

Resident Manual 2008/2009

Revised May 2008

HENNEPIN COUNTY MEDICAL CENTER

INTRODUCTION

On behalf of the Office of the Medical Director, Program Directors and Coordinators, faculty, and staff, welcome to the Residency Program at Hennepin County Medical Center! We hope that the time you spend with us will be both educational and enjoyable. This manual is a reference guide for your Residency Agreement with Hennepin County Medical Center. It describes the policies, procedures and information that apply to you in your role as a resident. All materials are intended to be in accordance with the Accreditation Council for Graduate Medical Education.

All information outlined in this manual is subject to periodic review and change. A current copy of all Hennepin County Medical Center policies can be found on the Intranet. From any HCMC computer, you can go to <http://hcmcnet/hcmchome.nsf> and click on policies.

Residents are responsible for familiarizing themselves with and adhering to the policies and guidelines contained in this manual. **Again, welcome to the program!**

Hennepin County Medical Center Mission Statement

Hennepin County Medical Center is a public teaching hospital that provides outstanding health care in an environment which promotes excellence in education and research.

To meet this mission Hennepin County Medical Center will continuously improve the quality of its services through research and education and maintain adequate financial resources.

Goal for Graduate Medical Education

Hennepin County Medical Center has a long tradition in medical education since its establishment as the first teaching hospital in Minnesota. HCMC offers graduate medical education programs to train resident physicians to care for the population of the state. Residents will be trained in the art and science of practicing compassionate and competent care. Special emphasis will be placed on training caregivers and physicians in the special areas of excellence of HCMC with consideration to the need of the society and the community that HCMC serves.

HCMC will serve as a major teaching hospital for medical students, nurses, and other members of the health care team. HCMC will ensure that all of its graduate medical education programs meet the requirements of the Accreditation Council for Graduate Medical Education (ACGME) and individual Residency Review Committees, where applicable. HCMC will take advantage of opportunities to collaborate and affiliate with other hospitals and educational institutions in fulfilling its educational responsibilities.

Endorsed by the GME Committee	12/14/07
Endorsed by the Medical Executive Committee	09/28/04
Endorsed by the Executive Council	Pending

2008-2009 RESIDENT MANUAL

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Benefits

This is just a brief overview of your benefits. For more information, check your certificate of coverage.

EMPLOYEE HEALTH SERVICES

Employee Health Services will provide medical evaluation to all paid resident staff to promote timely and optimal care at the time of work related injury and to prevent the nosocomial spread of disease. Service will include pre-placement screening, immunization and exposure/injury assessment.

Residents starting at Hennepin County Medical Center are required to complete a Health History Questionnaire and receive required immunizations. Residents will be screened for tuberculosis on an annual basis.

Residents are required to report all on-duty injuries and significant blood or body fluid/infectious disease exposures to Employee Health Services. Residents shall complete paperwork required for OSHA and Workers' Compensation, and shall be evaluated and referred for follow-up care if required. Residents shall update Employee Health Services regarding any impairment, lost time or restricted duty as a result of an injury or significant exposure. Employee Health Services is open Monday-Friday, from 6:30 am to 4:00 pm and is located in the lower level of the Purple Block. When Employee Health Services is closed residents injured on duty shall receive medical care in the Urgent Care Center or Emergency Department.

INSURANCE: OPTIONAL DENTAL INSURANCE

Dental insurance is offered to all HCMC residents through HealthPartners Affiliated Dentists. Monthly premiums are \$26.86 per month for single coverage and \$65.50 for family coverage, and is deducted from the first check of each month.

The plan offers two networks of dentists; HealthPartners Tier 1 and HealthPartners Tier 2. Detailed information is available by calling the Benefits Service Center at 1-800-646-6174.

INSURANCE: HEALTH INSURANCE

Coverage

Two health insurance plans are offered through Blue Cross Blue Shield of Minnesota: Comprehensive Major Medical (Standard) and Aware Gold.

You will automatically be enrolled in the Comprehensive Major Medical unless you designate the Aware Gold plan when completing the enrollment form.

