

RowanSOM/Jefferson Health/Our Lady of Lourdes /Sponsoring Institution - House Staff Rules and Regulations 2019-2020

ROWAN UNIVERSITY POLICY

Title: *House Staff Rules and Regulations 2019-2020*

Subject: Individual Schools Policies (RowanSOM)

Policy No: 2018:01

Applies: *University-Wide*

Issuing Authority: *Director of GME*

Responsible Officer: *Dean*

Adopted:

Last Revision: 08/31/2019

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OVERVIEW

The RowanSOM/Jefferson Health/Our Lady of Lourdes Health System Sponsoring Institution consists of:

Rowan University – School of Osteopathic Medicine (RowanSOM) – which includes RowanSOM ambulatory offices and clinics

Jefferson Health NJ (Jefferson) – which includes the Stratford, Cherry Hill, and Washington Township hospitals, as well as Jefferson ambulatory offices and clinics

Our Lady of Lourdes Health System (Lourdes) – which includes the Camden and Burlington hospitals, as well as Lourdes ambulatory offices and clinics

The RowanSOM/Jefferson/Lourdes Graduate Medical Education (GME) Internship, Residency and Fellowship programs are the responsibility of the Sponsoring Institution. This information addresses the rules, regulations, and procedures for all GME training programs in the Sponsoring Institution.

For the purposes of this document, “GME training program(s)” represents all AOA/ACGME internships, residencies, and fellowship programs at the Sponsoring Institution. “Resident(s)” represents all AOA/ACGME interns, PGY1s, residents, and fellows.

The Sponsoring Institution Governing Executive Committee and the Graduate Medical Education Committee are responsible for developing all of the GME educational programs, policies, and procedures.

The Chief Medical Officer at Jefferson and the Chief-Department of Medicine at Lourdes, have primary responsibility for all medical and medical center functions related to the GME training program(s) and Residents at their respective medical centers. These functions include: medical policies and issues, service responsibilities, service delivery orders, medical center policies, and evaluations of clinical rotations.

RESIDENTS will report directly to, and be responsible to, a Chief of Service (clinical faculty member) at the Hospital indicated on their schedules. The Chief of Service (or his/her designee) will be directly responsible for assignments, responsibilities, and evaluation of house staff while on that service.

RESIDENTS are employees of ROWAN University. No directives by the hospital or its employees can countermand the RESIDENT contract, affiliation agreement, or Committee of Interns and Resident/Fellows (CIR) Agreement. If administrative problems occur, they should be brought first to the Office of Graduate Medical Education (GME). Medical Center based problems should be addressed first with the Chief RESIDENT who can mediate with the Chief of Service. If not resolved, the Divisional Medical Director should be approached. If not resolved at that level, the Chief Medical Officer, Program Director or Director of Medical Education at the respective hospital will try to resolve the issue.

The Associate Dean for Graduate Medical Education, staff in GME Office, the Chief Medical Officer, and the Program Directors will meet regularly as part of the Graduate Medical Education Committee (GMEC) to review the program and resolve general issues. Individual issues will be handled on a case-by-case basis.

Rowan's University's Statement of Diversity: *Rowan University promotes a diverse community that begins with students, faculty, staff and administration who respect each other and value each other's dignity. By identifying and removing barriers and fostering individual potential, Rowan will cultivate a community where all members can learn and grow. The Rowan community is committed to a safe environment that encourages intellectual, academic, and social interaction and engagement across multiple intersections of identities. Creating and maintaining a caring community that embraces diversity in its broadest sense is among our highest priorities.*

This statement is included within Rowan's Statement of Principles, which gives a collective voice to our aspirations. The institution commits itself to continued discussions on diversity and inclusion with the ultimate objective of establishing goals and plans that strengthen efforts in this regard.

DEFINITIONS

1. University: The Rowan University (ROWAN) – The School of Osteopathic Medicine became a part of Rowan University as part of the Higher Education Restructuring act on July 1, 2013.
2. Rowan University-School of Osteopathic Medicine (RowanSOM): The School of Osteopathic Medicine is based in Stratford NJ and awards the D.O. degree. RowanSOM also awards combined degrees which include D.O./Ph.D., D.O./J.D. and D.O./M.P.A. These degrees are granted in cooperation with other universities in the state.
3. Medical Center: Jefferson Health (Jefferson) - Cherry Hill, Stratford and Washington Township hospitals, Our Lady of Lourdes (Lourdes) - Camden and Burlington hospitals.
4. Sponsoring Institution: Assumes the ultimate financial and academic responsibility for any AOA/ACGME program. The sponsoring institution has the primary purpose of providing educational programs and/or health care services. The Sponsoring Institution members include: Rowan University – School of Osteopathic Medicine, Jefferson Health, and Our Lady of Lourdes Health System.
5. OPTI: Osteopathic Postdoctoral Training Institution. The method of accreditation by which the American Osteopathic Association (AOA) “approves” AOA GME training programs. “RowanSOM OPTI of New Jersey” is the official name of our OPTI, which includes the University and all member medical centers/hospitals. Each OPTI is a training consortium comprised of at least one college of osteopathic medicine and one hospital. Other hospitals and ambulatory care facilities may also partner with an OPTI.

OPTIs provide an enhanced quality assurance mechanism for AOA-approved postdoctoral training programs. Partnerships and collaborations between academic medicine, hospitals and other community based healthcare facilities are an integral part of an OPTI. This collaboration helps combine the partners' resources to minimize duplication of support services for medical education.

*As we transition programs from AOA to ACGME accreditation, the role of the OPTI will evolve. As programs enter the ACGME, they will transition to and follow ACGME Common Program requirements

and individual specialty specific Review Committee program requirements.

6. Board of Directors: The governing bodies of the affiliated medical centers.
7. Governing Executive Committee – The governing body of the Sponsoring Institution made up of one senior representative from each of the 3 partners (RowanSOM, Jefferson, and Lourdes) in the Sponsoring Institution consortium.
8. Chief Executive Officer (CEO): The President of the medical center; the individual appointed by the Hospital Board to act on its behalf in the overall administrative management of the medical center.
9. Dean: The individual appointed by the President and Board of Trustees of the Rowan University as Chief Executive Officer of RowanSOM.
10. Associate Dean for Graduate Medical Education: The individual appointed by the Dean of RowanSOM, responsible for the clinical GME programs.
11. Director of Medical Education: Appointed by the Medical Center in agreement with the University who is responsible for all medical education programs within the affiliated hospital.
12. Director of Graduate Medical Education: The individual responsible for the daily functions of the RowanSOM GME office.
13. Manager of Postdoctoral Training: The individual in the GME Office responsible for the primary planning and daily functions of the PGY1 internship/residency programs.
14. Program Development Specialist: The individual in the GME Office who assists with the administration of post-graduate education program activities and with the development of plans to improve programs.
15. Chief Medical Officer: The individual appointed by the President of the Medical Center to oversee all medical programs at the medical center. The Chief Medical Officer is also referred to as the Director of Medical Education (DME).
16. Chief of Service (Department Chief): The individual faculty member appointed by RowanSOM and the medical center who is responsible at the Hospital for the academic and patient care standards of his/her department.
17. Attending Physician: The physician assigned by the Chief of Service to implement/conduct the formal teaching program for the section/department for a specific time period.
18. Chairperson: The individual appointed by RowanSOM responsible for the academic program of the Department.
19. Program Director: The individual appointed by RowanSOM to implement and administer GME training programs. This individual may or may not be the same individual as the Track Coordinator.
20. Track Coordinator: The individual appointed by RowanSOM to implement aspects of the PGY1 internship/residency programs. The Track Coordinator performs reviews and evaluations of his/her PGY1 interns/residents as well as assures accreditation standards are followed.
21. Committee of Interns and Residents (CIR): The union that represents all Residents at RowanSOM, and is responsible for negotiating and implementing house staff contractual services as included in the CIR Agreement.
22. PGY1s/Interns: Residents in their first year of postgraduate training. Although “Interns” technically currently only refers to Residents in the Traditional Rotating Internship/Transitional Year program,

PGY1s are often collectively referred to as “Interns”.

