program at Nicklaus Children's Hospital.

This paid leave is applied on a per ACGME program basis, such that a Resident who takes six (6) weeks of paid leave during the residency program and who is subsequently accepted for a ACGME Fellowship program at Nicklaus Children's Hospital will be eligible for an additional paid leave period under this policy.

#### **QUALIFYING REASONS FOR PAID LEAVE UNDER THIS POLICY**

An eligible Resident/Fellow may take paid leave under this policy for one or more of the following:

1. When the Resident or Fellow is unable to perform their job duties due to their own Serious Health Condition (as defined in this policy).
2. To care for the Resident/Fellow's spouse, child, or parent ("covered family member") who has a Serious Health Condition (as defined in this Policy).
3. For the birth of the Resident or Fellow's child, or to care for the newborn child, or for the placement of a child for adoption or foster care.

- a. A Resident/Fellow may not take paid leave for the birth, adoption or foster care placement of a child if 12 months have passed since the birth, adoption or placement of the child.
- b. Residents/Fellows who are the parents of the same child are each eligible for a period of six (6) weeks of paid leave, either used concurrently or consecutively.

Leave for these qualifying reasons will be interpreted in accordance with NCHS's Family and Medical Leave (FMLA) Leave of Absence policy.

#### **CERTIFICATION REQUIREMENTS:**

***Certification of Health Care Provider for a Serious Health Condition of the Resident/Fellow or Covered Family Member.*** When requesting leave based on the serious health condition of the Resident/Fellow or of a covered family member, the Resident/Fellow must provide a certification of health care provider that includes all the information required by NCHS. Alternatively, the Resident/Fellow employee may provide an executed authorization or release allowing NCHS and The Hartford (as the leave administrator) to communicate directly with the health care provider.

The applicable certification of health care provider form is available from The Hartford. The completed certification of health care provider is confidential and should be submitted directly to The Hartford within 15 calendar days, unless it is not practicable under the particular circumstances to do so despite the Resident/Fellow's diligent, good faith efforts.

If the medical certification is incomplete or insufficient, NCHS (through The Hartford) will specify the deficiencies in the certification and the Resident/Fellow will have a reasonable opportunity to provide the information necessary to make the certification complete and sufficient. NCHS or The Hartford may directly contact the health care provider for purposes of clarification and authentication of the medical certification (whether initial or recertification) after the Resident/Fellow has been given an opportunity to cure any deficiencies. This contact will be made using a health care provider, a TM&E or Employee Health Office representative, a leave administrator or a management official. The Resident/Fellow's direct supervisor will not make this contact. In compliance with HIPAA Medical Privacy Rules, NCHS and The Hartford will obtain the Resident/Fellow's permission for the health care provider to share individually identifiable health information. If the Resident/Fellow does not provide an authorization to clarify the certification directly with the health care provider and does not otherwise clarify the certification, NCHS may deny the taking of leave.

*Certification for Parental Leave* : When requesting parental leave, the Resident/Fellow must provide a certification or other appropriate documentation that includes all the information required by NCHS.

#### **PROCEDURE:**

##### **PROCEDURE FOR REQUESTING LEAVE:**

When a Resident/Fellow provides notice of the need for leave, the Resident/Fellow must provide sufficient information for NCHS to reasonably determine whether the leave may qualify as paid leave under this Policy. If the Resident/Fellow fails to provide sufficient information, NCHS may deny leave. Calling in "sick" alone is not sufficient notice of a need for leave. If the Resident/Fellow has previously taken leave and the Resident/Fellow seeks another leave for the same reason, the Resident/Fellow must specifically reference either the reason or the need for said leave. Likewise, if the Resident/Fellow has been approved

for a leave for more than one reason, the Resident/Fellow's notice must specify which reason supports the Resident/Fellow's current request for leave.

The Resident/Fellow notice required by this section should be provided to the Hartford, NCHS's leave administrator and to the Program Director/ Director of Medical Education & DIO. The contact information for the Hartford is located on the NCHS Portal. (Go to "Departments" - "Employee Center" - "Employee Health and Wellness" and then "Leave of Absence").

*Foreseeable Leave:* A Resident/Fellow must provide NCHS with at least thirty (30) days' advance written notice of his/her need for leave if the request for leave is based on foreseeable medical treatment for the Resident/Fellow, family member or covered service member, or for the expected birth, adoption or foster placement of a child. This notice must be provided to the Hartford. When planning medical treatment, the Resident/Fellow must consult with his or her Program Director and make a reasonable effort to schedule the treatment so as not to unduly disrupt NCHS's operations, subject to approval by the health care provider. The Resident/Fellow must notify the Hartford as soon as practicable (e.g., on the same day or next business day) if the dates of a scheduled leave change or were initially unknown.

*Unforeseeable Leave and Leave for a Qualifying Exigency:* When an Resident/Fellow's request for leave is not foreseeable, or is due to a qualifying exigency (regardless of how far in advance such leave is foreseeable), the Resident/Fellow must provide notice (verbal or written) as soon as is practicable under the facts and circumstances of the particular case. The notice must be provided to both the Hartford and to the Resident/Fellow's department in accordance with his or her department's procedures for unforeseeable leave or absences.

If a Resident/Fellow does not comply with the notice and procedural requirements listed above, and no unusual circumstances justify the failure to comply, NCHS may delay or deny the leave depending on the facts of the particular case. A Resident/Fellow must respond to any inquiry by NCHS as to the reasons for providing less than thirty (30) days' notice for foreseeable leave.

A Resident/Fellow who obtains Paid Leave under this policy under false pretenses is subject to disciplinary action, up to and including termination from the training program.

#### **INTERMITTENT OR REDUCED SCHEDULE LEAVE**

A Resident/Fellow may take paid leave time under this policy on an intermittent or a reduced schedule basis if medically necessary (and such medical need can best be accommodated through an intermittent or a reduced schedule) because of the serious health condition of the Resident/Fellow or the covered family member.

If the Resident/Fellow needs leave intermittently or on a reduced leave schedule basis for planned medical treatment (or recovery there from), the Resident/Fellow must consult with the Program Director and make a reasonable effort to schedule the treatment so as not to unduly disrupt the Hospital's operations.

A Resident/Fellow may not take paid leave under this policy on an intermittent or reduced schedule basis for the birth, adoption or foster placement of a healthy child without prior written approval from the Program Director; however, intermittent leave may be taken if the mother has a serious health condition in connection with the birth of the child, or if the newborn, adopted or foster child has a serious health condition.

The Resident/Fellow's entitlement to paid leave time under this policy is reduced by the amount of leave taken during the applicable period. The Resident/Fellow must report all intermittent leave time taken to The Hartford and the Program Director/ Director of Medical Education & DIO on the date of the absence or as soon as practical (i.e. within 2 business days).



Failure to timely report intermittent leave time, or reporting non-qualifying absences as intermittent leave, may result in corrective action, up to and including termination from employment.

### **REPORTING TO THE HOSPITAL WHILE ON LEAVE**

The Resident/Fellow is required to report to the Program Director on a periodic basis regarding the Resident/Fellow's status and intention to return to the program. The Program Director will advise of how often the Resident/Fellow must report to the Program Director while on leave. If circumstances change and the Resident/Fellow needs either more or less leave, the Resident/Fellow must provide reasonable notice (i.e., within 2 business days) of the changed circumstances where foreseeable. The notice must be submitted to The Hartford and the Program Director/ Director of Medical Education & DIO.

### **RELATIONSHIP BETWEEN PAID LEAVE TIME AND OTHER PAID TIME OFF AND PAID BENEFITS**

The Paid Leave time provided under this policy will be at 100% of the Resident/Fellow's regular salary from Nicklaus Children's Hospital.

The Hospital requires that the Resident/Fellow's paid vacation time (28 days per academic year) and paid sick days (12 days per academic year) for the applicable year be used during the Paid Leave Period under this policy until exhausted, with the exception that seven (7) days of such paid time off will be reserved for use for other reasons during that same academic year. Any vacation or sick days taken prior to a Paid Leave under this policy within the same academic year will be counted toward the seven (7) days paid time off reserve.

If the Resident/Fellow is eligible for and using NCHS's short-term disability plan for a medical condition that qualifies as a serious health condition, Nicklaus Children's Hospital will offset the amount of the short-term disability benefits against the Paid Leave benefit under this policy so that, in total, the Resident/Fellow will receive 100% of the regular salary for up to six (6) weeks.

If the Resident/Fellow is injured on the job and the injury qualifies as a serious health condition, Nicklaus Children's Hospital requires that the time off for the injury be counted against the employee's paid leave entitlement. If the Resident/Fellow is receiving temporary disability benefits under the Florida Workers' Compensation Law, Nicklaus Children's Hospital will offset the amount of the temporary disability benefits against the Paid Leave benefit under this policy so that, in total, the Resident/Fellow will receive 100% of the regular salary for up to six (6) weeks.

NCHS provides a period of Paid Parental Leave to employees who have been employed for at least twelve (12) consecutive months, classified as benefits eligible and have worked for at least one thousand two hundred fifty (1,250) hours during the previous twelve (12) months, subject to certain terms and conditions. If a Resident/Fellow is eligible for Paid Parental Leave under NCHS's policy, the amount of such leave will be offset against the Paid Leave time under this policy, so that, in total, the Resident/Fellow will receive 100% of the regular salary for up to six (6) weeks.

### **BENEFITS WHILE ON LEAVE**

NCHS will continue to maintain the Resident/Fellow's coverage under any group health plan while the individual is on leave under this Policy on the same conditions as coverage would have been provided if the individual had been actively working. The premiums for the benefits will be deducted from the Resident/Fellow's paycheck during the period of paid leave as a regular payroll deduction.

NCHS may recover its share of the group health plan premiums paid during the Resident/Fellow's leave under this Policy if the Resident/Fellow fails to return to the ACGME accredited program, unless the failure

to return to the program is because of the serious health condition of the Resident/Fellow or covered family member, or other circumstances beyond the Resident/Fellow's control. If the Resident/Fellow does not return to the program, their group health plan coverage will end and they will receive a separate notice that provides details about COBRA coverage.

Insurance benefits provided by NCHS to a Resident/Fellow and optional insurance benefits elected by the Resident/Fellow will continue during the paid leave period, subject to the payment of any required premiums by the Resident/Fellow (via payroll deduction during the period of paid leave) and the terms of the insurance policies.

It is the Resident/Fellow's responsibility during the paid leave period to add a new dependent child(ren) to the group health plan in a timely manner if such coverage is desired. The Resident/Fellow must also execute new Beneficiary Designation forms under the life insurance and retirement plans if the Resident/Fellow intended to designate the child(ren) as a beneficiary under those plans.

### **RETURN TO WORK**

To return to work from a continuous leave for their own serious health condition, the Resident/Fellow must provide a fitness for duty certification from their health care provider to the Employee Health Office on or before the day the Resident/Fellow returns to work. The fitness for duty certification must address the Resident/Fellow's ability to perform the essential functions of the position as listed in the applicable contract and/or Housestaff manual. If the Resident/Fellow is released to return to work with any medical restrictions, the fitness for duty certification should specify those medical restrictions and the expected duration of the restrictions. The Resident/Fellow must pay the cost of obtaining the fitness for duty certification (including the costs of the health care provider).

If the Resident/Fellow fails to provide a timely fitness for duty certification, Nicklaus Children's Hospital may delay the employee's restoration to active status until the completed certification is provided to the Employee Health Office.