Metro Minnesota Council on Graduate Medical Education (MMCGME) allows eligible residents to voluntarily withdraw from the MMCGME's health coverage program if the resident provides proof that he/she is covered under another health insurance policy (either a group policy or an individual policy). This is called the Opt-Out Feature.

The health insurance plans for all residents are determined by a committee comprised of representatives from Hennepin County Medical Center, Veterans Affairs Medical Center, Regions Hospital, and the Fairview-University Medical Center in conjunction with the University of Minnesota Medical School. The health insurance plan is contracted annually, and **insurance premium rates may increase at contract renewal.**

Enrollment

All residents are required to enroll in one of the two plans for at least single coverage unless they provide proof of coverage under another plan and have signed the Opt-Out waiver.

Cost

Comprehensive Major Medical

Single: Resident pays \$22.48 per month
Family: Resident pays \$330.23 per month

Aware Gold Limited

Single: Resident pays \$79.11 per month
Family: Resident pays \$491.16 per month

Billing

All health insurance premiums due from residents are paid through a payroll deduction plan handled through Hennepin County Medical Center. The health insurance premium is a biweekly deduction.

Questions on Coverage

Contact Blue Cross Blue Shield customer service at 651-662-8000 or the Benefits Service Center at 1-800-646-6174.

Extension of Coverage

Residents have the option to continue their coverage for a period of up to 18 months after leaving the program unless other conditions apply. You will be required to pay your own health insurance premium plus a statutory administrative fee of 2%, for the months you choose to extend your insurance.

Eye Coverage

Eye exams are not covered on the basic Comprehensive Major Medical Plan. Eye exams are covered on the Aware Gold Plan. Spouses are covered if the resident opts for family coverage. Glasses are not covered on either plan. Medical eye conditions being treated are covered on both plans.

INSURANCE: LIFE INSURANCE

Life insurance is provided, at no cost, to all residents through MII Life Incorporated. This benefit is available to residents only if no additional coverage is available through this plan.

The benefit amount is \$50,000.

When insurance is discontinued due to termination from the residency program, you have the option to continue coverage for a period of up to 18 months after you leave the program, unless other conditions apply. You will be required to pay your own premium, plus a statutory administrative fee of 2%, for the months you choose to extend your insurance.

INSURANCE: SHORT-TERM DISABILITY

Short-term disability insurance is provided, at no cost, to all residents through Northwestern Mutual Life. Enrollment in the disability insurance plan is automatic with no application form being required. Group Plan Number: S653911.

The plan has a 15-day beginning date. You must be disabled for 14 days before benefits begin. The plan pays 70% of base income if disabled and benefits can be paid up to 11 weeks. Maximum weekly benefit is \$1,000.

You have “own occupation” coverage through the benefit period. There is no offset if you collect Social Security Disability Benefits. The plan pays for both total and partial disability. Pregnancies are covered for four weeks, C-sections six weeks, after the 14 day waiting period.

INSURANCE: LONG-TERM DISABILITY

Long-term disability insurance is provided, at no cost, to all residents through Northwestern Mutual Life. Enrollment in the disability insurance plan is automatic with no application form being required. Group Plan Number: L653911.

The plan has a 91-day beginning date. You must be disabled for 90 days before your benefits begin. The plan pays 80% of base income if disabled and benefits can be paid to age 65. You have "own occupation" coverage through age 65. There is no offset if you collect Social Security Disability Benefits. The plan pays for both total and partial disability. The plan contains COLA (cost of living adjustment) benefits.

For information and questions regarding your long-term disability insurance, please consult your Group Insurance Certificate and Summary Plan Description or contact Bill Clark of Northwestern Mutual Life at 952-806-9660.

EMERGENCY LOAN

PURPOSE

This loan program, provided by the medical staff, is intended to assist HCMC-employed residents:

- From countries outside the United States who are experiencing difficulty obtaining loans on their own due to lack of a credit history.
- Who, for one reason or another, are having serious financial difficulties.
- Who must meet a sudden unexpected commitment that cannot be delayed, such as an accident, illness, or family emergency.