23. American Osteopathic Association (AOA): The organization responsible for the accreditation of osteopathic GME training programs.
24. Accreditation Council for Graduate Medical Education (ACGME): The organization responsible for the accreditation of GME training programs, including former osteopathic programs now under the ACGME.

ARTICLE ONE: PURPOSES OF THE TRAINING PROGRAMS

The purposes of the GME Training Programs are as follows:

1. To further the graduate medical education of the Residents in preparation to be eligible for licensure in the State of New Jersey and to enter advanced GME training programs in primary care or specialty training.
 - a. To advance competency in the management of medical diseases.
 - b. To advance skills in the performance of clinical procedures.
 - c. To increase the medical knowledge base.
 - d. To learn responsibilities of medical staff citizenship.
 - e. To appreciate quality assurance as a means of insuring optimal patient care.
 - f. To be exposed to regulatory controls in the health care system.
2. To provide house staff care to patients in the medical center under the direction of members of the Medical Staff, and in so doing, provide benefits for the patient as well as giving the Residents medical educational experience.
3. To teach peers and students assigned to educational programs of the medical center, and in so doing, gain personal education and clinical, professional expertise.
4. To conduct research under the direction of upper level Residents, medical staff members, and college faculty in order to gain additional medical education experiences.
5. To experience the responsibility of practice in a medical center and an office and, in so doing, prepare for the medical records, reporting, committee responsibilities, etc., of the health care delivery system.
6. To assume some administrative responsibilities within the GME training programs or the medical staff organizational structure, and in so doing, prepare for responsibilities as a contributing member of a medical staff organization.

ARTICLE TWO: APPLICATION PROCEDURE (SELECTION)

1. Application

Application for the GME Training Programs must be submitted by the candidate to the GME Office of RowanSOM using the Electronic Residency Application Service (ERAS). The application process shall be initiated by the applicant sending their materials through ERAS.

a. Deadline for Applications

Applications must be submitted through ERAS each fall for the next academic year, starting in September. (Dates Subject to Change)

b. Application Content

Applicants for GME training programs must furnish complete information as follows:

- i. Complete the ERAS Common Application Form
- ii. Undergraduate and graduate training, including the name of each institution, degrees granted and anticipated, program(s) completed, and dates attended.
- iii. Minimum of three (3) Letters of Recommendation.
- iv. Official transcript reflecting all courses through Year 3 of Medical School.
- v. Copy of Part I, Part II CE, and Part II PE of the COMLEX National Board scores and Part 1 and 2 of the USMLE National Boards (if applicable)
- vi. Dean's letter/MSPE
- vii. Other information requested in the application.

2. Effect of Application

By sending an application through ERAS, the applicant:

- a. Attests to the correctness and completeness of all information furnished.
- b. Signifies his/her willingness to appear for an interview.
- c. Agrees to abide by the terms of the Resident Contract, the Rules and Regulations of the AOA /ACGME, the Sponsoring Institution Rules and Regulations, and the medical center Bylaws, Rules and Regulations, and Policies and Procedures of the medical staff as they pertain to Residents.
- d. Authorizes and consents to University representatives consulting with those institutions and persons who have information regarding their competence, and consents to the inspection of all records and documents that may be material to evaluation of said qualifications.
- e. Releases from any liability all those who, in good faith and without malice, review, act on, or provide information regarding the applicant's competency, ethics, character, health status, and other qualifications for appointment.

3. Processing the Application

a. Applicant's Burden

- i. The applicant is required to produce adequate and correct information for a proper evaluation of his/her training, ability (knowledge and skills), ethical, and attitudinal conduct about the qualification for selection and appointment to the GME Training Programs, and of satisfying any reasonable request for information or clarification made by appropriate request.
- ii. The applicant further understands that should an appointment be granted, the burden of providing a verifiable diploma from medical school prior to beginning the training program is the responsibility of the Resident.
- iii. The responsibility of attending all required orientation programs prior to the GME Training Program shall be his/hers.
- iv. The Resident must submit to and satisfactorily pass a physical examination and submit to all State Regulations regarding health standards including PPD, MMR, tetanus, polio virus, varicella, hepatitis B and influenza vaccinations.
- v. The applicant agrees to and must show verifications that he/she has current certification in ACLS and PALS prior to starting the program. Failure to do so will lead to nullification of the contract.
- vi. Resident employment is contingent upon the satisfactory completion of a background check. The background check will consist of verifying present and past employment, criminal history, social security verification and employment references. Additionally, educational and professional credentials and motor vehicle records will be checked as position requirements demand. All checks will be conducted in accordance with the Fair Credit Reporting Act (FCRA) and require a signed release by the applicant after an offer of employment has been made. The signed release is a condition of University employment and shall not be waived for any reason. If a background check disqualifies an applicant for any reason, the applicant will be notified and given a reasonable opportunity to correct any inaccuracies contained in the background report.

b. Verification of Information

- i. The applicant is responsible for having signed letters of reference, a completed application, Board scores, Dean's letter/MSPE, and transcripts sent through ERAS by the application deadline. The completed application is submitted to the RowanSOM GME Office.
- ii. The applicant designates to which program(s) the completed application should be sent.
- iii. When possible, the GME Office will notify the applicant of any missing information. Upon notification, it is the applicant's obligation to obtain the required information.
- iv. When collection and verification is completed, the GME Office forwards a copy of the application to the program Selection Committee to determine individuals eligible for interview.
- v. The application file is confidential and may not be reviewed by unauthorized personnel or the applicant. Information submitted in support of an application remains the property of the Office of GME and cannot be forwarded/released to other parties, nor the applicant.

c. GME Training Program Selection Committee Action

The GME Training Program Selection Committees are responsible for the following:

- i. Review the application file and credentials.
 - ii. Schedule and conduct interviews with appropriate applicants.
 - iii. Conduct a selection process from among the candidates, indicating ranked preferences for admission to the GME Training Program, and rank alternate candidates. Make such recommendations to the Associate Dean for GME.
- d. Associate Dean for GME/Office of GME
 - i. Review rankings from the Selection Committees and confirm final selections.
 - ii. The Associate Dean and Office of GME shall participate in and monitor the processes and deadlines of the NRMP Match Registration Program.
 - iii. Contracts will be issued within 10 days after the NRMP matching process has ended. Residents must sign and return the contract within 30 days after receipt.
 - iv. The Associate Dean for GME will keep administrators apprised of the final results of the NRMP Match.

ARTICLE THREE: GENERAL QUALIFICATIONS (ELIGIBILITY)

1. General Qualifications

Every Resident who seeks or enjoys membership in a GME Training Program, at the time of appointment and continuously thereafter, must demonstrate, to the satisfaction of the faculty and administration of the Sponsoring Institution, and the Medical Staff of the medical center and its administrative officials and Board of Directors, the following qualifications:

- a. Official Transcripts
Official, verifiable transcripts showing date of completion of D.O./M.D. degree requirements from an AOA/LCME accredited medical school.
 - i. Current ACLS and PALS verifications.
 - ii. COMLEX or corresponding USMLE results showing date and passing score on Part I and Part II (COMLEX CE and PE) prior to matriculation from medical school.
- b. Performance
Continuing performance that documents medical competence and clinical skills to provide, under supervision, optimal achievable patient care.
- c. Attitude
A willingness and capacity, based upon current attitude and evidence of performance:
 - i. to work, relate to, and cooperate with other Residents, students, medical staff members, members of other health disciplines, medical center management, and employees, visitors, and the community, in a professional manner that is essential for maintaining a medical center environment appropriate to quality patient care; and
 - ii. to adhere to generally recognized standards of professional ethics, including proper dress, demeanor, and conduct at all times.
- d. Restrictions
To be free of or have under adequate control any significant physical or behavioral impairment that might restrict or present a substantial probability of interfering with the qualifications required herein, such that patient care could directly or likely be adversely affected.
- e. Obligations
Each Resident shall:
 - i. Provide patients with care at the recognized professional level of quality and efficiency recognized as standard at the medical center.
 - ii. Abide by these Rules and Regulations and by all other lawful standards, policies and rules as they now exist or as they may be amended.
 - iii. Discharge such functions for which he/she is responsible.
 - iv. Prepare and complete, in timely fashion, all required medical records for all assigned patients and all service logs and evaluations.
 - v. Log duty hours using the system identified by this training program.
 - vi. Prepare and complete all forms required by this training program.
 - vii. Abide by the AOA/ACGME Code of Ethics.
 - viii. Satisfy the educational requirements of the program.
 - ix. Sit for COMLEX III during the PGY1 training year.