### **RELATIONSHIP TO FMLA LEAVE**

Resident/Fellows may also be eligible for up to twelve (12) works weeks of unpaid FMLA Leave if they have been employed for at least twelve (12) consecutive months, and have worked for at least one thousand two hundred fifty (1,250) hours during the previous twelve (12) months. (See Family and Medical Leave of Absence policy)

A Resident/Fellow must apply for Family and Medical Leave of Absence (FMLA) as a condition of receiving the paid leave benefit provided under this policy. The Paid Leave time under this policy runs concurrently with, and will be applied to, any qualifying FMLA leave to the extent consistent with applicable law.

### **OUTSIDE EMPLOYMENT DURING PAID LEAVE**

A Resident/Fellow on a leave under this policy may not work at another job during the duration of the leave. The Resident/Fellow must notify The Hartford and the Program Director if the Resident/Fellow is employed in another position with an outside employer. Failure to disclose this information may lead to revocation of the Resident/Fellow's leave under this policy and disciplinary action.

**Note:** *This policy only addresses the paid approved leave eligibility. The impact of a leave of absence of six weeks upon the Resident/Fellow's ability to satisfactorily complete the program requirements and their*

*eligibility to participate in examinations by the relevant certifying board(s) are specific to the individual program(s) and certifying board(s) and are addressed by the program director on a case-by-case basis including the potential extension of training. It is the responsibility of the Resident/Fellow and Program Director to discuss, in advance, what effect taking time off from the training program may have on the applicable Board or ACGME requirements dictating a possible extension of training.*

**REFERENCES**

Accreditation Council for Graduate Medical Education Institutional Requirements (Rev. 09/26/2021; Effective Date 07/01/2022) (see: [Institutional Requirements \(acgme.org\)](http://www.acgme.org))

**I. Dress Code Policy**

**NICKLAUS CHILDREN’S HOSPITAL POLICY AND PROCEDURE**



<b>ISSUED BY:</b> Human Resources	<b>POLICY NUMBER:</b> H9510E18
<b>PAGE:</b> 102 of 142	<b>REPLACES POLICY DATED:</b> 5/00; 2/02
<b>EFFECTIVE DATE:</b> 1/88	<b>DISTRIBUTION:</b> System wide
<b>APPROVED BY:</b> Exec. VP/Chief Operating and Compliance Officer	
<b>POLICY DESCRIPTION:</b> Dress Code/Business Casual	

**SCOPE:**

All employees and contractors or any and all personnel providing services at all NCH owned or operated facilities, including, but not limited to, hospital, ambulatory centers, physician practices and all departments contained therein.

**PURPOSE:** To establish and clarify standards for dress code and business casual dress and grooming for employees to present a professional presentation to patients, families and visitors.

**DEFINITIONS:** [any words or phrases within the policy and procedure that have a meaning that is not widely known, or a meaning specific to its use within the policy and procedure]

**POLICY:** Standards of cleanliness, suitability and good grooming, appropriate to our Hospital environment must be observed by all employees while on duty.

The Hospital requires certain employees to wear uniforms at all times while on duty. Employees are expected to wear their complete uniform as specified by their department. Uniforms are to be kept clean and in good repair at all times.

Badges, slogans or irrelevant items are not to be worn with uniforms while on duty, except those badges indicating professional or technical school graduation and Hospital identification badge. Only pins distributed by the Hospital may be worn.

Hospital employees who do not wear uniforms are expected to maintain a standard of dress appropriate to a business atmosphere reflecting the Hospital's serious mission to patients and visitors. Department heads and supervisors will discuss the uniform or department dress code with the new employees. Casual dress may be allowed on certain days, occasions or associated with Hospital programs. In no case, can employees wear T-shirts with wording except for Nicklaus Children's Hospital T-shirts, nor are denim jeans allowed to be worn in the Hospital.

A business casual dress code has been developed to be in effect between the dates of June 1<sup>st</sup>. and September 30<sup>th</sup>, and also on Fridays of the remainder of the year. This dress code is based on four basic concepts:

1. Use good common sense.
2. Show good professional judgement
3. Exercise leadership.
4. Anything you would wear to the gym, beach, or trendy clubs does not constitute Business Casual Dress.

Business Casual Dress is defined as clean, neat and professional clothing.

#### **CASUAL DRESS STANDARDS – MEN**

1. Suits, ties, and sport coats will be optional unless the dress standard is professional business wear at the appropriate meeting or appointment.
2. Slacks, khakis or dress pants (no jeans or shorts).
3. Collared long or short sleeved dress shirts (no golf/polo shirts or T-shirts).
4. Belts, socks and polished leather shoes (no sandals, sneakers or hiking boots).
5. All clothes must be well pressed, tailored and in good condition.

#### **CASUAL DRESS STANDARDS – WOMEN**

1. Suits, dresses (short or long sleeve), and blazers will be optional unless the dress standard is professional business wear at the appropriate meeting or appointment.
2. Skirts, tailored pants, or dress pants (no jeans or shorts).
3. Blouse, skirt, sweater, or jacket (no golf/polo shirts, halters, tanks or T-shirts).
4. Hosiery is always recommended, except with pants.

#### **PROHIBITED CLOTHING**

1. Denim (jeans, dresses, skirts, jumpers, or shirts)
2. Tight fitting clothing or mini-skirts
3. Athletic attire or sweatsuits
4. Spandex
5. Capri pants
6. Sundresses with spaghetti straps
7. T-shirts or tank tops
8. Sleeveless blouses or shirts (unless under a blazer)
9. Running, tennis or hiking shoes.
10. Mules, clogs or backless slip-on shoes. (Summer shoes and sandals are appropriate, but **MUST** have a strap on the heel).

If your position currently requires a uniform, the Casual Dress Code Policy does not pertain to you.


**PROCEDURE:**

**ENFORCEMENT OF DRESS CODE**

If an individual crosses the standards of the dress code, it will be the responsibility of the manager or director to address the situation. If the attire is deemed unacceptable, the manager or director will ask the individual to leave, change, and return to work appropriately dressed.

**REFERENCES:** [list of supporting and source documentation used to validate the policy and procedure]

**J. Academic Discipline Policy**

<p><b>NICKLAUS CHILDREN’S HOSPITAL POLICY AND PROCEDURE</b></p> 	
<b>ISSUED BY:</b> Dept. of Medical Education	
<b>PAGE:</b> 1 of 14	<b>REPLACES POLICY DATED:</b> 7/10, 9/13
<b>EFFECTIVE DATE:</b> 9/2018	<b>DISTRIBUTION:</b> Department wide
<b>APPROVED BY:</b> Graduate Medical Education Committee	
<b>POLICY DESCRIPTION:</b> Residents’/Fellows’ Academic Discipline: Monitoring and Remedial Measures	

<p><b>SCOPE:</b> The NCH Medical Education department, including all employees and contractors or any and all personnel providing services.</p>
<p><b>PURPOSE:</b> Nicklaus Children’s Hospital (NCH), Graduate Medical Education (GME), and individual training programs have an obligation to provide learning opportunities, adequate supervision, and regular monitoring for all trainees so that at the end of their training the residents/fellows are competent to practice medicine safely without supervision in their respective fields of training. It is important for the programs to identify residents/fellows with academic poor performance early in their training and provide appropriate remedial measures to ensure training competent physicians.</p> <p>This P&amp;P outlines various monitoring procedures for academic poor performance among trainees at NCH and provides a list of remedial actions including extending the training, non-renewal of contract, and dismissal of the trainee.</p>
<p><b>DEFINITIONS:</b> [any words or phrases within the policy and procedure that have a meaning that is not widely known, or a meaning specific to its use within the policy and procedure]</p>
<p><b>POLICY:</b></p> <ul style="list-style-type: none"> <li>• Academic poor performance is performance which is below the expectation for the level of training in one or more of the six core competencies and/ or a benchmark threshold of each competency’s specialty-specific milestones.             <ul style="list-style-type: none"> <li>○ Patient care</li> <li>○ Medical Knowledge</li> <li>○ Interpersonal/communication skills</li> </ul> </li> </ul>

- Professionalism
- Problem-Based Learning and Improvement
- Systems-based Practice
- The Clinical Competency Committee (CCC) of the individual program is responsible for the bi-annual review of each resident's performance and meeting the milestones. The outcome of the review is communicated to the Program Directors who are primarily responsible for reviewing academic performance report with the trainees and designing a remediation and/or an individualized learning plan (ILP). The program directors may review the performance through personal engagement, periodic review of evaluations, formal/informal discussions with the faculty and hospital staff.
- Once the Program CCC and the Program Director determine academic poor performance in any trainee, he/she will initiate a close monitoring program tailored to the trainee based on the degree of poor performance and the progress shown by the trainee.

**PROCEDURE:**

<b>Resident Status</b>				
<b>Resident Status</b>	<b>Reporting Requirements</b>	<b>Procedure</b>	<b>Monitoring</b>	<b>Outcomes</b>
<b>Normal</b>	N/A	N/A	<ul style="list-style-type: none"> <li>• Evaluations as per the Program policies</li> <li>• Semi-annual evaluation by the Program Director</li> </ul>	N/A
<b>Review</b>	None	<ul style="list-style-type: none"> <li>• On-review status is used for trainees who are marginally deviate from the expectations for the level of training.</li> <li>• PD must meet with the trainee in person and explicitly present:               <ul style="list-style-type: none"> <li>○ Area of poor performance</li> <li>○ Measures to improve the performance</li> <li>○ How the improvement is measured</li> <li>○ Duration of monitoring</li> <li>○ Mechanism of evaluation</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• PD must meet with the trainee at least every three months.</li> <li>• Mentors, if assigned, meet with the trainee periodically and report to the PD of the progress.</li> </ul>	<ul style="list-style-type: none"> <li>• Shown significant improvement: progress to normal status</li> <li>• Show some improvement: extend review status</li> <li>• Not shown improvement: escalate to higher monitoring or remedial level</li> </ul>

		<ul style="list-style-type: none"> <li>○ Various outcomes of review status</li> <li>• Specific mentors/evaluators may or may not be assigned during the evaluation period</li> <li>• Written attestation is preferable but not mandatory</li> <li>• The written documentation may be purged from the trainee's file if he/she improves and comes out of review status to normal status</li> </ul>		
<b>Warning</b>	None	<ul style="list-style-type: none"> <li>• On-warning status is used for trainees who: <ul style="list-style-type: none"> <li>○ significantly deviate from the expectations for the level of training</li> <li>○ not shown improvement during review period or</li> <li>○ shown some improvement during probation period</li> </ul> </li> <li>• PD must meet with the trainee in person and explicitly present: <ul style="list-style-type: none"> <li>○ Area of poor performance</li> <li>○ Measures to improve the performance</li> <li>○ How the improvement is measured</li> <li>○ Duration of monitoring</li> <li>○ Mechanism of evaluation</li> <li>○ Various outcomes of warning status</li> </ul> </li> <li>• Specific mentor(s) need be assigned during the evaluation period</li> <li>• Written attestation is preferable but not mandatory</li> </ul> <p>The written documentation may be purged from the trainee's file if he/she</p>	<ul style="list-style-type: none"> <li>• PD must meet with the trainee at least every two months.</li> <li>• Mentors meet with the trainee periodically and report to the PD of the progress.</li> </ul>	<ul style="list-style-type: none"> <li>• Shown significant improvement: progress to normal status</li> <li>• Show some improvement: extend warning status or move to review status</li> <li>• Not shown improvement: escalate to higher monitoring or remedial level</li> </ul>



		improves and comes out of review status to normal status		
<b>Probation</b>	<b>Yes:</b> <ul style="list-style-type: none"> <li>• GMEC (trainees name should not be identified)</li> <li>• DME/DIO</li> <li>• Program CCC</li> <li>• Statutory Boards</li> </ul>	<ul style="list-style-type: none"> <li>• On-probation status is used for trainees who: <ul style="list-style-type: none"> <li>○ significantly deviate from the expectations for the level of training</li> <li>○ not shown improvement during review/warning period</li> </ul> </li> <li>• PD must meet with the trainee in person and explicitly present: <ul style="list-style-type: none"> <li>○ Area of poor performance</li> <li>○ Measures to improve the performance</li> <li>○ How the improvement is measured</li> <li>○ Duration of monitoring</li> <li>○ Mechanism of evaluation</li> <li>○ Various outcomes of probation status</li> <li>○ Reporting requirements for the program and the trainee</li> </ul> </li> <li>• Specific mentor(s) need be assigned during the evaluation period</li> <li>• Written letter with all the details is given to the trainee to sign (to acknowledge the receipt of the letter)</li> <li>• PD needs to meet with DME/DIO to discuss the issue of probation and to review the documentation before meeting with the trainee.</li> <li>• It is preferable to have a third party present during the discussions with the trainee.</li> <li>• It is recommended to have written documentation of trainee's poor academic performance and</li> </ul>	<ul style="list-style-type: none"> <li>• PD must meet with the trainee at least every month.</li> <li>• Mentors meet with the trainee periodically and report to the PD of the progress.</li> </ul>	<ul style="list-style-type: none"> <li>• Shown significant improvement: progress to normal status</li> <li>• Show some improvement: extend probation status or move to review/warning status</li> <li>• Not shown improvement: extend probation period/extend the training period/non-renewal of the contract/termination</li> </ul>