Qualification of a resident for this program shall be determined by both the residency Program Director and the HCMC Medical Director.

PROCEDURE

Applications may be picked up from the Medical Director's Administrative Assistant (612-873-3629), in the Office of the Medical Director (O7). After completing the application, the resident shall submit their request to their residency Program Director.

The residency Program Director shall determine appropriateness of the request (i.e. "all other options have been exhausted"), and that there is no evidence that the resident will leave the program prior to repayment.

If it is determined by the Program Director that the resident has no other alternative, the Program Director shall forward the request, with a letter of recommendation, to the Medical Director. The Medical Director will review the applicant's request and Program Director's recommendation. Upon approval, the Medical Directors' Office will contact the resident and set up a loan and payment plan. The resident shall complete a Promissory Note and Warrant of Attorney to Confess Judgment form.

The loan will be "interest free," and payments will be set up through payroll deduction.

CRITERIA

- Resident must be an HCMC employee.
- The resident has sought all options to obtain a loan on their own (i.e., through bank, credit union, credit card, etc.).
- For a standard loan, three signatures are required: applicant, residency Program Director and the Medical Director or Medical Director's designee. For non-standard loans, a fourth signature may be required.
- The loan must be paid IN FULL during residency at HCMC, while an HCMC employee.
- For an extended payment plan (loans to be paid back over more than 12 months) or for a loan in excess of \$2,000, the applicant's residency program must guarantee the entire loan balance from HFA Departmental funds, in the event of default on the loan, after reasonable collection efforts have been exhausted.

MEALS

The hospital provides food service for residents who are required to be physically present at HCMC at times when they would otherwise be responsible for providing their own meals. Each resident will have an annual declining meal balance based on the number of assigned on-call and no-call rotations as determined by the Graduate Medical Education Department. Purchases will be deducted from the annual meal balance until the balance is depleted. The cashiers can give you a report of your account balance at any time or you may call Judi Shurson at 873-3922 for the balance.

If and when the declining balance reaches zero, a resident has two options:

- 1) pay cash for all meals purchased thereafter; or
- 2) bring a check to the Graduate Medical Education office on O-7. The resident account will be credited with this amount.

The meal privilege is for the residents' private use and shall not be shared with other residents, medical students, families, or other hospital staff members. Purchases shall not be taken out of the hospital and bulk purchases are not allowed.

Each resident will receive a photo ID badge, which must be used for all food purchases in the hospital cafeteria. In the event that a resident does not have their ID badge, the cashier shall refuse service unless the resident pays cash for the purchase. **There shall be no advances.** Any unspent food allowance at the end of the year shall not be carried over to the next academic year. All food money will be proportioned in May of each year.

If a resident loses their badge, contact Judi Shurson, GME Administrative Coordinator at 612-873-3922, as well as the Parking Office at 612-873-2359. A replacement photo ID badge must be purchased by the resident for a cost of \$12.00 from the parking office.

Failure to comply with meal policies (i.e., going over meal limits, bulk purchases, disrespectful behavior, etc.) shall result in the following actions:

- 1) First violation – written warning.
- 2) Second violation - written warning to the resident with copy to the Program Director. Such warning shall include a one-month suspension of meal privileges.
- 3) Third violation - termination of meal privileges.

The resident may file a written notice of appeal within 30 days with the Medical Director of the Medical Center.

LIABILITY INSURANCE

All residents are covered for malpractice claims through the Hennepin County Employee Indemnification Plan, Plan #85-6-325. For more information on the plan, you may contact Claire Schnurr at the Office of the Hennepin County Attorney, Civil Division, A-2000 Government Center, Minneapolis, MN 55487, 612-348-5230.

This plan, as revised, was approved by the County Board of Commissioners in 1985 in accordance with the County becoming self-insured for certain exposures.

This indemnification plan covers: all medical residents during the course of their employment duties while treating Hennepin County Medical Center patients and while treating patients at other facilities, within the State of Minnesota, if sanctioned as part of their medical training by the Medical Director of Hennepin County Medical Center (specifically and if the insurance is not provided by the other facility). If there is any doubt about insurance coverage in such situations, you must confirm coverage with your department head before the outside assignment begins.