- x. Follow the directions of the faculty, Program Directors, DMEs, Chiefs of Service, and Office of GME staff responsible for the conduct of the program.

ARTICLE FOUR: RESPONSIBILITIES OF THE RESIDENTS

1. Provide responsible patient care under the authority of members of the medical staff to patients assigned to their service. The number of patients assigned to the Resident shall not exceed AOA /ACGME program requirements during a given week.
 - a. Be immediately available to provide **emergency** care during the hours on duty and night /weekend call unless otherwise specified by the Chief of Service.
 - b. Provide care for only those patients within the State of New Jersey for whom the Resident is directly responsible as directed by the attending physician. The Resident may not provide care out-of-state without proper permission from RowanSOM, licensure in that state, and training requirements of that state where service is being completed.
 - c. Examine all patients admitted to the service as soon after admission as possible, to determine immediate needs of the patient, and to assess the patient's condition.
 - d. Perform a complete history and physical examination (which includes an osteopathic structural exam), and record such on the chart of all patients assigned to the service.
 - i. Surgical patients prior to surgery.
 - ii. Critical patients as soon as possible.
 - iii. All others within 24 hours of admission.
 - e. Write a problem oriented progress note on the patient's chart on admission; daily thereafter, and more often as conditions demand.
 - f. Complete an osteopathic musculoskeletal examination on admission, as appropriate.
 - g. Write and review admission and daily orders on assigned patients only after review of such orders with the patient's staff physician.
 - h. Complete all other medical chart responsibilities on patients seen within 24 hours.
 - i. Complete all charting responsibilities by 3 p.m. on the date of discharge.
 - j. Conduct rounds on all assigned patients at the beginning of and conclusion of duty.
 - k. Properly report to peers or supervisors at the time of leaving duty and returning to duty to ensure continuity of care or at any time that a patient's deteriorating condition may warrant.
 - l. Date and time all materials recorded on the patient's chart.
 - m. Resident Phone numbers are to be under the Resident's name.
 - n. Complete all medical record responsibilities prior to proceeding to the next rotation.
 - o. Complete all logs and evaluations prior to proceeding to the next rotation.
2. Conduct oneself in a professional manner at all times.
 - a. Abide by the Bylaws, Rules and Regulations, Policies and Procedures of the GME Training Program, Sponsoring Institution, the Department, the medical center, the medical staff, the New Jersey Department of Health, State Board of Medical Examiners, and the Code of Ethics of the AOA as they currently exist and as they from time to time may be amended.
 - b. Accept patient care responsibilities and additional call (not to exceed the AOA/ACGME regulations/CIR contract limit) as assigned by the Chief of Service, Associate Dean for GME, Director of GME, Manager of Postdoctoral Training, or other GME Office staff.
 - c. Dress Code: Residents are expected to maintain high professional standards of dress and behavior. Appropriate male attire includes shirt with tie, trousers (not blue jeans), and a white lab coat with name tag and identification badge. Appropriate female attire includes dresses, skirts or slacks with tops, and a white lab coat with name tag and identification badge. No sandals or open toed shoes are allowed. Scrub suits are the property of the medical center and are to be worn only when required in the medical center. Scrub suits are not to be worn outside the medical center unless the Resident is specifically instructed to do so by the hospital.
3. Provide clinical teaching and direct supervision to all students assigned to the Service.
 - a. Review, correct and approve all materials entered by the student on the appropriate history and physical form and progress record.
 - b. Specifically review all student-performed history and physical exams, editing and commenting on the recorded observations.
 - c. Constructively teach from clinical resources available on the service.

4. Participate in all assigned quality assurance activities of the hospital or medical staff, and as specifically assigned.
5. Attend assigned formal teaching programs and monthly Resident meetings with administrators of the Program.
 - a. Attend 100% of Core Lecture Series (PGY1s only).
 - b. Attend 100% of the department formal education programs while assigned to the service.
 - c. Sign the official House staff Attendance Sheet at every educational program/meeting.
 - d. Remediate (by assignment of the Chief) any Core Lecture Series (PGY1 only) not attended before the conclusion of the PGY1 year.
 - e. Obtain excused absence from Chief of Service for any Departmental Formal Education Programs.
6. Provide documentation and obtain written approval from the GME Office for the following:
 - a. legitimate illnesses
 - b. personal days
 - c. compensatory ("comp") days
 - d. float days (including your birthday)
 - e. requests to attend conferences, CME programs, etc., which will require your absence
 - f. changes in your rotation schedule
 - g. changes in the on-call schedule
 - h. other leaves or absences other than scheduled vacation weeks.

Approvals must be made in advance. In the case of illness or personal tragedy, notification as soon as possible is required. Residents must notify the GME Office in writing and in advance for the need of verification of malpractice insurance; verification of enrollment for loan deferments or permit/licensing information; or other similar requests.
7. The Resident is responsible for completing the evaluation forms that are outlined in their Resident Program Manual and/or at Resident Orientation within the required time. These forms are needed for conducting periodic appraisals as well as graduation from the training program.

Submit all reports on the quality of the faculty, quality of the training program, and registry of educational experiences (performance evaluations, program service evaluations clinical logs) on a timely basis.

 - a. Service/Faculty Evaluation by Resident: Constructive critique by the Resident of the service and of the faculty. (TO BE COMPLETED AND RETURNED WITHIN FIFTEEN (15) DAYS OF THE LAST DAY OF THE ROTATION/BLOCK).
 - b. Log: A listing of all clinical patients and/or specific types of patients seen during the rotation. (TO BE COMPLETED AND RETURNED WITHIN FIFTEEN (15) DAYS OF THE LAST DAY OF THE ROTATION/BLOCK. PGY1s only must also include a sample H&P completed during the rotation).
8. Give Resident Performance Evaluation Form to the attending physician on the service for evaluation of clinical performance. (To be given to the attending physician and completed by attending physician within fifteen (15) days following completion of the service.) Residents are expected to follow-up with the attending to be sure all performance evaluations are received by the GME Office or their program office in the time indicated.
9. Residents who are dissatisfied with the performance evaluation of their service rotation may appeal the evaluation. The Resident should first notify the GME Office of his/her request to challenge the evaluation. The GME staff will then inform the service attending of the Resident's wish to challenge the evaluation and will make an appointment to discuss the evaluation with the attending physician and the Resident. A Resident who disagrees with an evaluation shall be allowed to submit written comments which shall become part of the evaluation and placed in the Resident's permanent file.
10. Requirements of AOA:
 - a. Residents in AOA accredited programs are encouraged to remain or become members of the AOA.
 - b. Outside employment/moonlighting is prohibited by the AOA and the CIR Agreement for all PGY1s.
11. Residents are released from service to attend their graduation ceremonies as dictated by their individual training programs. Residents are expected to attend as a requirement of the program only if excused by program director. Coordination of excused absence(s) for PGY1s must be reviewed and approved by the GME Office.

12. Failure to complete any of the responsibilities noted above can be considered as a first offense for Corrective Action as outlined in Section 9 of these Rules and Regulations and may lead to Suspension from the program for a second offense.

ARTICLE FIVE: CHIEF RESIDENTS/CHIEF PGY1s/INTERNS

Appointment and rules and regulations for Chiefs for Residency and Fellowship Programs are covered in individual Residency and Fellowship Program Manuals (if applicable).

The below regulations apply to Chief PGY1/Interns in their PGY1 year of training.

1. Appointment

Appointment of Chief PGY1/Interns (Chiefs) will be made by the Associate Dean for GME, Program Directors, Director of GME, and Manager of Postdoctoral Training.

- a. The number of Chiefs will be determined by the GME Office.
- b. Appointments will be made within 15 days of the beginning of the training program.
- c. Chiefs will report directly to the Program Director and staff in the GME Office.
- d. Chiefs are members of the management team for the PGY1 year.
- e. Chiefs will be paid for the services provided as outlined in the CIR contract with the University and Article 5.3-2 (c) of the Rules and Regulation.