		<p>remediation efforts (if any). In case of verbal report, it is advised that PD document the nature of the report, date and time, and the staff who reported.</p> <ul style="list-style-type: none"> <li>• PD to document the duration and outcome of the probation period in trainee's file for future reference.</li> <li>• PD needs to report to GMEC after placing any trainee on probation. No identification or minimal details need to be presented to GMEC.</li> <li>• PD/DME may take legal help in drafting the letter.</li> <li>• The academic probation status is <u>NOT</u> subjected to Grievance Process.</li> </ul>		
<b>Remedial Actions</b>				
<b>Remedial Action</b>	<b>Reporting Requirements</b>	<b>Procedure</b>	<b>Monitoring</b>	<b>Outcomes</b>
<b>Extend the Training Period</b>	<p><b>Yes:</b></p> <ul style="list-style-type: none"> <li>• GMEC (trainees name should not be identified)</li> <li>• DME/DIO</li> <li>• Program CCC</li> <li>• Statutory Boards</li> </ul>	<ul style="list-style-type: none"> <li>• Training period is usually extended for trainees with poor academic performance but shown improvement and have potential to become competent physicians at the end of the extended period of training.</li> <li>• PD must meet with the trainee in person and explicitly present: <ul style="list-style-type: none"> <li>○ Areas of poor performance</li> <li>○ Measures to improve the performance</li> <li>○ How the improvement is measured</li> <li>○ Duration of training extension</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Monitoring frequency depends upon the monitoring status.</li> </ul>	<ul style="list-style-type: none"> <li>• Successful completion of training</li> <li>• Failure to complete the training</li> </ul>

		<ul style="list-style-type: none"> <li>○ Salary and benefits during extension</li> <li>○ Reporting requirements for the program and the trainee</li> <li>○ Hospital Grievance Process</li> <li>● Written letter with all the details is given to the trainee to sign (to acknowledge the receipt of the letter)</li> <li>● PD needs to meet with DME/DIO to discuss the issue of training extension and to review the documentation before meeting with the trainee.</li> <li>● PD needs to secure financial support for the period of extension.</li> <li>● It is preferable to have a third party present during the discussions with the trainee.</li> <li>● PD needs to report to GMEC. No identification or minimal details need to be presented to GMEC.</li> <li>● PD may need to report to ACGME/respective boards as required.</li> <li>● PD/DME is advised to take legal help.</li> <li>● Extension of training period is subjected to Grievance Process. (See Academic Grievance and Appeal Policy)</li> </ul>		
<b>Non-renewal of contract</b>	<b>Yes:</b> <ul style="list-style-type: none"> <li>● GMEC (trainees name should not be identified)</li> <li>● DME/DIO</li> <li>● Program CCC</li> <li>● Statutory Boards</li> </ul>	<ul style="list-style-type: none"> <li>● Contracts are not renewed for next level of training usually for trainees with poor academic performance and have not shown sufficient improvement in spite of remedial efforts and have no potential to become competent physicians at the</li> </ul>	<ul style="list-style-type: none"> <li>● Monitoring frequency depends upon the monitoring status.</li> </ul>	<ul style="list-style-type: none"> <li>● Failure to complete the training</li> <li>● May give full or partial credit for future training (after discussion with the respective boards)</li> </ul>

		<p>end of the training period in their field of training.</p> <ul style="list-style-type: none"> <li>• PD must meet with the trainee in person and explicitly present: <ul style="list-style-type: none"> <li>○ Areas of poor performance</li> <li>○ Summarize remedial efforts and their outcomes</li> <li>○ Reporting requirements for the program and the trainee</li> <li>○ Hospital Grievance Process</li> </ul> </li> <li>• Written letter with all the details is given to the trainee to sign (to acknowledge the receipt of the letter)</li> <li>• PD needs to meet with DME/DIO to discuss the issue of non-renewal to review the documentation before meeting with the trainee.</li> <li>• It is preferable to have a third party present during the discussions with the trainee.</li> <li>• Notice to be given at least 4 months before the end of the current training year.</li> <li>• PD needs to report to GMEC after placing any trainee on probation. No identification or minimal details need to be presented to GMEC.</li> <li>• PD may need to report to ACGME/respective boards as required.</li> <li>• PD/DME is advised to take legal help.</li> <li>• Non-renewal is subjected to Grievance Process. (See Academic Grievance and Appeal Policy)</li> </ul>		
<b>Termination</b>	<b>Yes:</b>	<ul style="list-style-type: none"> <li>• Termination is done usually for trainees with extremely poor</li> </ul>	N/A	<ul style="list-style-type: none"> <li>• Failure to complete the training</li> </ul>


	<ul style="list-style-type: none"> <li>• GMEC (trainees name should not be identified)</li> <li>• DME/DIO</li> <li>• Program CCC</li> <li>• Statutory Boards</li> </ul>	<p>academic performance with significant risk for patient safety even under supervised training conditions.</p> <ul style="list-style-type: none"> <li>• Trainee must be informed about: <ul style="list-style-type: none"> <li>○ Areas of poor performance</li> <li>○ Reporting requirements for the program and the trainee</li> <li>○ Hospital Grievance Process</li> </ul> </li> <li>• Written letter with all the details is given to the trainee to sign (to acknowledge the receipt of the letter)</li> <li>• PD needs to meet with DME/DIO to discuss the issue of termination to review the documentation before meeting with the trainee.</li> <li>• PD &amp; DME must to take the help of legal and Talent &amp; Management for delivery of termination letter to comply with hospital rules.</li> <li>• PD needs to report to GMEC.</li> <li>• PD may need to report to ACGME/respective boards as required.</li> <li>• Termination is subjected to Grievance Process. (See Academic Grievance and Appeal Policy)</li> </ul>		
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**NOTE:**

This policy addresses Academic Discipline related to substandard academic performance. Other disciplinary measures related to resident/fellow's impairment, sexual harassment, complaints, patient-care related professional complaints are addressed by following the institutional/ employee policy

**REFERENCES:** [list of supporting and source documentation used to validate the policy and procedure]

## K. Academic Grievance and Appeal Policy

<b>NICKLAUS CHILDREN'S HOSPITAL POLICY AND PROCEDURE</b>	
	<b>Nicklaus Children's Hospital</b>
<b>ISSUED BY:</b> Dept. of Medical Education	
<b>PAGE:</b> 1 of 3	<b>REPLACES POLICY DATED:</b> 7/10; 7/11, 9/13
<b>EFFECTIVE DATE:</b> 9/2018	<b>DISTRIBUTION:</b> Department wide
<b>APPROVED BY:</b> Graduate Medical Education Committee	
<b>POLICY DESCRIPTION:</b> Residents'/Fellows' Academic Grievance and Appeal Policy	

<b>SCOPE:</b> The NCH Medical Education department, including all employees and contractors or any and all personnel providing services.
<b>PURPOSE:</b> The purpose of this policy is to outline the process of timely, fair, and responsible resolution of academic grievance and appeal filed by a resident or fellow in response to an academic disciplinary action as a result of a resident/fellow's poor performance. This institutional policy conforms to the ACGME guidelines.
<b>DEFINITIONS:</b> [any words or phrases within the policy and procedure that have a meaning that is not widely known, or a meaning specific to its use within the policy and procedure]
<b>POLICY:</b> <ul style="list-style-type: none"> <li>• The following academic disciplinary actions are eligible for grievance/appeal (see Residents'/Fellows' Academic Discipline: Monitoring and Remedial Measures Policy): <ol style="list-style-type: none"> <li>1. Extension of Training Period</li> <li>2. Non-renewal of Contract</li> <li>3. Termination</li> </ol> </li> <li>• The process must ensure that all ACGME accredited programs will provide the resident(s) with a written notice of the disciplinary action as early as possible.</li> <li>• The resident/fellow may appeal one of the decisions above by filing a written appeal no later than <b>fourteen (14) calendar days</b> after the receipt of written notification of non-renewal or non-advancement, or termination to the appropriate Program Director. The Program Director shall respond to the written appeal within <b>fourteen (14) calendar days</b> following the receipt of the written appeal.</li> <li>• If the Program Director's response is adverse to the resident, the affected resident may file a written appeal to the DME/DIO within fourteen (14) calendar days following the receipt of the response from the Program Director.</li> <li>• The DME/DIO will review the situation and attempt to address the appeal and resolve the dispute if possible and seek resolution and notify the resident/fellow in writing of the outcome of the appeal.</li> <li>• If the DME/DIO were not able to resolve the situation to the resident's/fellow's satisfaction, the resident/fellow may file an appeal in writing to the GMCC for consideration by a <b>Performance Dispute Resolution Committee</b>. The letter should be filed within <b>Fourteen (14) days</b> from the receipt of the DME/DIO decision.</li> </ul>

- The DME/DIO shall forward documents and all relevant material including a statement of the program director's position and the resident's letter of dispute to the GMEC for subsequent consideration.
- The GMEC shall designate a three (3) – person **Performance Dispute Resolution Committee** consisting of:
  - One faculty member selected by the Program Director
  - One Housestaff or faculty member selected by the resident/fellow
  - A third member selected by the first two members. The third member cannot be a member of the involved clinical division or a division chief of any other division.
- The **Performance Dispute Resolution Committee** will permit the resident/fellow to submit whatever material the resident believes to have bearing on the dispute for the Committee's consideration. The Committee will arrange to meet with the resident/fellow to afford him/her an opportunity to make an oral presentation. The Committee will then review all material relevant to the dispute (including previous CCC reports and bi-annual evaluations and plans by the PD), interview individuals as selected by the committee, and issue written findings and a recommendation to the Department VP. The Department VP shall render the final decision.

**Committee Meeting:**

1. The resident will be given written notice of the time and place of the hearing before the Committee
2. The resident may bring an attorney, or other advisor, who can assist the resident, however, the attorney/advisor will not be allowed to represent the resident, attend, or participate in the deliberation of the Committee
3. If there are additional issues of fact or procedure in question, the panel may call for further investigation and meetings before rendering a final, written decision. The Committee shall render a decision to accept, reject, or modify the program's decision, such decision to be issued no later than fourteen (14) calendar days from the conclusion of the review.
4. Although evidence may be presented, the hearing is not a legal proceeding, does not follow the rules of law or of evidence, and is not subject to laws relating to the conduct of legal proceedings.
5. Since the Committee is advisory to the Department VP and is not serving as the institutional official, the Committee report is not subject to appeal, cross-examination, or negotiation.
6. The Department VP will render the final decision. The determination rendered by the Department VP shall be final and binding on all parties and shall not be subject to grievance or arbitration.