The plan declares that the County of Hennepin will defend, save harmless and indemnify any officer, agent or employee, against any tort or professional liability claim or demand, whether groundless or otherwise, arising out of an alleged act or omission occurring in the performance of duty; that the County will compromise and settle any valid claim or suit and pay the amount of any settlement or judgment rendered thereon. The employee must cooperate fully in the defense of the claim or action, and must not have engaged in malfeasance (deliberate wrongdoing) with respect to the acts or omissions claimed.

The liability limitations for municipalities, which are set by state statute, are \$300,000 for any one individual claimant because of wrongful act or omission, or \$1,000,000 for any number of claims arising out of such single occurrence. These statutory limitations on municipal liability apply to all

employees, and do not change, no matter how many employees are sued or how many claims arise from one occurrence.

If a claim otherwise covered under the plan is asserted against an employee and she/he has another valid insurance policy, bond or indemnification plan available covering the loss or damage alleged against her/him, such insurance, bond or other plan will be considered primary as to the payment of any such claim.

Every defense and indemnification benefit available to an employee under this plan shall continue to be available to the employee after the termination of her/his employment so long as the act or omission causing liability occurred during the course of her/his duties while an employee of Hennepin County, was not malfeasance, and the former employee cooperates in the defense of the claim or legal action.

Hospital Administration has a complete copy of the indemnification plan if you are interested in seeing it. If for any reason you anticipate that a claim may be made against you, you should immediately notify Michael Miller, Assistant County Attorney (612-348-5488) assigned to the Hennepin County Medical Center, his investigator or Lynn Abrahamsen, Director of Operations at 612-873-2343.

PARKING

Free parking is available 24 hours a day to HCMC and University of Minnesota rotating residents in the parking ramp located at 8th Street and Chicago Avenue. Entrances to the ramp are on 8th Street and on 9th Street, off Chicago Avenue. To enter and exit the parking ramp you must have a Gate Access Control Card. To obtain a Gate Access Control Card, go to the Parking Office, located next to the mailroom in the Lower Level "O" Building. Parking office hours are from 8:00 am - 3:30 pm, Monday through Friday or by appointment (612-873-2359).

You must provide the parking office the following information to obtain a gate access control card:

- Make, model, color, year and license numbers of all vehicles you plan to park in the ramp
- Department name
- Department telephone number or HCMC beeper number
- \$50.00 deposit (cash or check)

University of Minnesota and visiting residents and fellows must return their Gate Access Control Card to the parking office on the last day of their rotation, so that it may be reassigned to incoming residents. A pass will be issued to allow you to exit the ramp that day.

In consideration of these parking privileges, the resident agrees that parking information may be released to HCMC.

For additional parking information, contact the Parking Office at 612-873-2359.

RESIDENT ASSISTANCE PROGRAM (RAP)

Hennepin County Medical Center contracts with an outside agency, Sand Creek Associates, to provide resident assistance services. We encourage you to call them regarding any emotional and/or financial difficulties you may experience. Depending upon your needs, referrals to outside sources may be made. Your health insurance may cover portions of these services.

The Resident Assistance Program also provides services for impaired physicians seeking help for problems pertaining to drug and alcohol use and other impairments. The program works with "Physicians Serving Physicians" in cases where long-term case management or legal reporting is required by licensure or state law. In these circumstances, the program continues to case manage the progress of residents throughout their residency program.

Contact: Chris Erickson at Sand Creek at 651-430-3383 or 1-800-632-7643 for more information

RESIDENT LEAVE POLICIES

GUIDELINES FOR PATIENT CARE RESPONSIBILITIES DURING RESIDENT VACATIONS AND LEAVE

Each residency program will "contract" annually with a department to have a predetermined number of resident-months on service where the department agrees to provide a patient care experience, and the program will be responsible to accept that patient care responsibility. The department agrees to allow **three weeks of vacation or academic leave for each 12 resident-months**. The department may allow for more vacation at its discretion. For vacation and leave beyond that limit, the program will provide another resident to take over the patient care responsibilities for the vacationing resident.