2. Duties and Responsibilities of the Chiefs

The Chiefs will:

- a. Meet on a regular basis with the Manager of Postdoctoral Training, Program Development Specialist, staff of the GME Office, Chief Medical Officer, Track Coordinator, Director of Medical Education, Program Director and/or others as designated by the Associate Dean for GME, Chief Medical Officer, or Track Coordinator.
- b. Meet with the GME staff regarding management of the program, provide information concerning the program, provide feedback about the trainees in the program, discuss problems arising in all GME programs, and suggest changes that would benefit all GME training programs.
- c. Chiefs will take attendance at Core lectures and meetings using the House staff Attendance Sheet. All Attendance Sheets should be returned to the GME Office and/or residency program administration on a monthly basis.
- d. Assist in Educational Conferences including but not limited to leading educational discussion.
- e. Transmit to the appropriate Department Chief and Chair any matters relating to department policy or procedure as it pertains to patient care or education within the department and transmit the issues and decisions of the department to all house staff.
- f. Transmit to the Chief Medical Officer any matters relating to medical staff, corporate, or medical center policies or procedure as it pertains to patient care or education in the conduct of the training program, and transmit decisions, policy and procedures to the house staff.
- g. Oversee compliance on the part of the house staff with the procedural safeguards and Rules and Regulations of their program.
- h. Preside at all meetings of the house staff to discuss problems, inform house staff on various issues and to offer the trainees the opportunity to express and or discuss concerns.
- i. Be responsible for and appoint members of the house staff to participate as assigned in quality assurance activities of the medical center and medical staff, or the GME training programs.
- j. Review and enforce compliance with standards of conduct and professional demeanor among members of the house staff. Including: acting as a role model and assist in maintaining professional atmosphere, conduct, and attitude of house staff and clinical clerks, be able to problem solve and provide conflict resolution as appropriate, maintain strict confidentiality at all times.
- k. Represent the house staff at all organizational levels of interface with students, medical staff and administration/medical center departments.
- l. Report problems at the medical center to the staff in the GME Office.

- m. Assist the Manager of Postdoctoral Education in assignment of on-call coverage from those house staff at the hospital if assigned PGY1 is ill, absent, etc. The Chief is not responsible for covering all such activities him/herself; the Chief should distribute assignments equitably and in regard to appropriate patient care.
- n. Assist house staff in obtaining service/phone coverage when other house staff are on vacation, on ambulatory service, etc.
- o. Provide technical assistance as needed for morning report and other educational functions that utilize the teleconferencing system.
- p. Perform other related duties as assigned by the GME staff.

3. Coverage

- a. There will be one Chief assigned for each rotation at each hospital.
- b. Chiefs may be selected after individual schedules have been completed or by AOA Specialty College standards/ACGME Program Requirements. Therefore, if for any reason due to scheduling conflicts, personal leaves, or if there is disproportionate coverage, and a change in Chief assignment is necessary, the following will occur:
 - i. An alternate Chief within that hospital will be designated by the GME Office during the identified month.
 - ii. The relieved Chief will be absolved of the Chief duties during that month.
 - iii. Chiefs (or their replacements) will be paid for service, pro-rated over the number of rotations. The rate is determined by the CIR Agreement.

4. Resignation/Removal from Office

- a. A Chief may resign at any time by giving written notice to the Associate Dean for GME. Such resignation shall take effect on the date of receipt or at any later time by mutual agreement.
- b. Removal from office may be initiated and implemented by the Program Director, Associate Dean for GME, or the Director of GME for the following reasons:
 - i. Failure to perform duties of the position timely and appropriately;
 - ii. Failure to remain in academic good standing with PGY1 requirements;
 - iii. Failure to continuously satisfy the qualifications for the position; or
 - iv. Failure to establish and lead by example of competency or citizenship

ARTICLE SIX: FORMAL EDUCATIONAL PROGRAMS/MEETINGS

1. Academic Year

The PGY1 2019-2020 academic year shall commence on Monday, June 24, 2019, at 7:00 a.m. and conclude on Monday, June 22, 2020 at 7:00 a.m. The 2019-2020 academic year for PGY2 and above will commence on July 1, 2019 and conclude on June 30, 2020.

2. Orientation Programs

- a. The PGY1 Orientation Program will be conducted prior to the first day of PGY1 year.
 - i. The PGY1 will be notified in writing at least 28 days in advance of the dates and times of the orientation program.
 - ii. PGY1 attendance is mandatory.
 - iii. The PGY1 shall be responsible for transportation, lodging and other expenses incurred for the orientation program.
 - iv. All incoming house staff will be paid a onetime fee, as described in the CIR contract, for attending the orientation program payable in July after all necessary University entrance requirements are fulfilled.
- b. Divisional Orientation - Each medical center will conduct a PGY1 Orientation at a time near the beginning of the first rotation on days preceding the starting date of the program.
- c. Service Orientation - Upon entering a new service for assignment, the PGY1 shall be oriented to the service. The PGY1 should review the Objectives, Responsibilities and Evaluation sheet provided for each service. The Chief of the Department (or his/her designee) is responsible for such orientations.
 - i. The PGY1 shall be responsible to contact and make appointment for such orientation at least 24 hours before the start of the service.
 - ii. The Dept. Chief may delegate orientation responsibilities (Section Head, Chief Resident, another attending, another Resident, etc.), but shall be responsible for such arrangements.

- iii. The Dept. Chief (or his/her designee) will review the PGY1 Rotation Goals and Objectives with the PGY1.
 - d. PGY2 and Above Orientation – Resident/Fellow Orientation programs for PGY2 and above Residents will be held on or after July 1, of each academic year.
Residents will receive notification of orientation scheduling from their respective Program Office.
3. Formal Lectures
- a. Core Lecture Series. ALL PGY1 trainees shall attend Core Lectures at the onset of the training program, as well as additional training as designated by the Chief Medical Officer, Program Director, Director of Medical Education or Divisional Medical Director. Such lectures shall be deemed by the Department Chief to be of special importance regarding emergency care and other issues related to the care of patients of the medical center. PGY1s must sign the House staff Attendance Sheet, or if an excused absence is granted, must remediate the lecture material in a manner recommended by the Chief of the Department in a timely fashion.
 - b. Departmental/Program Lectures/Educational Programs.
Each department or GME Training Program shall conduct a variety of educational and patient care programs that shall include, but not be limited to, attending rounds, conferences, lectures, etc. The Residents are required to attend all such programs and sign the House staff Attendance Sheet, unless an approved excused absence is granted by the Chief of the Department, and approved by the Chief Medical Officer, Program Director, or Director of Medical Education.
4. Meetings
Residents are responsible to attend all other meetings recommended by the University, Chief of Service, or medical center administration. This includes the monthly meetings at the hospital where the rotation is being completed. Residents must sign the House staff Attendance sheet as indication of participation at these meetings.
5. External Education Programs
- a. Official External Programs
 - i. Formal conferences and other teaching programs, which are provided at another site away from the assigned hospital/service, and which are approved as part of the official GME training program, shall be attended by the Residents with the same attendance requirements as on site programs.
 - ii. An approved portion of the training program that is conducted at another institution shall be attended by the Resident with the same attendance requirements as on site programs.
 - iii. All Resident rotations shall occur within the Sponsoring Institution owned facilities or facilities under Agreement with the Sponsoring Institution.
 - b. Non-Official Programs
Lectures, conferences, and other educational programs which are not an official part of the Resident Training Programs may be attended provided that:
 - i. Attendance is approved by the sponsoring organization.
 - ii. Attendance is approved by the Program Director, Rotation/service in agreement /coordination with the service Attending Physician, GME Office, and Chief Medical Officer.
 - iii. All expenses are incurred by the Resident.
 - iv. Acceptable peer-patient responsibilities are arranged and guaranteed by the Resident to the satisfaction of the Department Chief, and Chief Medical Officer, and GME Office.