**PROCEDURE:**

**Appendix A**

**This Appendix supplements the Resident's / Fellows Academic Grievance Appeal Policy**

**Description of the Performance Dispute Resolution Committee Meeting:**


1. This meeting is held to:
  - a. Allow the Performance Dispute Resolution Committee to review, assess, confirm, and Clarify information in the documents
  - b. Allow the resident to plead his/her case in front of members of the Committee
  - c. Allow the Committee to interview other individuals to substantiate the information provided in the records to be able to have all the information they need for deliberation
2. The resident will be given written notice of the time and place of the hearing before the Committee

3. The resident may bring an attorney, or other advisor, who can assist the resident, however, the attorney/advisor will not be allowed to represent the resident, attend, or participate in the deliberation of the Committee
4. The resident will be given up to 20 minutes to present his/ case in front of the Committee members if the resident chooses to do so.
5. Committee will follow with any questions or clarifications from the residents about the information.
6. The resident and whoever is accompanying him/her leaves the meeting.
7. The Committee has the option of calling on any other involved parties to interview them separately or ask questions or clarifications
8. If there are additional issues of fact or procedure in question, the panel may call for further investigation and meetings before rendering a final, written decision.
9. The Committee shall render a decision to accept, reject, or modify the program's decision, such decision to be issued no later than fourteen (14) calendar days from the conclusion of the review. The Committee's recommendation will be forwarded to the Department VP and copied to the GMEC.
10. Although evidence may be presented, the hearing is not a legal proceeding, does not follow the rules of law or of evidence, and is not subject to laws relating to the conduct of legal proceedings.
11. Since the Committee is advisory to the Department VP and is not serving as the institutional official, the Committee report is not subject to appeal, cross-examination, or negotiation.
12. The Department VP will render the final decision. The determination rendered by the Department VP shall be final and binding on all parties and shall not be subject to grievance or arbitration.

**REFERENCES:** [list of supporting and source documentation used to validate the policy and procedure]



## L. Non-Renewal of Agreement of Appointment

<b>NICKLAUS CHILDREN'S HOSPITAL POLICY AND PROCEDURE</b> 	
<b>ISSUED BY:</b> Medical Education	
<b>PAGE:</b> 1 of 3	<b>REPLACES POLICY DATED:</b> 7/5/2012
<b>EFFECTIVE DATE:</b> 9/2018	<b>DISTRIBUTION:</b> Departmentwide
<b>APPROVED BY:</b> Graduate Medical Education Committee	
<b>POLICY DESCRIPTION:</b> Non-renewal of Agreement of Appointment	

<p><b>SCOPE:</b> Department-wide -: The department listed above including all employees and contractors or any and all personnel providing services.</p>
<p><b>PURPOSE:</b> To provide a written institutional policy that conforms to the ACGME guidelines. When a resident's agreement is not going to be renewed, Nicklaus Children's Hospital (NCH) must ensure that the resident is provided a written notice of intent not to renew a resident's agreement.</p>
<p><b>DEFINITIONS:</b> [any words or phrases within the policy and procedure that have a meaning that is not widely known, or a meaning specific to its use within the policy and procedure]</p>
<p><b>POLICY:</b> All NCH departments must follow these approved guidelines for nonrenewal of agreement of appointment.</p> <p>The process must ensure when a resident's agreement is not going to be renewed, NCH is committed to ensuring that all training programs will provide the resident(s) with a written notice of intent not to renew a resident's agreement no later than <b>four months</b> prior to the end of the resident's current agreement.</p> <p>If the primary reason(s) for the nonrenewal occurs within the <b>four months</b> prior to the end of agreement, NCH is committed to ensuring that all training programs provide the resident(s) with as much written notice of the intent not to renew as the circumstances will reasonably allow, prior to the end of the agreement.</p> <p>A. Individual Contracts Each Resident shall, prior to his/her appointment, receive a written individual annual contract which shall generally set forth the terms and conditions of his/her appointment.</p> <p>B. Form of Individual Contract The form of individual contract (which may be in the form of a letter of offer which outlines the term of appointment, salary, department, PGY level) presently used by Nicklaus Children's Hospital shall be made available to the resident as soon as the match selection occurs or an appointment is done by a Program Director.</p> <p>C. Letter of Completion and Certificate</p>

The Medical Education office will issue the appropriate letter of completion for each resident within thirty (30) calendar days of each residency year and the hospital shall issue the appropriate certificates within thirty (30) calendar days of his/her satisfactory completion of the training program. Printed certificates will be furnished within sixty (60) calendar days of satisfactory completion of a program.

D. Renewal of Appointments

a. The parties agree that the decision to renew the appointment of a resident is subject to notification by the Program Director. However, the Medical Education office shall take all administrative steps within its control to ensure that residents are notified as follows:

- i. Residents with annual contracts shall be notified in writing at least **four (4)** months prior to the expiration of their contract (i.e., by March 1st, for June 30 expiration) if their appointment is not to be renewed for the next year of a given residency program.
- ii. Residents will be informed **no later than March 1st** if they are not going to be advanced to the next PGY level the following year. After March 1st, advancement may be rescinded by the department if the resident fails to meet ACGME, CODA, or AOA requirements or standards for satisfactory completion of all or part of that year and the department has counseled and so advised the resident in a timely way.

A resident may seek review for advancement decisions in the same manner as a non-renewal.


- b. Should a question arise regarding the timely non-renewal of the appointment or the nonadvancement of a resident, such non-renewal or non-advancement may be appealed by presenting a written appeal no later than fourteen (14) calendar days after the receipt of written notification of non-renewal or non-advancement, to the appropriate Program Director & DIO. The Program Director of Division Director & DIO shall respond to the written appeal within fourteen (14) calendar days following the receipt of the written appeal.

If the Program Director/DIO's response is adverse/unsatisfactory to the resident, the affected resident may file a written appeal to the Senior Vice-President, within fourteen (14) calendar days following the receipt of the response from the Program Director/DIO.

The Senior Vice President, along with two Program Directors/Division Directors (neither from the affected employee's service) shall review the written appeal. One Director shall be selected by the Senior Vice President and one by the Resident/Housestaff. The panel shall meet within fourteen (14) calendar days of the notice to the Senior Vice President to give the Resident an opportunity to present statements and information (such as documents and witnesses on his/her behalf) and to give rebuttal to any statements or documents presented. Members of the panel may ask questions of persons appearing before it and/or arrange for the presentation of any information which would assist it in reaching a decision.

This panel's meeting shall not constitute a hearing, and the rules with respect to the presentation and examination of testimony and evidence used for formal hearings and arbitrations shall not apply. If there are additional issues of fact or procedure in question, the panel may call for further investigation and meetings before rendering a final, written decision. The panel shall render a decision to accept, reject, or modify the department's decision for non-renewal, such decision to be issued no later than fourteen (14) calendar days from the conclusion of the review. The determination rendered by such Medical Panel shall be final and binding on all parties and shall not be subject to grievance or arbitration.

## M. Educational Conference Travel and Expense Reimbursement Policy

<b>NICKLAUS CHILDREN'S HOSPITAL POLICY AND PROCEDURE</b> 	
<b>ISSUED BY:</b> Medical Education	
<b>PAGE:</b> 1 of 5	<b>REPLACES POLICY DATED:</b> 1/16/2012, 9/13
<b>EFFECTIVE DATE:</b> 9/2018	<b>DISTRIBUTION:</b> Departmentwide
<b>APPROVED BY:</b> Graduate Medical Education Committee	
<b>POLICY DESCRIPTION:</b> Educational Conference Travel and Expense Reimbursement Policy	

<p><b>SCOPE:</b> The NCH Medical Education department (Residents and Fellows in Training), including all employees and contractors or any and all personnel providing services.</p>
<p><b>PURPOSE:</b> To provide guidelines and establish procedures for time allowance and reimbursement of residents and fellows employed by NCH for expenses incurred related to attending educational conferences.</p>
<p><b>DEFINITIONS:</b> Residents and fellows refer to trainees employed by NCH Department of Medical Education</p>
<p><b>POLICY:</b> The Department of Medical Education encourages scholarly activity and lifelong learning. This policy is meant to supplement the NCH Travel and Expense Reimbursement Policy (policy # O9500023).</p> <p>The following are general guidelines for the training programs related to Educational Conferences.</p>
<p><u>ATTENDANCE OF A CONFERENCE</u></p> <ol style="list-style-type: none"> <li>1) Request for attendance of a national educational conference by residents/ fellows must be submitted <u>in writing</u> as soon as reasonably possible and is subject to approval of the trainee's program director.</li> <li>2) The cumulative time to attend an approved educational conference(s) must NOT exceed a total of <b>5 work days per resident/fellow per academic year</b> (regardless if the resident is presenting or not). Any days over 5 work days are considered vacation time (Exceptions are addressed on a case-by-case basis by the program director).</li> <li>3) A Travel Pre-Approval Checklist (See attached) <b>MUST</b> be completed and cleared after obtaining the approval signatures (Program Director &amp; DIO).</li> </ol>
<p><u>PRESENTING AT A CONFERENCE</u></p> <ol style="list-style-type: none"> <li>1) The program director is responsible for determining the appropriateness of the work presented, and the appropriateness of the conference to submit to.</li> <li>2) As soon as the resident/fellow is notified that their submitted abstract is accepted for presentation, a Travel Pre-Approval Checklist (See attached) <b>MUST</b> be completed and cleared after obtaining the approval signatures (Program Director &amp; DIO) and <b>PRIOR</b> to submission of the pre-approval form for processing. This Checklist must be completed for all approved residents and fellows' travel</li> </ol>

regardless if the travel is for attending a conference (not monetarily covered) or for presenting at a conference.

- 3) For educational conferences eligible for reimbursement (see below), a travel pre-approval form must be completed by the resident/fellow and submitted in advance to the Department of Medical Education for pre-approval by the Director of Medical Education/DIO and Program Director.
- 4) Only one abstract author (the presenting author) per abstract is eligible for reimbursable travel to present. For abstracts with more than one trainee as author, only one author is eligible to be reimbursed for the abstract presentation expense or the presenters might decide to split the reimbursed cost or share hotel room etc.

**PROCEDURE:**

**Expense and Travel Reimbursement:**

Residents and fellows must follow the NCH Travel and Expense Reimbursement policy in order to be reimbursed for any purchases or travel (policy # O9500023). All expenses must be submitted by the resident/ fellow by means of the Pre-Approval Form and must be approved in advance by the Director of Medical Education. Alcohol, special room/spa services, room charges or food for spouse/family members staying with you during an event and other items as specified in the travel policy are not reimbursable. Itemized, original individual receipts and a completed Travel/Expense Reimbursement Form must be submitted within **30 days** for any reimbursement requests after travel. See NCH Travel Policy for more information or ask Medical Education Office for assistance.

For both attending of and/or presenting at a conference, it is at the discretion of the individual Program Director(s) to come up with a process of implementation of the policy taking into account schedules restrictions, allowed rotations from which to take educational leave, make-up and/or payback time, allowable specialty-specific conferences, and additional departmental rules. Refer to the individual training program manual for policy implementation details.

