I. 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 Application materials and specific information on application procedures are available from the USMLE website at 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, 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 acheivement 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 acitivites 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.