ARTICLE SEVEN: RULES AND REGULATIONS GOVERNING SERVICE ASSIGNMENTS

1. Standard Services
All GME Training Programs will comply with the standards established by the AOA and/or the ACGME, depending on accreditation status of the program. This includes all Common Program Requirements and training program Review Committee requirements.
2. Elective Services (When applicable and if available)
- a. The Program Directors/Coordinators, GME Office, and Chief Medical Officers will designate specific electives designed to provide appropriate educational experiences.
 - b. The Resident may request one or more services desired in the designated time period.
 - c. Electives are permitted only at the designated Sponsoring Institution medical centers.
 - d. The GME Office must approve the elective service.

- e. If a Resident has not made a choice of an elective two months in advance, the Program Director or GME Office will designate an elective. This may be altered only by written permission of the Program Director or GME Office.

The GME Office reserves the right to change or alter service rotations as needed for educational or other purposes.

3. Patient Care Obligations

- a. It is a clear premise of the Sponsoring Institution that both education and patient care obligations are of prime importance.

4. On Call

a. In-House Call: Nights, Weekends and Holidays

- i. Residents will not leave the hospital while on call.
- ii. Call will be assigned from the full GME Training Program groups not to exceed the number of calls allowed by the AOA/ACGME Standards and CIR contract with the University.
- iii. The staff in the GME Office, Hospital DMEs, Program Coordinator/Program Director, and the Chief PGY1s/Chief Residents are empowered with the authority to assign Residents to in-house or from home call to meet patient care standards (in accordance with the Agreement between RowanSOM and the CIR).
 - 1. Coverage assignments may not exceed those established by the ACGME/AOA and outlined in the CIR contract.
 - 2. Regular assignments to in-house call shall not exceed in excess of an average of every third night in each and every 30-day period.
 - 3. In cases of emergency, where it is deemed necessary for patient care standards to be met, the Chief PGY1/Chief Resident, the Chief Medical Officer, Track Coordinator /Program Director, and staff in the Office of GME have the authority to request a house staff officer not in-house to be on-call and to respond as needed.
 - 4. All University and hospital duties and regulations regarding call must be adhered to strictly.
- b. If patient care demands so dictate, the staff in the GME Office are authorized to give weekdays off in lieu of scheduling weekend duty so long as such scheduling does not significantly affect the educational aspects of the Resident's experience.
- c. Emergency/Unusual Situation
The Chief Medical Officer, Track Coordinator/Program Director, and Director of Medical Education have the responsibility of ensuring the educational experiences of the Residents and the patient care obligation of the medical center. As such, he/she is authorized to temporarily alter any schedule to ensure a better educational experience or to provide emergency patient care.

5. General Medical Rules and Regulations

- a. Verbal Orders: Protocol for voice orders is in accordance with individual hospital policy.
- b. Time/Date: Orders and other chart documentation will be invalid unless dated and timed
- c. Legibility: Illegibly written/entered orders are invalid.
- d. Signature: All materials written in a patient chart by a Resident shall be signed by the Resident including the phone number and written on behalf of a licensed physician responsible for the case (Example: Dr. Attending / Dr. Resident, 609-314-1234).
- e. Sequence of Record: All materials written on a chart will be written in appropriate sequence after the last entry.
- f. Stop Order: The Resident shall be responsible to notify the attending of any pending stop-order of drugs and seek advice on further continuation of the drug.
- g. Informed Consent: The Resident will abide by the intent of the Informed Consent Policy and Procedure of the medical center.
- h. "No Code" or "DNR": The Resident will abide by the intent of the Policy and Procedure of the "No Code Policy" of the medical center.
- i. Consultations: A PGY1 shall not perform a consultation. The PGY1's activities may include obtaining a history and physical examination and reports of necessary evaluations, but shall not include rendering medical opinion or recommendations. All activities of the PGY1s in this request shall be directly supervised by the consultant.

- j. First Associate for Major Surgery: In elective major surgery, a Resident shall serve as a first Associate only when under the direction of a licensed physician and in full compliance with State regulations.
- k. Invasive Procedures: A Resident shall perform invasive procedures only under the direct supervision of a licensed physician on the Medical Staff of the medical center who is granted such privilege by the Governing Board.
- l. Osteopathic Musculoskeletal Exam: Required as an integral part of the physical exam performed by osteopathic physicians on their admitted patients unless contraindicated.
- m. At Our Lady of Lourdes, all Residents (registered practitioners) must clearly write their "PGY" status in addition to their officially recognized signature and title after every entry on every medical chart. (e.g. "John Doe", PGY#, Phone #-----). Residents are encouraged to use the signature stamp that will be provided by Lourdes after every entry on medical charts.

ARTICLE EIGHT: CONFIDENTIALITY, IMMUNITY AND RELEASES

1. Definitions

The following definitions shall apply.

- a. Information: record of proceedings, minutes, interviews, records, reports, forms, memoranda, statements, recommendations, findings, evaluations, opinions, conclusions, actions, dates and other disclosures or communications whether in written or oral form relating to any of the subject matter specified in the Rules and Regulations.
- b. Representative: an official of a medical school, Board of any medical center and any director, Sponsoring Institution Governing executive Committee member, administrator, or committee thereof; a medical center Chief Executive Officer or his designee, a College/University or medical school faculty member, an officer of any clinical or academic training program, or any individual authorized by any of the foregoing to perform any specific information gathering, analysis, use or disseminating function.
- c. Activities: all acts, communications, proceedings, memoranda, statements, recommendations, findings, evaluations, opinions, conclusions, or disclosures performed or made in connection with this or any health care facilities or organization's activities.

2. Authorizations

By submitting an application for admission to the GME Training Program(s), the Resident:

- a. Authorizes representatives of the Sponsoring Institution to solicit, provide and act upon information bearing on his/her training and qualifications.
- b. Agrees to be bound by the provisions of these Rules and Regulations.
- c. Agrees to be bound by the provisions of this article in the release of information by the Sponsoring Institution, as recorded during the training program, and described in this Article as Activities and Information covered, to any agency requesting such information in accordance with his/her written consent.
- d. Acknowledges that the provisions of this Article are conditions to any application for graduate medical education training programs.

3. Confidentiality of Information

Information with respect to any applicant for GME training submitted, collected or prepared by any representative of this or any other health care facility or organization, or medical staff, or medical school for the purpose of evaluating the candidate for acceptance to the GME Training Programs or for concurrent evaluation of the candidate with regard to progress to fulfill requirements of graduation from the GME Training Program, and as such information regards evaluation toward advancement toward further training or the documentation of competency to treat conditions or perform medical procedures, shall be confidential and shall not be disseminated to anyone other than a representative. This information shall not be used in any way except as provided herein or except as otherwise required by law. Such confidentiality shall also extend to information of like kind that may be provided by third parties. This information shall not become part of any patient's records.

4. Immunity from Liability

No representative of the University, medical centers, or medical staff and no third party shall be liable to a trainee for damages or other relief by reason of providing information, including otherwise privileged or confidential information, to a representative of the medical centers or medical staff or to any other

health care facility or organization of health professionals concerning a trainee who is or has been a member of the house staff, provided that such representative or third party acts in good faith and without malice and provided further that such information is related to the performance of the individual as it relates to attitude, knowledge and skills of the house staff, and is reported in a factual manner.

5. Activities and Information Covered

a. Activities

The confidentiality and immunity provided by this Article applies but is not limited to:

- i. Periodic reappraisals for progress in the AOA/ACGME approved GME Training Program(s).
- ii. Verifications of completion of the GME training program.
- iii. Application for further training in residency or fellowship fields.
- iv. State licensure boards.
- v. Applications for appointments, clinical privileges, or specified service to this or other health care facilities.
- vi. Profiles and profile analysis.
- vii. Quality assurance activities.
- viii. Other medical center and staff activities related to monitoring and maintaining quality and efficient patient care and professional conduct.

b. Information

The information referred to in this Article may relate to the house staff's professional qualifications, clinical ability, judgment, character, physical or mental health, emotional stability, professional ethics, or any other matters that might directly or indirectly affect patient care.

6. Releases

Each applicant for training shall execute general and specific releases in accordance with the tenor and import of this Article, subject to such requirements, including those of good faith, absence of malice and the exercise of a reasonable effort to ascertain truthfulness, as may be applicable under the laws of this State.