The following are guidelines related to reimbursement for expenses incurred during approved educational conferences:

Educational Conference	Eligibility for reimbursement	Resident/fellow responsibility
<b>Resident/Fellow attending the conference (Not Presenting)</b>	Not eligible for reimbursement	<p><b><u>For travel within the continental, non-continental USA, and/or international travel:</u></b>            Obtain approval in writing from the program director for the time away from training.            (Conference must be sponsored by a major medical society as defined by the program director(s))            Complete and clear the Travel Pre-Approval Checklist tasks</p>
<b>Resident/fellow presenting at a national conference</b>	Eligible for reimbursement <ul style="list-style-type: none"> <li>• Airfare (Economy Class)</li> <li>• Meeting Registration</li> <li>• One night hotel (the night before the presentation)</li> <li>• Transportation</li> </ul>	<p><b><u>For Domestic Travel within the Continental USA:</u></b></p> <ul style="list-style-type: none"> <li>• Complete and clear the Travel Pre-Approval Checklist tasks</li> <li>• Complete travel pre-approval form(s)</li> </ul>

	<ul style="list-style-type: none"> <li>• Meals (excluding alcohol) for 24 hours around the presentation time</li> <li>• Refer to the NCH Employee Travel and Expense Reimbursement Policy.</li> <li>• <u>Note:</u> Per Hospital Policy, airfare and registration can be prepaid however; hotel cost cannot be prepaid and will be reimbursed along with other expenses after the meeting by submitting receipts.</li> </ul>	<ul style="list-style-type: none"> <li>• This process <b>MUST</b> be started as soon as the fellow/ resident receives the invitation letter to present.</li> <li>• Attach invitation letter/ abstract acceptance letter</li> <li>• Obtain pre-approval from the Program Director &amp; the Director of Medical Education/DIO.</li> <li>• Keep itemized receipts for meals (excluding alcohol)</li> <li>• If a poster is needed for the conference, the resident/ fellow must allow a minimum of <b>2 Weeks</b> for ordering and printing of the poster through hospital vendors. (Poster printing costs are reimbursable by Medical Education)</li> </ul> <p><b><u>International Travel and Travel Outside the continental USA:</u></b></p> <ul style="list-style-type: none"> <li>• Presenting at a conference held in the non-continental USA and International destinations is not eligible for reimbursement by the Department of Medical Education. Conferences held in Canada or non-continental US, if sponsored by a major US Specialty Society (e.g. Pediatric Academic Societies) alone or in conjunction with a world congress, may be subject to approval on a case-by-case basis</li> <li>• The above scenario is subject to approval PRIOR to submission of the abstract. A decision if such conference will be approved for reimbursement and up to a certain maximum reasonable amount of \$\$ is made by the GMEC along with the Program Director and the DIO on a case-by-case basis.</li> <li>• If above exception is not approved, the trainee will be notified and it is up to him/her to decide not to submit their abstract or to continue to submit the abstract with the understanding that; if accepted; the trainee will be provided with any remaining paid administrative days (out of the 5 work days per year). However, the trainee will be responsible for the costs incurred for the presentation and travel.</li> </ul>
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		<ul style="list-style-type: none"> <li>• If above exception is approved to submit the abstract to the meeting, and if the abstract is accepted for presentation, the travel Pre-Approval process will require approval from the hospital COO and CEO as per hospital policy for travel outside the continental USA and / or International Travel. The same items will be eligible for reimbursement as stated above with maximum allowable amount as stated above.</li> </ul>
<p><b>REFERENCES:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Travel and Expense Reimbursement Policy</a></li> <li>• Attachment: Travel Pre-Approval Checklist</li> </ul>		



**Nicklaus  
Children's  
Hospital**

**Department of Medical Education  
Travel Pre-Approval Checklist**


Resident/ Fellow Name: \_\_\_\_\_  
Program: \_\_\_\_\_  
Date Form is Completed: \_\_\_\_\_  
Date of Planned Travel: \_\_\_\_\_  
Purpose of Travel: \_\_\_\_\_

Prior to processing Pre-Approval form for the approved travel reimbursement of residents and fellows, the following checklist **MUST** be completed and cleared after obtaining the approval signatures (Program Director, Dept Director) and **PRIOR** to submission of the pre-approval form for processing.

<b>REQUIREMENT/ JOB DUTIES</b>	<b>Complete</b>	<b>N/A</b>	<b>Signed off by:</b>
1. Up to Date Duty Hour Logs	<input type="checkbox"/>	<input type="checkbox"/>	
2. Up to Date Procedure Logs	<input type="checkbox"/>	<input type="checkbox"/>	
3. Clear Medical Records Dictation List	<input type="checkbox"/>	<input type="checkbox"/>	
4. IPM Modules	<input type="checkbox"/>	<input type="checkbox"/>	
5. Up to Date on Evaluation Completion	<input type="checkbox"/>	<input type="checkbox"/>	
6. CHEX Modules	<input type="checkbox"/>	<input type="checkbox"/>	
7. Other _____	<input type="checkbox"/>	<input type="checkbox"/>	

A Completed Form must be attached to each Pre-approval form


## N. Residents Educational Allowance Stipend Policy

<b>NICKLAUS CHILDREN'S HOSPITAL POLICY AND PROCEDURE</b> 	
<b>ISSUED BY:</b> Medical Education	<b>POLICY NUMBER:</b> [alpha-numeric]
<b>PAGE:</b> 1 of 2	<b>REPLACES POLICY DATED:</b> 9/ 2012, 9/2013
<b>EFFECTIVE DATE:</b> 10/2018	<b>DISTRIBUTION:</b> [system or department wide]
<b>APPROVED BY:</b> Graduate Medical Education Committee	
<b>POLICY DESCRIPTION:</b> Residents Educational Stipend Allowance Policy	

<p><b>SCOPE:</b> The NCH Medical Education department, including all employees and contractors or any and all personnel providing services.</p>
<p><b>PURPOSE:</b> The Sponsoring Institution shall provide Residents and Fellows (Herein referred to as “Residents”) with educational support throughout each approved academic year. This policy does not include educational stipends related to CME meetings. For the institutional policy related to attending educational meetings (time and allowance), refer to the GME policy on “Educational Conference Travel and Expense reimbursement Policy”</p>
<p><b>POLICY:</b> It is the policy of NCH to provide its residents with the equivalent of \$600 per training year as a stipend. In the first year of training, this stipend is allocated for the purchase of ipad + cover to be provided at orientation. The ipad will be used by the resident throughout their training for patient care and will be maintained and set up by NCH IT Department in accordance with the hospital policy. Upon completion of training, the ipad is for the resident to keep after IT clears its secured/ confidential information.</p>
<p><b>PROCEDURE:</b> Effective in academic year 2013-2014, the educational stipend will be provided to the residents in the following manner:</p> <ol style="list-style-type: none"> <li>1) First Training Year: ipad + Cover (~ \$600 value) or \$600 in cash per trainee’s choice</li> <li>2) Subsequent Training Year(s): \$ 600 / training year</li> </ol> <p><u>Note:</u></p> <ul style="list-style-type: none"> <li>• One year program trainees will only receive the ipad + cover</li> <li>• The cash stipend (Year 2 and beyond) will be issued via check (included in paycheck). This allowance is considered taxable income.</li> <li>• At the discretion of the individual program director, the cash stipend(s) (or part of it) might be allocated to either the purchase of specific educational material (e.g. books) or membership in specialty society (other than AAP and AMA as AAP and AMA memberships are covered by the institution for all residents). The program director will notify the GME office of the desired stipend allocation. The GME office will purchase the items and provide any remaining cash to the resident.</li> </ul>
<p><b>REFERENCES:</b></p>



## O. Clinical Competency Committees (CCCs)

<b>NICKLAUS CHILDREN'S HOSPITAL POLICY AND PROCEDURE</b> 	
<b>ISSUED BY:</b> Dept. of Medical Education	
<b>PAGE:</b> 1 of 3	<b>REPLACES POLICY DATED:</b>
<b>EFFECTIVE DATE:</b> 9/2018	<b>DISTRIBUTION:</b> Department wide
<b>APPROVED BY:</b> Graduate Medical Education Committee	
<b>POLICY DESCRIPTION:</b> Clinical Competency Committees (CCCs)	

<p><b>SCOPE:</b> The NCH Medical Education department, including all employees and contractors or any and all personnel providing services.</p>
<p><b>PURPOSE:</b> The intent of this policy is to describe the program's Clinical Competency Committees (CCCs), their formation, structure, membership, rationale, and roles.</p>
<p><b>DEFINITIONS:</b></p>
<p><b>POLICY:</b></p> <p>It is the policy of the NCH Department of Medical Education and its training programs to conduct meaningful assessments of its trainees. These assessments are based on multiple sources including formative and summative evaluations, milestones-based assessments based on direct observation, simulation, rating scale, evaluation of scholarly work, and 360 degrees evaluation in compliance with the ACGME requirements. The goal of the assessment is to provide the program directors and the trainees with meaningful performance evaluation and feedback to allow to the program director to design an individualized learning plan aimed at strengthening areas of weakness.</p> <p><u>Structure of the CCC:</u> <i>(New proposed ACGME Common Program Requirements for Resident Evaluation (V.A.1))</i></p> <ul style="list-style-type: none"> <li>• The program director appoints the Clinical Competency Committee.</li> <li>• CCC must have at least three program core faculty (excluding the program director) who have the opportunity to observe and evaluate the residents</li> <li>• CCC members may also include non-physician members of the health care team, non-MD educators, assessment specialists, or residents in their final year. For example, a small fellowship program may include faculty from the core program or from required rotations in other specialties.</li> </ul> <p><u>Responsibilities of the CCC:</u> <i>(New proposed ACGME Common Program Requirements for Resident Evaluation (V.A.1))</i></p> <p>Each program is expected to form a CCC. The CCC must:</p>

- Meet at least semi-annually to review and discuss each individual residents' performance data (one year programs might need to meet more frequently to give meaningful assessments but they have less number of trainees)
- Make a **consensus decision** on the progress of **each** resident by applying assessment data to the milestones.
- Serve as an **early warning system/ early identification** if a resident fails to progress in the educational program and make recommendations to the program director for resident progress including promotion, remediation, and dismissal.
- Submit to the program director a written assessment of each resident's performance on the milestones

Role of the program director on the CCC:

The requirements regarding the CCC do not preclude or limit a program director's participation on the CCC. The intent is to leave flexibility for each program to decide the best structure for its own circumstances. The program director role on the CCC includes:

- Attends the CCC meeting but he/ she may not chair the meeting
- Serves as a resident advocate, advisor, and confidante
- Receives the CCC's written report on each resident, meets with each resident individually to discuss the CCC's assessment, and provide the resident with individualized learning plan as needed.
- Has final responsibility for the program and trainees' evaluation and promotion.
- Reports the aggregate, de-identified information for all residents in the program to the ACGME in the ADS system.

Role of the Department of Medical Education:

It is the responsibility of the NCH Department of Medical Education to:

- Prepare the members of the CCC to their role through faculty development.
- Provide faculty with added training in the evaluation process, including how to aggregate and interpret data.
- Assist CCC members in understanding the milestone narratives to reach a common agreement of their meaning.
- Guide the faculty members' discussion about resident evaluation, including how many assessments are needed for any given milestone, data quality, and the application of quality improvement principles to the evaluation process.
- Support the program CCCs by providing them with the necessary data elements
- Monitor the process of all CCCs and their performance

**PROCEDURE:**

Description of CCC meetings:

- The program director (PD) and the GME department will prepare Milestones data summary on each resident through reports generated from various sources e.g. 360-degree evaluations, rotation evaluations, Simulations, etc...
- In some situations the residents' data will be divided among CCC members to review before the meeting and report on during the meeting
- While the PD is part of the CCC meeting, the PD must not chair the meeting and can be available for clarification, etc..
- Each resident is given a semi-annual assessment on a dashboard in one of the following 5 categories on each of the metrics set by the program: (No Data, Below Expected for training level, On Track for training level, Above Expected for training level).