7. Program Director Letters/Verifications

The Associate Dean for GME/Program Director is responsible for signing Program Director Letters and verifications for all Sponsoring Institution programs. All PGY1s must complete the request for Program Director's letter and release for immunity form and submit it with the appropriate fee. Requests must be made at least four (4) weeks in advance of the date the letter(s) are needed. See instructions for "PGY1 Program Director's Letters" and "Authorization for Release of Information for PGY1 Program Director's Letters" in the Appendices section of the PGY1/Intern Program Manual.

ARTICLE NINE: CORRECTIVE ACTIONS

1. Purpose

The corrective actions in this Article apply to academic and medical judgment issues. In compliance with the Agreement between Rowan University and the Committee of Interns and Residents (CIR), actions regarding terms and conditions of employment will be subject to provisions of the Agreement between Rowan and the CIR.

2. Routine Corrective Action

Whenever a Resident engages in, makes or exhibits acts, statements, demeanor or professional conduct, either within or outside of the medical center, and the same is or is reasonably likely to be detrimental to patient safety or to the delivery of quality patient care, disruptive to medical center operations or an impairment to the community's confidence in the medical center and/or its GME training program(s), corrective action against the Resident may be initiated by any University administrator, officer of the medical staff, by the Chief or Program Director of any Department, by the Chief Executive Officer of the corporation, Administrator of the hospital, or corporate officer.

a. Requests and Notices

All requests for corrective action must be in writing, submitted to the Associate Dean for GME, and supported by references to the specific activities or conduct which constitutes the grounds for the request. The Associate Dean for GME will promptly notify the Dean of RowanSOM and the representatives of the hospital (Chief Medical Officer and/or Program Director).

b. Investigation

The Dean (or his/her designee) will conduct, or order to be conducted, an investigation

concerning the grounds for the corrective action request. The investigation is not a "hearing," but may include a discussion with the person(s) initiating the request, and with other individuals who may have knowledge of the events involved. The Resident is entitled to make a personal appearance before the investigative person(s) at a time scheduled to discuss the matters pertaining to his/her standing. During that appearance before the investigative person(s), the Resident may be accompanied by one fellow Resident and one or two other faculty members or personnel of RowanSOM. Upon completion of the investigation, a written report will be prepared for the Dean. The Dean may then direct subordinates to proceed with action as provided below.

- i. Recommend rejection of the request for corrective action.
- ii. Recommend admonition in the form of a formal letter.
- iii. Recommend a warning in the form of a formal letter.
- iv. Recommend a probationary period.
- v. Recommend a period of suspension that must be remediated during or after the conclusion of the residency.
- vi. Recommend termination of the Residency training.

The Resident may appeal the decision of the investigation to the Dean. During that appearance, the Resident may be accompanied by one fellow Resident and one or two other faculty members or personnel of RowanSOM.

The decision of the Dean or his designee is final.

c. Records

- i. Following investigation, any corrective measures listed under Article 9.2-2 (c-f) shall become a part of the Resident's permanent Credentials File and are subject to disclosure as presented in Articles 8.1 to 8.6 of these Rules and Regulations.
- ii. A second or subsequent admonition 9.2-2 (b) will also become part of the Resident's permanent credentials file.

3. Summary Suspension

Whenever a Resident's conduct requires that immediate action be taken to protect the life of any patient or to reduce the substantial likelihood of injury or damage to the health or safety of any patient, employee or other person present in the medical center, the Associate Dean for GME, Director of GME, Manager of Postdoctoral Training, Chief of Service, Track Coordinator/Program Director, Chief Medical Officer, or their respective designated representative has the authority to summarily suspend the Resident. A summary suspension is effective immediately upon imposition, and the person imposing the suspension is to give prompt notification of the suspension to the Resident, Associate Dean for GME, Director of GME, Manager of Postdoctoral Training, Chief of Service, Track Coordinator /Program Director, and the Chief Medical Officer. The procedure for further action on summary suspension is set forth under sections 9.2-1 through 9.2-3 above.

- a. As soon as possible, however no longer than within 72 non-weekend/non-holiday hours after a summary suspension is imposed, the Dean (or his respective designee) will discuss and recommend continuation, modification, or termination of the suspension.
- b. Unless the recommendation is to terminate or modify the suspension to one of lesser sanctions (i.e., 9.2-2 (a-d)), the Resident will remain suspended until the investigation as described in Article 9.2-2 is completed.
- c. Actions then follow in accordance with Article 9.2-2 and 9.2-3.

4. Automatic Suspension

Automatic suspensions occur: (1) after first offense (when warned of failure to comply with timely preparation and completion of medical records, or logs, or evaluations; unexcused absences from service or call schedule; improper conformity to dress code; conduct; attitude; or availability or completion of Resident's responsibilities as outlined in Article 4.1 to 4.10), or (2) the second offense.

Corrective Action:

- a. First offense: The Resident may not continue to the next rotation and a warning will be given in writing to the Resident by the Chief Medical Officer, Track Coordinator/Program Director, Chief of Service, Associate Dean for GME, Director of GME, or Manager of Postdoctoral Training and will become a part of the Resident's Credentials File. The Associate Dean for GME will receive a copy of the warning for placement in the Resident's file.
- b. Second offense: The Resident will be automatically suspended. The Resident will be required to meet with the Associate Dean for GME, Director of GME, Manager of Postdoctoral Training, and /or the Chief Medical Officer. After such interview, further corrective action may be imposed and

may include suspension, termination of the Resident, or other measures as outlined in 9.2-2 (b - f). These actions shall become a part of the Resident's Credentials File.

- c. All corrective action obligations must be fulfilled before the Resident will receive the official certificate of completion of their PGY1 or Residency/Fellowship training.

5. Specifics

a. Attendance Requirements

Failure to meet the attendance requirements of the GME training program(s) including call schedule and lectures shall be remediated in a manner established by the Associate Dean for GME, Director of GME, Manager of Postdoctoral Training, the Chief Medical Officer and Program Director. Unapproved absences from a service obligation or on-call will be considered as a first offense for possible dismissal from the program as noted in 9.4 (a-c). These obligations will be fulfilled before the Resident will receive the official certificate of completion of their PGY1 or Residency/Fellowship Training.

b. Medical Records

Medical Records for patients assigned to Residents must be completed in a timely fashion. Failure on the part of the Resident to fulfill his/her medical record obligations within the time frame outlined in this document, shall result in the actions as outlined under Article 9.4 (a-c).

c. Logs and Evaluations

Service logs and evaluations of service and faculty must be completed in a timely fashion. Failure on the part of the Resident to fulfill his/her logs/evals obligations within the time frame outlined in this document, shall result in the actions as outlined under Article 9.4 (a-c).

d. Dress Code-Proper Conformity

Failure of the Resident to abide by the stated dress code policy (4.2 c) shall result in the same corrective action as outlined under Article 9.4 (a-c)

e. Conduct, Attitude, Availability

Failure of the Resident to abide by the standards of conduct, attitude, and availability as set forth, shall be subject to the same corrective action as outlined under Article 9.4 (a-c)

6. Resident Evaluation (Remediation)

Evaluations of Resident performance will be completed by clinical faculty within 15 days of completion of each month's service or block. The Program Director shall have ultimate responsibility for review of the evaluation with the Resident. Any remedial recommendations must be fulfilled in a timely fashion by the Resident. All incomplete or remedial work must be completed to the satisfaction of the Chief of Service, Program Director, DMEs, and the Associate Dean for GME before an official letter/certificate of completion of their PGY1 or Residency Training is presented to the Resident.

ARTICLE TEN: GRANTING OF CERTIFICATE OF COMPLETION OF PGY1 OR RESIDENCY /FELLOWSHIP PROGRAM

On satisfactory completion of the PGY1 or RESIDENCY/FELLOWSHIP training program, the Sponsoring Institution and/or ROWAN-SOM OPTI shall award a certificate or letter of completion to the Resident.

All PGY1 trainees will be issued a letter of completion for an AOA approved PGY1 year, in the appropriate specialty by the RowanSOM OPTI of NJ, for licensing purposes at the end of the PGY1 year. The letter shall confirm the successful fulfillment of program requirements, the starting and completion dates of the program, the name of the training institution, program director, and the name of the OPTI.

All Residents will be issued a certificate of completion for an AOA or ACGME approved GME Training Program, in the appropriate specialty by the RowanSOM OPTI of NJ for AOA accredited programs and by the Sponsoring Institution for ACGME accredited programs.