- The CCC will generate a report/ recommendation letter to PD on each resident. The PD will meet with each resident and communicate the recommendation, design an improvement plan, etc..
- Thresholds will be set by the CCC. Interventions a program might consider include assigning a mentor with expertise in a given area of deficiency, additional required readings, sessions in a skills lab, and/or added rotations in a given area. If, after remediation, a resident still fails to advance sufficiently on one or more milestones, a CCC might consider extending education, or counseling the resident to consider another specialty or profession.
- Aggregate, de-identified information for the all residents in the program will be reported to the ACGME

**REFERENCES:** www.ACGME.org ; Clinical Competency Committee – Roles and Responsibilities (document)

## P. Institutional and Program Quality

### NICKLAUS CHILDREN’S HOSPITAL POLICY AND PROCEDURE



**ISSUED BY:** Medical Education

**PAGE:** 1 of 5

**EFFECTIVE DATE:** 9/23/2018

**APPROVED BY:** Graduate Medical Education Committee

**REPLACES POLICY DATED:**

**DISTRIBUTION:** department wide

**POLICY DESCRIPTION:** Institutional and Program Quality: Program Evaluation Committee (PEC), Annual Program Evaluation (APE), and Annual Institutional Review (AIR)

**SCOPE:**

The NCH Medical Education department, including all employees and contractors or any and all personnel providing services.

**PURPOSE:** The purpose of this policy is to outline the process for **Institutional and Program Quality Improvement** for all ACGME-accredited training programs at Nicklaus Children’s Hospital.

**DEFINITIONS:** [any words or phrases within the policy and procedure that have a meaning that is not widely known, or a meaning specific to its use within the policy and procedure]

**POLICY:**

The Graduate Medical Education Committee (GMEC) of Nicklaus Children’s Hospital provides oversight for the quality of the GME learning and working environment, the quality of educational experiences in each ACGME-accredited program; and the ACGME-accredited programs’ annual evaluation and improvement activities. The GMEC requires that the educational effectiveness of a program must be

evaluated at least annually in a systematic manner. Each ACGME-accredited program must have a Program Evaluation Committee (PEC).

### **The Program Evaluation Committee (PEC)**

The program director must appoint the PEC. The PEC must be composed of at least two program faculty members and should include at least one resident. The only time the PEC meeting is allowed not to have a resident representative is if the program has a year with no resident enrolled but the PEC must still meet at least annually. Refer to the attached document to this policy that delineates the **Roles and Responsibilities of the PEC**. The PEC reviews program goals and objectives, and the effectiveness with which they are achieved.

The Program Evaluation Committee's (PEC) responsibilities include:

- 1- Act as an advisor to the program director, through program oversight
- 2- Review the program's self-determined goals and progress toward meeting them
- 3- Guiding ongoing program improvement, including development of new goals, based upon
- 4- outcomes
- 5- Review the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims.

In the evaluation process, the group must review the following documents where applicable:

1. Curriculum
2. Program mission, aims, strengths, areas for improvement, and threats (SWOT)
3. Outcomes from prior APE report
4. ACGME letters of notification, including citations, Areas for Improvement, and comments
5. Quality and safety of patient care
6. Aggregate resident and faculty
  - a. Well-being
  - b. Recruitment and retention
  - c. Workforce diversity
  - d. Engagement in quality improvement and patient safety
  - e. Scholarly activity
  - f. Residents annual confidential program evaluation
  - g. Faculty annual confidential program evaluation
  - h. ACGME Resident and Faculty Surveys
7. Aggregate resident
  - a. Achievement of the Milestones
  - b. In-training examinations (where applicable)
  - c. Board pass and certification rates
  - d. Graduate performance
8. Aggregate faculty
  - a. Evaluation
  - b. Professional development
9. Procedure and Case logs (When applicable)
10. Conference attendance reports
11. Online modules usage report (e.g. AMA GME Competency modules)
12. Duty hour compliance report

The program, through the PEC, must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a written and Annual Program Evaluation (APE).

The program must monitor and track each of the following four areas:

1. Program Quality

2. Faculty development
3. Resident Performance
4. Graduate performance

**The Annual Program Evaluation (APE) Report (See attached Template)**

The APE should address the following issues where applicable:

- 1- Program Quality
  - b. Accreditation/ Citations
    - i. Number and description of Citations
    - ii. Number and description of concerns
    - iii. Compliance with ACGME requirements:
      1. Semi annual evaluations
      2. Annual written program evaluation by the residents
      3. Confidentiality of faculty evaluation by the residents.
      4. Program specific requirements
      5. SOC for fellowship programs where applicable
      6. Core curriculum
  - c. Program goals and objectives and their effectiveness.
  - d. Competency plans: teaching and evaluation methods of 6 core ACGME competencies (review your competency grid and modify where needed)
  - e. Resources:
    - i. Minimum and maximum patient loads where applicable
    - ii. Adequacy of Supervision
    - iii. Library and laboratory support
    - iv. Support for scholastic activities
  - f. Early departures and transfers
- 2- Faculty Development
  - a. Faculty evaluations of teaching by residents/fellows.
  - b. Faculty development activities and attendance
  - c. National leadership
  - d. Faculty Scholarly activities
- 3- Resident Performance
  - a. In-service examination scores and remedial measures
  - b. Procedure performance (do they meet the minimum numbers required by the specific RRC).
  - c. Conference attendance, professionalism, and continuous development
  - d. Scholarly activities of residents and fellows
  - e. Duty hour compliance and resident/fellow well-being
  - f. Procedures and case logs
- 4- Graduate Performance
  - a. Board pass rate
  - b. Post-graduation placement etc.
  - c. Scholarly activities of ex-graduates where applicable

The GMEC requires that each program conducts its annual review by the PEC, and prepares an APE report using the format approved by the GMEC in order to evaluate the effectiveness of the program and use data from metrics and evaluations to make changes and improvements to the program. The APEs of all accredited programs will be used in the Annual Institutional Review (AIR) which will result in a report that is submitted by the DIO to the Governing Body (Medical Staff Executive Committee and NCH Board of Trustees) annually in the fall of each year.

### **The Annual Institutional Review (AIR)**

The GMEC must identify institutional performance indicators for the AIR which include:

1. Results of the most recent institutional self-study visit
2. Results of ACGME surveys of residents/fellows and core faculty
3. Notification of ACGME-accredited programs' accreditation statuses and self-study visits.

The AIR must include monitoring procedures for action plans resulting from the review.

The AIR utilizes the programs' APEs to conduct the AIR. The DIO submits a written annual executive summary of the AIR to the institution's Governing Body.

### **PROCEDURE:**

If deficiencies are found, the PEC should prepare explicit **Action Plans**, which should be approved by the faculty and documented in the minutes of the meeting (maintained by the program). Each Action plan must have a timeline, a responsible party, and measurable outcome.

### **Special Review Process**

The GMEC must demonstrate effective oversight of underperforming programs through a Special Review process. The Special Review process could be a subcommittee of the GMEC which is tasked with conducting the Special Review of underperforming programs and reporting back to the GMEC with an action plan. The Special Review Process must include a protocol that:

- Establishes criteria for identifying underperformance
- Results in a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes.


The Special Review Process subcommittee must prepare a report (minutes of the meeting) and submit to the DME/DIO and document it in the minutes of GMEC. Names of individuals involved in the review should be included in the report.

### **REFERENCES:**

Attachments to this policy:

- Roles and Responsibilities of the PEC
- APE Report Template

## Q. The Use of Social Media

<b>NICKLAUS CHILDREN'S HOSPITAL POLICY AND PROCEDURE</b> 	
<b>ISSUED BY:</b> Department of Medical Education	
<b>PAGE:</b> 1 of 4	<b>REPLACES POLICY DATED:</b> 9/2014
<b>EFFECTIVE DATE:</b> 05/30/2019	<b>DISTRIBUTION:</b> department wide
<b>APPROVED BY:</b> Graduate Medical Education Committee	
<b>POLICY DESCRIPTION:</b> The Use of Social Media	

<p><b>SCOPE:</b></p> <p>The NCH Department of Medical Education, including all employees and contractors or any and all personnel providing services.</p>
<p><b>PURPOSE:</b></p> <p>The purpose of this policy is to address the use of social media by residents, and fellows as NCH employees and members of the Department of Medical Education. This includes but not limited to, communications over the internet, on personal websites or web pages, and in online communities. This GME policy supplements the hospital policy on Employee Communication.</p>
<p><b>DEFINITIONS:</b></p> <p>Social media is a type of online media that expedites conversation as opposed to traditional media, which delivers content but doesn't allow readers/viewers/listeners to participate in the creation of the content. The term social media defines various activities that integrate technology, social interaction and the construction of words and pictures. It encompasses a wide variety of internet-based resources to share content among users. Examples of social media include collaborative projects (e.g. Wikipedia), blogs and microblogs (e.g. Twitter), video sharing content communities (YouTube), social networking sites (e.g. Facebook), picture-sharing sites (e.g. Instagram), virtual game worlds (e.g. World of Warcraft), and virtual social worlds (e.g. Second Life). Technologies include but are not limited to, Wikis, blogs, forums, picture-sharing and video-sharing wall postings, email, instant messaging, and music-sharing. Because social media and other forms of electronic communications are rapidly evolving and changing, the examples contained in this policy are meant to be illustrative, but by no means represent the entire field of social media. As technology changes and newer forms of communication develop, this policy shall apply to the various forms of electronic communication that are available.</p>
<p><b>POLICY:</b></p> <p>NCH recognizes that appropriate use of social media can have beneficial effects both within NCH and among the general public. Accordingly, the Department of Medical Education employees, with the guidance and assistance of NCH's Marketing Department, are encouraged to use the various forms of NCH-sponsored Social Media as tools to communicate internally within MCH and externally with other</p>

providers, patients, and the general public. Such use of MCH-sponsored social media should be preapproved by the appropriate individual or department.

1. Patient experiences and information are prohibited from being digitally recorded or posted on the internet. Use of the internet includes posting on blogs, instant messaging [IM], social networking sites (e.g., Facebook, MySpace, Twitter), email, posting to public media sites, mailing lists and video-sites. Communications must never contain any information that directly or indirectly identifies a patient. This includes information that does not directly identify a patient, but would permit someone to identify a patient, either through the identification of a disease or health condition; an event precipitating the patient's health condition, such as an accident or other trauma; the patient's or provider's location within NCH; the names and or specialties of the patient's health care team; the patient's language or country of origin; or any other detail that alone or in combination with other facts in the public or private domain might allow a third party to identify the patient. In addition, patient information should never be saved on personal USB memory devices or recording devices. Patient information may only be emailed within a hospital's secured network. Patient information must not be emailed outside of this system.
  - o Such actions are a direct violation of the patient's privacy and confidentiality per the Health Insurance Portability and Accountability Act (HIPAA).
  - o The HIPAA Privacy Rule protects all "individually identifiable health information" and requires that individuals involved in health care maintain the security of patient records in any form (i.e., electronic, paper, or oral).
  - o The Nicklaus Children's Hospital Information Technology (IT) policy specifically states that NCH Employees are expected to comply with all HIPAA policies as set forth, and particular care should be taken to avoid copying sensitive patient information onto removable devices such as flash drives, etc.
  - o All NCH network connections should be for purposes of education, research, and public service.
2. NCH policies prohibit accessing websites that are not directly related to education or patient care.
3. Information (written or digital) about colleagues and co-workers should not be posted anywhere without their consent and if posted should be truthful and accurate.
4. When posting information on the internet, consider the following:
  - o The impact of the information you disseminate via social networking sites prior to posting material. Respect for one's colleagues, co-workers, and institution is essential to maintaining a professional work environment.
  - o The permanency of published material on the internet – once posted on the internet, things live forever.
  - o The fact that patients regularly Google their physicians and that posts reflect on NCH as an institution.
5. The patient-physician relationship relies on mutual respect and professionalism. Social networking with patients, including communicating with patients or giving medical advice via social networking sites should not be done.
6. Postgraduate trainees must not represent or imply that they are expressing the opinion of the organization by using hospital or institution proprietary information such as logos or mastheads. Trainees must comply with the current hospital or institutional policies with respect to such information.
7. If residents and fellows create blogs, clear disclaimers that the views expressed by the author in the blog are the authors' alone and do not represent the views of the hospital must be posted.
  - o Be clear and write in the first person
  - o Make it clear that the writing is coming from an individual and not on behalf of NCH or its training program(s)



8. NCH Representatives' communications using NCH Social Media must not include information that is obscene, defamatory, profane, libelous, threatening, harassing, abusive, hateful, disparaging, or humiliating to fellow employees, business partners, competitors, patients, students, volunteers, or other representatives of NCH. Such communications may violate other NCH policies even when posted or communicated on personal sites.