Such completion letters will be issued to the PGY1s and certificates of completion issued to the Residents only after the following requirements have been met.

1. Resident Performance Evaluations are received and satisfactorily document all training in accordance with AOA/ACGME Training Program regulations.

2. Any remediation recommended on Resident Performance Evaluations has been satisfied, verified by the Program Director and reported to the GME Office.
3. Any remediation required for attendance at Core Lecture or Departmental progress is satisfied and reported to the GME Office.
4. Any corrective action measures taken have been satisfied and reported to the GME Office.
5. Any fair hearing proceedings have been completed and corrective actions satisfied and reported to the GME Office.
6. All service evaluations by Resident, faculty evaluations by the Resident, and all logs are completed and submitted to the GME Office.
7. All University and medical center supplies, materials, equipment, books, IDs, beepers, cell phones, passes, and records have been satisfactorily returned and verified.
8. All medical records for patients assigned to the Resident have been satisfactorily completed at each hospital.
9. All PGY1s must provide proof of taking the COMLEX Part III exam.
10. All program-specific requirements are completed, including, but not limited to, research requirements, conference participation, and online education or surveys.
11. All Exit Paperwork has been completed by the Resident, confirmed by the training program, and returned to the GME office.
12. Completion letters or certificates will not be issued until the last day of training, as indicated in the letter or certificate.

ARTICLE ELEVEN: DUTY HOUR REQUIREMENTS

1. TRAINEE DUTY HOURS POLICY

- a. The Sponsoring Institution, DIO, DMEs, and program directors must make every attempt to avoid scheduling excessive work hours leading to sleep deprivation, fatigue or inability to conduct personal activities.
 - i. Evidence of review of Resident duty hours by the Graduate Medical Education Committee (GMEC) must occur quarterly.
- b. Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting.
- c. Clinical and educational work periods for Residents must not exceed 24 hours of continuous scheduled clinical assignments.
 - i. Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education.
 - ii. Additional patient care responsibilities must not be assigned to a resident during this time.
- d. Residents must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days.
- e. Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.
- f. Residents must have eight hours off between scheduled clinical work and education periods.
- g. All off-duty time must be totally free from clinical, on-call, and education activity. Rotations in which a trainee is assigned to Emergency Department duty shall ensure that trainees work no longer than 12 hour shifts with no more than 30 additional minutes allowed for transfer of care and shall be required to report in writing to the DME/Program Director for review by the GMEC, any time exceeding the 30 additional minutes, for monitoring individual Residents and programs.
- h. In cases where a trainee is engaged in patient responsibility which cannot be interrupted at the duty hour limits, additional coverage shall be provided as soon as possible by the attending staff to relieve the Resident involved. Patient care responsibility is not precluded by the duty hours policy.

- i. The trainee shall not be assigned to in-hospital call more often than every third night averaged over any consecutive four-week period. Home call is not subject to this policy, however, must satisfy the requirements for time off. Any time spent returning to the hospital must be included in the 80 hour maximum limit.
- j. At the trainee's request, the training institution must provide trainees with comfortable sleep facilities to trainees who are too fatigued at shift conclusion to safely drive.
- k. Any trainee who works 24 consecutive hours may spend additional time of no more than 30 minutes providing transfer of care/patient sign-out to receiving physicians and staff without the need to report this time to the DME/Program Director. Any other activity or longer timeframe will require a written report.
- l. Residents are permitted to return to the hospital while on home-call to care for new or established patients. Each episode of this type of care, while it must be included in 80-hour weekly maximum, will not institute a new "off-duty" period. Faculty must be aware of the home-call responsibilities of their Residents, recognizing fatigue and sleep deprivation. They must alter schedules and counsel Residents as necessary.
- m. The Sponsoring Institution's work hour policy is subject to review and revision on an as needed basis.

2. MOONLIGHTING POLICY FOR TRAINEES

- a. Any professional clinical or other paid activity (moonlighting) performed outside of the official Residency program may only be conducted with the approval of the program administration (DIO /DME and Program Director) and must not interfere with the ability of the resident to achieve the goals and objectives of the educational program, and must not interfere with the resident's fitness for work nor compromise patient safety.
 - i. A written request (on the required University forms) by the Resident must be approved or disapproved by the Program Director and DIO/DME and will be filed in the institution's Resident file. Forms are available from your Program Coordinator.
 - ii. Failure of the Resident to request and receive approval for moonlighting may be grounds for terminating a Resident's contract.
- b. If moonlighting is permitted, hours must be included in your duty hours, and must not exceed the 80 hour per week maximum work limit. This will be monitored by the program and GMEC Committee. Moonlighting privileges can be denied or revoked for Residents that are not in good academic or professional standing.
- c. PGY1 trainees are prohibited from moonlighting.

3. TEACHING FACULTY

Faculty must be educated in recognizing early fatigue and sleep deprivation and to alter schedules and counsel Residents as necessary, while maintaining continuity of patient care.

ARTICLE TWELVE: CORE COMPETENCY COMPLIANCE

The AOA/ACGME requires DMEs/DIOs and Program Directors to implement training, and Program Evaluators to assess, the AOA/ACGME Core Competencies in all AOA/ACGME training programs.

1. Osteopathic Philosophy Principles and Manipulative Treatment

Residents are expected to demonstrate and apply knowledge of accepted standards in OPP/OMT appropriate to their specialty. The educational goal is to train a skilled and competent osteopathic practitioner who remains dedicated to life-long learning and to practice habits in osteopathic philosophy and manipulative medicine. This initial AOA competency has since been integrated into the other six competencies.

2. Medical Knowledge:

Residents must demonstrate and apply integrative knowledge of accepted standards of clinical medicine and OPP in their respective osteopathic specialty area, remain current with new developments in medicine, and participate in life-long learning activities, including research.

3. Patient-Care

Residents must demonstrate the ability to effectively treat patients, provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, the incorporation of preventive medicine, and health promotion.

4. Interpersonal and Communication Skills:

Residents are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams.

5. Professionalism:

Residents are expected to uphold the Osteopathic Oath in the conduct of their professional activities that promote advocacy of patient welfare, adherence to ethical principles, collaboration with health professionals, life-long learning, and sensitivity to a diverse patient population. Residents should be cognizant of their own physical and mental health in order to care effectively for patients.

6. Practice-Based Learning and Improvement:

Residents must demonstrate the ability to critically evaluate their methods of clinical practice, integrate evidence-based traditional and osteopathic medical practices into patient care, show an understanding of research methods, and improve patient care practices.

7. Systems-Based Practice

Residents are expected to demonstrate an understanding of health care delivery systems, provide effective and qualitative osteopathic patient care within the system, and practice cost-effective medicine. The core competencies shall be taught and assessed throughout training by a variety of methods as indicated in the Sponsoring Institution and individual GME Training Program Core Competency Plans.

ARTICLE THIRTEEN: AOA/ACGME PROGRAM CLOSURE OR REDUCTION REQUIREMENTS:

In the event of a discontinuation of a training program, the Sponsoring Institution agrees that it will make every effort to place displaced House Staff in another appropriate Sponsoring Institution program, or if necessary, a program outside the Sponsoring Institution.

1. The training institution shall immediately notify the AOA, ACGME, the OPTI and its trainees of a program closure or reduction in positions, which would impact trainees prior to program completion.
2. If a training institution reduces in size or closes a program, every attempt should be made to permit the current Resident(s) enrolled in the program to complete their training prior to such action.
3. In the event of a hospital or program closure or reduction in positions, which would impact trainees prior to program completion, the Sponsoring Institution shall immediately notify all OPTI members to aid in placement of the enrolled Resident(s) in other AOA or ACGME approved programs within the OPTI structure.
4. Severance pay shall be provided for two (2) months when institutional program closure or reduction decisions prevent the Resident(s) from program completion in that or another geographically proximate program arranged by the Sponsoring Institution and/or the OPTI.

ARTICLE FOURTEEN: RESIDENT/FELLOW NON-RENEWAL HEARING PROCEDURE

1. Policy

The Graduate Medical Education (GME) department shall provide a grievance procedure for house staff officers who wish to appeal a notice of non-renewal of the house staff officer's contract. The GME department shall provide for the appointment of an Ad Hoc Non-Renewal Committee to conduct the grievance procedure, and all such committees shall review non-renewal appeals in accordance with the standards set forth in this policy.

2. Procedure

- a. A house staff officer may appeal a Program Director's decision not to renew the house staff officer's contract for the following academic year by submitting a written request to the Department Chair and Associate Dean for GME within five (5) working days of receipt of notice of the decision.
- b. If the house staff officer submits timely notice of appeal, the Department Chair and Associate Dean for GME shall convene a Non-Renewal Committee to consider the appeal. The Non-Renewal Committee shall be composed of either:
 - i. the Department Chair, the Associate Dean for GME, or their designees, and one faculty member designated by the Chair of the GMEC Committee, or

- ii. such other individuals as designated by the GME policies of the School.
 - c. The house staff officer will be invited to meet with and make a personal presentation to the Non-Renewal Committee and may be accompanied by a faculty member or fellow house staff officer who may act as an advisor. The house staff officer may also be accompanied by a representative of the CIR, who shall not participate in the proceedings. The Non-Renewal Committee may invite the Program Director and any other witnesses to make presentations. All parties may submit any relevant information to the Non-Renewal Committee prior to or during the hearing.
 - d. The Non-Renewal Committee shall consider only whether the non-renewal conforms to the following standards:
 - i. the decision was communicated to the house officer in writing;
 - ii. the decision was communicated in a timely manner, in accordance with the Sponsoring Institutions procedure on non-renewal of house staff contracts; and
 - iii. the non-renewal decision was not based on reasons prohibited by law or Sponsoring Institution policy.If the Non-Renewal Committee determines that the non-renewal decision conforms to these standards, the decision shall be upheld.
3. Following the hearing, the Non-Renewal Committee shall deliberate and render a written decision, which shall be communicated to the house staff officer and Program Director. The decision of the Non-Renewal Committee will be final and binding.

HOUSE STAFF DISASTER PROCEDURE

A disaster is defined as “something (such as a flood, tornado, fire, plane crash, etc.) that happens suddenly and causes much suffering or loss to many people” ([merriam-webster.com](https://www.merriam-webster.com/dictionary/disaster)). Disasters may occur with little or no warning. In all cases, the event causes a disruption in the normal activities of daily training for house staff.

In the event of a disaster/emergency situation, house staff are expected to follow the instructions of their immediate supervisor to ensure both their safety and the continuation of patient care. House staff not on duty during the time of a disaster are expected to secure their personal safety and then communicate with their immediate supervisors for instructions.

Finance/Benefits

House staff are considered essential personnel in the event of a disaster/emergency situation and are required to report to work as instructed by their program director/DIO. House staff will continue to receive their stipends and benefits during and immediately following a disaster event and recovery period, and/or accumulate these funds until such time as the University is able to resume payments.

Administrative Support

The Sponsoring Institution and RowanSOM GME Office will continue to provide administrative support to all GME programs and house staff from a safe and secured location in order to continue to provide appropriate access to needed resources.

Manpower/Resource Allocation during Disaster Response and Recovery

As determined to be necessary by the DIO, Chief Medical Officers, and Program Directors, House staff reassignment or redistribution to other areas of need will be made, superseding pre-existing schedules and assignments. This may include assignment to new hospitals/locations or services and may include temporary suspension of ambulatory assignments and/or educational conferences.

Information on the location, status and accessibility/availability of House staff during the disaster response and recovery period is derived by the DIO or his/her designee through communication with program directors and /or program chief residents/fellows. The DIO or designee will then communicate with the Chief Medical Officer

or affiliated institutions as necessary, to provide updated information throughout the disaster recovery and response period.

It shall be the goal of the GME Office and each program to return house staff to their normal schedules and assignments, including ambulatory and educational conferences, as soon as possible once normal operating conditions are re-established.

Communication with the ACGME/AOA

The DIO, or his/her designee, will be responsible for all communication with the ACGME and/or the AOA during a disaster situation and subsequent recovery phase. Within ten (10) days after the declaration of a disaster, the DIO will contact the ACGME Institutional Review Committee (IRC) to discuss particular concerns and possible leaves of absence or return to work dates for all affected programs should there need to be:

1. Program reconfigurations
2. Resident/fellow transfer decisions

The due dates for submission will be no later than 30 days post disaster, unless other due dates are approved by the ACGME/AOA.

The DIO, in conjunction with the Chief Medical Officers and program directors, will monitor the progress of patient care activities returning to normal status and the functional status of all GME programs for their educational mission both during a disaster and recovery phase.

The DIO will work with the ACGME and/or the AOA and the respective Specialty Colleges/Residency Review Committees to determine if the impacted sponsoring institution and/or its programs:

1. Are able to maintain functionality and integrity;
2. Require a temporary transfer of house staff to alternate training sites until the home program is reinstated;
3. Require a permanent transfer of Residents.

If more than one location is available for the temporary or permanent transfer of a particular physician, the preferences of the trainee must be taken into consideration by the Sponsoring Institution. Program Directors must make the keep/transfer decision timely so that all affected residents maximize the likelihood of completing their training in a timely fashion.

NON COMPETITION – RESTRICTIVE COVENANTS

The Sponsoring Institution and all of its GME training programs, and utilized outside training sites is/are prohibited from requiring house staff to sign a non-competition guarantee or restrictive covenant clause as a contingency of their GME training or in any GME related documents.

Residents are advised that they cannot sign a non-compete or restrictive covenant clause and must immediately advise the Associate Dean or Director of GME if they are asked to sign such a document.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

There are times when Residents and/or their families can benefit from consultation with professionals in the mental health field. Reasons for such consultation may be personal or job-related. They may include:

Personal Problems	Relationship Concerns
Family Issues	Stress, Anxiety
Separation, Divorce	Alcohol, Drug Use
Depression	Child Care, Elder Care
Bereavement	Work Related Issues

Help is only a phone call away. EAP is a **confidential** counseling service that helps Residents and/or their families deal effectively with problems that may be affecting their well-being, their personal lives, and/or their job performance. The staff will schedule an appointment for you or a member of your household at one of their convenient locations. Day and evening hours are available. EAP is provided through Rutgers University Behavioral Health Care. Please identify yourself as an EAP client when calling.

To schedule an appointment, please call (856) 770-5750.

Stratford/Camden Campus
One Echelon Plaza, Suite 101
227 Laurel Road
Voorhees, NJ 08043

Office Hours:
Monday & Wednesday 12 – 8 pm
Tuesday, Thursday & Friday 9 – 5 pm

For a crisis after normal business hours, please call 1 (800) 327-3678.

The following procedures or information describe University resources which are available to housestaff and can be reached by using the links below:

<https://confluence.rowan.edu/display/POLICY/RowanSOM+House+Staff>

Committee of Interns and Residents Agreement

The current agreement between RowanSOM and the Committee of Interns and Residents (CIR) can be accessed at:

<https://www.cirseiu.org/rowan-university-som-school-of-osteopathic-medicine/>

Criminal Background Checks for Housestaff Positions

<https://confluence.rowan.edu/display/POLICY/Background+Check+Policy>

Housestaff Immunization and Health Requirements

<https://confluence.rowan.edu/display/POLICY/Housestaff+Immunizations+and+Health+Requirements>

Graduate Medical Education

https://www.rowan.edu/som/education/graduate_medical/houseStaff.html

Professional Liability Policy Statement

<https://sites.rowan.edu/rmi/medical-liability/som.html>

Outside Employment/Moonlighting

<https://confluence.rowan.edu/display/POLICY/Moonlighting+Policy+101>

Supervision and Duty Hours (Article 11)

<https://confluence.rowan.edu/pages/viewpage.action?pageId=78204811>

Employee Advisory Service

<https://sites.rowan.edu/hr/benefits/eas.html>

Alcohol and Other Drugs Policy Guide

<https://sites.rowan.edu/wellness/aod/rowan-and-aod.html>

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Sexual Harassment and Discrimination

<https://sites.rowan.edu/equity/harassment.html>

Americans with Disabilities Act (ADA)

https://sites.rowan.edu/equity/_docs/policies/ada--policy.pdf