**PROCEDURE:**

1. Inappropriate use of the internet and social networking sites may result in:
  - o Documentation in professionalism score/report card
  - o Professionalism academic remediation
  - o Discipline for breach of hospital or institutional policy
    - i. Loss of computer privileges at hospital
    - ii. Potential suspension
    - iii. Potential termination
  - o Other assignments and/or remediation plans based upon the infraction
2. Any violation of HIPAA can result in potential dismissal from program as well as possible litigation due to patient privacy infringement

**What You Should Do:**


- Be smart. Be respectful.
- Be authentic. When you post or comment in social media always state your name.
- Be transparent. State that it is your opinion. Unless authorized to speak on behalf of NCH you must state that the views expressed are your own.
- Be careful. Protect what personal information you share online.
- Be responsible and act ethically. When you are at work, your primary responsibility is the work of NCH.

**What You Should Never Disclose:**

- Confidential NCH Information: If you find yourself wondering whether you can talk about something you learned at work – don't.
- Patient Information: Do not talk about patients or release patient information or any information that reasonably could identify a patient.
- Personnel Information: Do not refer to your co-workers in an abusive or harassing manner.
- Legal Information: Do not disclose anything to do with a legal issues.
- Materials that belong to someone else: Stick to posting your own creations. Do not share copyrighted publications, photos, logos or other images that are trademarked. If you do use someone else's material, give them credit. In some cases you may also need their permission.

**REFERENCES:** [list of supporting and source documentation used to validate the policy and procedure]

**R. Resident Interaction With Vendors**

<p><b>NICKLAUS CHILDREN’S HOSPITAL POLICY AND PROCEDURE</b></p> 	
<b>ISSUED BY:</b> Department of Medical Education	
<b>PAGE:</b> 1 of 4	<b>REPLACES POLICY DATED:</b>
<b>EFFECTIVE DATE:</b> 09/24/2018	<b>DISTRIBUTION:</b> department wide
<b>APPROVED BY:</b> Graduate Medical Education Committee	
<b>POLICY DESCRIPTION:</b> GME Policy on Resident Interaction with Vendors	

<p><b>SCOPE:</b></p> <p>The NCH Department of Medical Education, including all employees and contractors or any and all personnel providing services.</p>
<p><b>PURPOSE:</b></p> <p>The purpose of this policy is to establish guidelines to instruct the interactions between the residents in the graduate medical education programs sponsored by Nicklaus Children’s Hospital (NCH) and industry representatives or employees of companies that promote and sell biomedical, scientific, or pharmaceutical products or services.</p>
<p><b>DEFINITIONS:</b></p> <ul style="list-style-type: none"> <li>A. <b>Vendor</b> is defined as any individual, consultant, company or organization from which NCH purchases goods (supplies, equipment) or services. Industry representatives or employees of companies that promote and sell biomedical, scientific, or pharmaceutical products or services.</li> <li>B. <b>Vendor Sales Representative</b> is defined as an individual working for a vendor (also called a supplier) whose purpose is to influence the organization to purchase its products or services as well as those individuals performing education about product use.</li> <li>C. <b>Vendor Service Representative</b> is defined as an individual working for a vendor (also called a supplier) whose purpose is to perform periodic or required maintenance on instrumentation or equipment being used within NCH.</li> <li>D. <b>Patient care areas</b> - any area where direct patient care occurs, such as but not limited to, patient rooms, procedure rooms, hospital nursing stations, outpatient clinics, radiology and other diagnostic areas (i.e. Heart Station), the emergency department and employed physician offices.</li> </ul>
<p><b>POLICY:</b></p> <p>Interactions with industry may 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.</p>

It is the policy of NCH that industry vendors are not permitted in any patient care areas except to provide in-service training on devices and other equipment and then only by appointment and after going through the appropriate channels for badging and registration based on hospital policy. Industry vendors are permitted in non-patient care areas by appointment only. 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 designated hospital personnel issuing the invitation.

It is the policy of NCH Medical Education Department to ensure that any necessary interactions of NCH residents 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.

**PROCEDURE:**

***Personal Gifts***

- Consistent with the guidelines established by the American Medical Association Statement on
- Gifts to Physicians, acceptance of gifts from industry vendors is discouraged. Personal gifts of significant value (more than \$50/year) must not be accepted by residents from those who are promoting products for sale. Gifts include items of any sort and include meals, services, and entertainment that are not provided as part of appropriately sanctioned educational activities (e.g., scientific or educational meetings; see below section on educational grant support).
- Accordingly, textbooks, modest meals, and other gifts are appropriate only if they serve a genuine educational function.
- Cash payments should not be accepted.
- 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.
- While the practice of free distribution of token promotional gratuities from suppliers to individuals is widespread and has been accepted for years, there is no good reason for a professional to participate in a company's promotional activities. Such activities may not influence behavior, but they create a perception of a biased relationship. We strongly discourage such practices.

***Educational Grant Support***

Vendor support of educational conferences involving resident physicians may be used provided that the funds are given as an educational grant to the institution/ department of medical education/ or training program and not directly to the resident. The institution 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 NCH meeting sponsor. The speaker must be chosen by the institution. The meeting or lecture content must be determined by the speaker and the conference planners and not the industrial supporter. The lecturer is expected to provide a fair and balanced assessment of therapeutic options and to promote objective scientific and educational activities and discourse.

***Provision of Scholarships and Other Educational Funds to Trainees***

Occasionally, some industry may provide support of trainees through funding mechanisms such as scholarships, reimbursement of travel expenses, or other non-research funding for educational activities. This support of scholarship or training should be free of any actual or perceived conflict of


interest, must be specifically for the purpose of education, and must comply with all of the following provisions:

- The training program selects the trainee.
- The funds are provided to the department of medical education not directly to the trainee.
- The medical education department or training program director has determined that the funded conference or program has educational merit.
- The recipient is not subject to any implicit or explicit expectation of providing something in return for the support, i.e., a “quid pro quo.”

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

**REFERENCES:** [list of supporting and source documentation used to validate the policy and procedure]

## S. Residents, Fellows, and Faculty Wellbeing

<p><b>NICKLAUS CHILDREN’S HOSPITAL POLICY AND PROCEDURE</b></p> 	
<b>ISSUED BY:</b> Department of Medical Education	
<b>PAGE:</b> 1 of 6	<b>REPLACES POLICY DATED:</b>
<b>EFFECTIVE DATE:</b> 12/17/2019	<b>DISTRIBUTION:</b> department wide
<b>APPROVED BY:</b> Graduate Medical Education Committee	
<b>POLICY DESCRIPTION:</b> GME - Residents, Fellows, and Faculty Wellbeing	

**SCOPE:**

The department listed above including all employees and contractors or any and all personnel providing services.

**BACKGROUND:**

In the current healthcare environment, learners and providers are at increased risk for burnout and depression. Therefore, self-care is an important component of professionalism and is a skill that must be learned and nurtured in the context of residency/fellowship training.

The term “resident” is inclusive of all trainees at Nicklaus Children’s Hospital (NCH), whether training in a residency or fellowship program. Residency education must occur in the context of a learning and work environment that emphasizes a commitment to the well-being of students, residents, faculty members, and all members of the educational and healthcare team. Psychological, emotional and physical well-being are critical to the development of a competent, caring, and resilient physician. In addition, well-being requires that physicians retain the joy in medicine while managing their own real-life stresses. NCH GME programs follow all ACGME institutional and common program requirements and are committed to providing a safe environment for patients, learners, faculty, and staff.

The creation and maintenance of a positive learning and work environment and a culture of respect and accountability for well-being is crucial to a physician's ability to deliver the safest best possible care to patients

**PURPOSE:**

This policy defines the ways in which Residents are supported in their efforts to become competent, caring and resilient physicians while completing Accreditation Council for Graduate Medical Education (ACGME)-accredited training programs at Nicklaus Children's Hospital (NCH) and Faculty are supported to be able to self-care and demonstrate resilience and commitment to wellbeing.

**DEFINITIONS:**

**Burnout:** Long-term exhaustion and diminished interest in work. Dimensions of burnout include emotional exhaustion, depersonalization, and feelings of lack of competence or success in one's work. Burnout can lead to depression, anxiety and substance abuse disorders.

**Resident:** Any physician in an ACGME-accredited graduate medical education program including residents and fellows.

**Resilience:** The ability to withstand and recover quickly from difficult conditions or situations. During training, Residents may face difficult patient care, educational or personal events which have the ability to negatively affect their Well-being. Decompressing after such situations, through conversation with peers, mentors or family, and self-care activities, can increase Resilience.

**Well-being:** Refers to the state of being healthy, happy and successful. Well-being may be positively increased by interacting with patients and colleagues at work, being intellectually stimulated and by feeling that one is making a difference/helping. In addition, self-care activities, including exercise, getting plenty of rest and connecting with others, is beneficial.

**GUIDELINE:**

**I- INDIVIDUAL RESPONSIBILITIES**

- Residents and faculty members have a professional responsibility to appear for work appropriately rested and must manage their time before, during, and after clinical assignments to prevent excessive fatigue.
- All residents and faculty members should be aware of the behavior and conduct of other team members. If a resident or faculty member observes physical, psychological, or emotional problems affecting the performance of a resident or faculty member, including impairment due to fatigue, they should immediately notify their program director or supervising faculty. Likewise, residents and faculty should alert the program director, The Graduate Medical Education (GME) office/ DIO, or other appropriate supervisor if they are concerned that another resident or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence.
- If a resident is experiencing problems, he/she is encouraged to voluntarily seek assistance before clinical, educational, and professional performance, interpersonal relationships or behavior are adversely affected. Residents who voluntarily seek assistance for physical, mental, emotional and or personal problems, including drug or alcohol misuse, before their performance is adversely affected, will not jeopardize their status as a resident by seeking assistance.

- Residents must maintain their health through routine medical and dental care and (if needed) mental health care. Non-urgent appointments should be scheduled in advance in accordance with the program and institutional leave policies. At no time will residents be denied visits for acute care of illnesses (physical or mental) or dental emergencies during work hours.

## **II- PROGRAM RESPONSIBILITIES**

### **NCH GME Programs Must:**

- Promote practices that enhance the meaning that each resident finds in the experience of being a physician, including protected time with patients, minimizing non-physician obligations, providing administrative support, promoting progressive autonomy and flexibility, and enhancing professional relationships.
- Promote practices and behaviors among faculty, staff and learners that enhance a positive learning and work environment including:
  - Clear and consistent expectations
  - Consistent and effective feedback
  - Respect for divergent opinions and positions
  - A fair and accurate system for performance assessment
  - The ability of all to express concerns or divergent opinions without fear of retaliation or intimidation.
  - Expectations for emotional self- regulation
  - Solicitation of and respect for the input, recommendations, and concerns of trainees
- Construct schedules that are not unduly burdensome with work intensity or compression.
- Provide opportunities for excessively fatigued residents to take therapeutic naps and provide sleep space or alternative transportation if a resident is too tired to drive home following clinical duties. If a resident accesses public transportation to arrive home safely, they can provide receipts for one-way or round-trip fare to the GME office for reimbursement. There are circumstances in which residents may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and parental leave. Programs must allow an appropriate length of absence for residents unable to perform their patient care responsibilities.
- Have policies and procedures in place that:
  - Encourage optimal resident and faculty member well-being
  - Ensure coverage of patient care in the event that a resident may be unable to perform their patient care responsibilities. These policies must be implemented without fear of negative consequences for the resident who was unable to provide the clinical work.
  - Ensure compliance with clinical and educational work hours
  - Ensure progressive levels of supervision that promote patient safety, autonomy, and flexibility
- Ensure that residents have the opportunity to access medical and dental care, including mental health care, at times that are appropriate to their individual circumstances. Residents must be provided with time away from the program as needed to access care, including appointments scheduled during their work hours.

### **Additional Programs' / Program Directors' & Faculty Duties**

- It is the responsibility of each program director and all faculty members to be aware of resident behavior and conduct. If a program director or faculty member observes manifestations of physical, mental or emotional problems affecting the performance of a resident, including impairment due to excessive fatigue, they must take steps to verify any impairment and take appropriate actions as outlined in the GME Policy on Clinical and Educational Work Hours and Learning Environment

- Likewise, faculty members should alert the program director, GME office/DIO, or other appropriate supervisor if they are concerned that a resident or another faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence.
- Program directors are encouraged to:
  - Encourage residents during the semi-annual assessment to self-screen using the *Maslach Burnout Inventory for Health Professionals*® provided by the GME office on an annual basis.
  - Create social events in which residents, attendings and family members become better acquainted in a stress - free atmosphere – especially at the beginning of the academic year and after the winter holidays.
  - Encourage residents to attend the institutional GME social events

### III- SHARED PROGRAM/SPONSORING INSTITUTION RESPONSIBILITIES

Programs along with the Sponsoring Institution must:

- Provide a learning and working environment in which residents have the opportunity to raise concerns and provide feedback without intimidation or retaliation, and in a confidential manner, as appropriate
- Educate faculty members and residents in the identification of symptoms of burnout, depression and substance abuse, including means to assist those who experience these conditions. Residents and faculty members must also be educated to recognize those symptoms in themselves and how to seek appropriate care.
- Provide access to confidential, affordable mental health assessment, counseling and treatment, including access to urgent or emergent care 24 hours a day, seven days a week.

### PROCEDURE:

#### SPONSORING INSTITUTION'S SUPPORT

- *Interactive Health* provides all NCH employees and their families (Faculty & trainees) with resources and services that motivate, encourage, and promote healthy lifestyles and foster Resilience. Services include:
  - Health Improvement and Employee Wellness: including Health Risk and Wellness Assessment, health and lifestyle coaching, diet and nutrition resources, fitness room, onsite fitness classes, free smoking cessation resources, weight loss programs, and others.
  - Employee Assistance Program (EAP): Confidential and free counseling services which include up to six in-person visits/year and 24/7 telephonic counseling.
  - Onsite Employee Health office.
  - Incident Reporting: Employee safety reporting for actual events and near misses.
- Residents and employees have access to healthy options of food and beverage in the cafeteria and from other on-campus sites such as the weekly farmers' market.
- All Residents and Faculty participate in the yearly grand round on Error Prevention.
- All employees are part of the e-Recognition system throughout the institution.

#### GME OFFICE SUPPORT

- The GME office is a safe place where Residents can ask for and receive help with various needs including academic counseling, coaching, and mentoring.
- The GME office sponsors annual Residents retreat, and other social events including the faculty versus residents softball game and picnic, the holiday party, graduation celebration, residents day, and other events.

- Recognition of residents, fellows, and faculty accomplishments in the *Milestones in Medical Education Newsletter* including those who received an e-Recognition or parents' compliments.
- The DIO provides a small token of appreciation (In the form of a Starbucks gift card) to residents and fellows who received e-recognitions from other employees.
- An institutional wellness committee from residents and fellows works on organizing wellness activities across the GME programs including topics of interest to their professional lives and future.
- Residents may become members of, or participate in, the Residents and Fellows Form (RFF) or the wellness committee.
- The GME office provides coffee and snacks to the Resident lounge for morning report, coffee for Grand Round and Radiology Conference, daily lunches during core curriculum for the residents (5 days a week), access to the doctors' lounge for fellows, faculty, and attendings. Meal funding support is also provided to Residents and Fellows in the amount of \$1500 per year.
- All Residents fellows complete an annual learning module on sleep alertness and fatigue mitigation through the AMA GCEP (GME Competency Education Program) program.
- Opportunity to self-screen anonymously for burnout using the *Maslach Burnout Inventory*®
- Resources webpage provided in the GME website
- Confidential support from a Psychology faculty member (Dr. Azaret)

#### **PROGRAM SUPPORT**


- There are circumstances in which Residents may be unable to attend work, including but not limited to fatigue, illness, and family emergencies. Each program has policies and procedures in place to ensure coverage of patient care in the event that a Resident may be unable to perform their patient care responsibilities. These policies will be implemented without fear of negative consequences for the Resident whom is unable to provide the clinical work.
- Residents have the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their work hours. Residents must follow the program's procedures for scheduling and notification of these appointments.
- Residents are encouraged to alert the Program Director, a faculty mentor or Chief Resident when they have concern for themselves, a Resident colleague or a faculty member displaying signs of Burnout, depression, substance abuse, suicidal ideation or potential for violence.

#### **REFERENCES:**

- ACGME
- NCH GME WellBeing Page: <https://www.nicklauschildrens.org/medical-professionals/medicaleducation/wellbeing>
- [ACGME Physician Well-Being Initiative](#)
- [AMA STEPSforward: Professional Well-Being](#)



## T. Diversity, Equity, & Inclusion

<b>NICKLAUS CHILDREN’S HOSPITAL POLICY AND PROCEDURE</b> 	
<b>ISSUED BY:</b> Department of Medical Education	
<b>PAGE:</b>	<b>REPLACES POLICY DATED:</b>
<b>EFFECTIVE DATE:</b> 7/26/2021	<b>DISTRIBUTION:</b> department wide
<b>APPROVED BY:</b> Graduate Medical Education Committee	
<b>POLICY DESCRIPTION:</b> GME – Diversity, Equity, & Inclusion Policy	

<p><b>SCOPE:</b> The department listed above including all employees and contractors or any and all personnel providing services.</p>
<p><b>PURPOSE:</b></p> <p>The purpose of this policy is to establish standards for having a work and teaching environment at Nicklaus Children's Hospital (NCH) that fosters diversity, equity and inclusion and that prohibits discrimination and harassment.</p> <p>This policy refers to and aligns with the Nicklaus Children’s Health System (NCHS) policy issued by Talent Management and Effectiveness titled: “<b><i>Discrimination and Harassment-Free Workplace</i></b>”  <a href="http://policies/dotNet/documents/?docid=17727">http://policies/dotNet/documents/?docid=17727</a></p>
<p><b>DEFINITIONS:</b></p> <p>A <b>resident</b> is defined as either of the following:</p> <ol style="list-style-type: none"> <li>1. An individual who participates in an approved Graduate Medical Education (GME) program, including any residency or fellowship program approved by the ACGME, the Commission on Dental Accreditation (CODA), or other GME training accreditation organization Or</li> <li>2. A physician who is not in an accredited GME program, but who is practicing under a teaching program at the Hospital (i.e., training program has a defined curriculum, goals and objectives and all ACGME guidelines are followed by the training program per NCH policy).</li> </ol> <p><b>Diversity:</b> As a core value, diversity embodies inclusiveness, mutual respect, and the appreciation of multiple perspectives.</p> <p><b>Equity:</b> Justice according to natural law or right specifically freedom from bias or favoritism. It is the quality of being fair, just, or impartial.</p> <p><b>Inclusion:</b></p>

Inclusion is a critical element for successfully achieving diversity. Inclusion is achieved by nurturing the climate and culture of the medical center through professional development, education, policy, and practice.

**GUIDELINE:**

Sponsoring Institution's Strategic Mission on Diversity & Inclusion

Nicklaus Children's Hospital (NCH) is a Sponsoring Institution (SI) for multiple Graduate Medical Education Programs in various Specialties. As a world-class academic medical center, NCH offers exceptional patient-centered care by integrating cutting-edge advances in biomedical research with excellence in clinical care and medical education. To that effect, NCH is committed to creating a teaching and working environment of distinction and dedication to outstanding patient care, excellence in undergraduate and graduate medical education, and leading innovative scientific discovery.

One of the goals of the Department of Medical Education, its training programs, staff, and faculty is to create an educational climate that fosters diversity, equity and inclusion and ensures belonging, respect, and value for all and to encourage engagement and connection throughout the institution.

The SI believes that diversity enhances the institution's educational and academic climate. Moreover, the constantly changing local, regional, and international demographics make it imperative that our medical center create a workforce for the future that is capable of understanding, communicating and providing service to individuals from the most varied backgrounds. In this way, diversity enhances creativity and thoughtfulness in our patient care and research, and serves as a catalyst for change which will ultimately lead to better solutions to the healthcare needs of the populations we serve. To that end, we strive to create an environment that reflects the diversity in the communities we serve resulting in greater health care equity and a reduction in health care disparities by recruiting academically talented and diverse faculty members, physicians-in-training, and staff.

**PROCEDURE:**

The Department of Medical Education is committed to recruiting diverse trainees to our residency and fellowship programs, and creating and sustaining an environment that is equitable, respectful and free from prejudice for students, faculty, staff, patients, families and members of our community. In this context, we are mindful of all aspects of human differences including, but not limited to: socioeconomic status, race, ethnicity, sexual orientation, gender, spiritual practice, geography, disability, career goals, familial educational attainment, and age. The Department and its SI are committed to increasing and sustaining the diversity, equity, and inclusion of our trainees and faculty in our training programs, and ensuring the success of our trainees and helping them all realize their full potential. We believe that a diverse group of housestaff officers will best support the mission of the Department and the SI to serve the global community.

The Department of Medical Education and its SI prohibit discrimination and harassment on the basis of race, color, ethnicity, religion, sex, national origin, age, ancestry, disability, veteran status, sexual orientation, marital status, parental status, gender identity, gender expression, and genetic information. All such discrimination unlawful and will not be tolerated. The Department and its SI also prohibit retaliation against individuals who have reported or complained about discrimination or harassment or participated in an investigation of such complaints.

Discrimination or harassment incidents should be reported to The Ethics and Compliance Department (Confidential) Hotline 1-888-323-NCHTalk or on-line <https://www.mycompliancereport.com/report.asp>.

For details on the procedure to report discrimination & harassment as well as investigation and corrective action processes, please refer to the NCHS TM&E Policy on "Discrimination and Harassment-Free Workplace".

**REFERENCES:**

- NCHS TM&E Policy on "Discrimination and Harassment-Free Workplace".
- ACGME
- GME Housestaff Manual & Pediatric Residency Manual



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