Each program has made individual agreements with each department to determine how to perform critical activities (such as on-call duties), when a program's resident takes a leave for medical, paternity, maternity or military reasons. This includes unpredictable sick days. You may be asked to help cover for some of your colleagues.

Residents need to inform the program and department as soon as possible to allow for the best planning and least inconvenience to the department and program. A program should extend the length of training for a resident who misses too many days. If a resident is too ill to perform their duties on short notice, they shall notify the department as soon as possible. The department will then notify the program.

These guidelines are for all post graduate resident years.

DEPARTMENT OF INTERNAL MEDICINE ACADEMIC LEAVE AND VACATION POLICY

Time away from the hospital is necessary for vacation, academic conferences and fellowship/employment interviewing. Prolonged periods of leave however, compromise the educational experience of the resident taking leave, and burden the remaining residents and services. This policy is an attempt to create a balance between necessary leave and educational goals, requirements for board certification, service responsibilities and patient care.

On any given clinical rotation the total amount of leave taken (vacation + academic leave + interview days) may not exceed 25% of the entire days of that rotation. If more than 25% of a clinical rotation is missed because of leave time, that clinical rotation must be repeated prior to graduation from the program.

Vacation:

G1 Residents: three weeks paid vacation (one in first six months, one in second six months and from June 24 to June 30)
G2/3/4 Residents: three weeks paid vacation

One week of vacation shall be taken from the first six months of the academic year, and one week of vacation shall be taken from the second six months of the academic year. Vacation shall be taken in one-week blocks. Special circumstances shall be reviewed by a Chief Resident.

Back-to-back vacations affecting two consecutive rotations may be approved only under exceptional circumstances, pending review by a Chief Resident or Program Director. Two weeks vacation from a single rotation would (in most cases) exceed 25% of the time devoted to that rotation, and, therefore, is not allowed (except on non-required rotations, i.e., electives).

Requests for vacation must be made **IN WRITING** to the Internal Medicine Education Office at least **SIX WEEKS** in advance of the proposed leave. This requirement is strictly enforced. Conflicts among requests shall be resolved on a first-come-first-served basis.

Vacation requests must be approved by the Internal Medicine Education Office, as well as the head of the department or subspecialty from which the vacation is being taken.

The resident's clinic must be canceled with at least six weeks notice. Requests must be made in writing to the clinic operations manager separately.

G1 Year: G1 residents may take vacation from non call rotations, including Emergency Medicine (provided the Emergency Medicine vacation quota has not been met).

G2/3 Years: There will be no "carry over" of vacation time from one academic year to the next.

G2/3 residents should schedule one vacation week from their elective period.

No vacations may be taken from inpatient medicine services. Vacations are not allowed from single resident services.

Interview and Academic Leave Policy:

Residents must apply for academic leave and interview days in the Internal Medicine Education Office. Residents shall find their own coverage for academic and interview days. Leave will be granted only with the approval of a Chief Resident and the Program Director.

NON-MEDICINE RESIDENTS ROTATING ON INTERNAL MEDICINE VACATION POLICY

Residents from other departments may take vacation from Internal Medicine wards, but only up to three weeks per year, per one resident full-time equivalent, rotating on Internal Medicine wards. The Department of Medicine shall use the following criteria as a guideline for the approval of vacation requests:

BLUE

- Non-Internal Medicine interns may take vacation provided another G1 from their team is not taking vacation at the same time, and provided that the medical students are not on leave.

GREEN

- Non-Internal Medicine interns are discouraged from taking vacation from the Green rotations, but may take vacation if the medical students are not on leave.

YELLOW

- Family Medicine interns/residents cannot take vacation from the Yellow rotation. If they take vacation from a Medicine Ward rotation, it must be from the Green/Ward or Blue/Cardiology services.
- Emergency Medicine residents may, as a group, take up to three weeks per year of Internal Medicine vacations from the Yellow rotation.
- Non-Internal Medicine interns are strongly discouraged from taking vacation from the Yellow rotation, and may not take vacation if medical students are also on leave.
-

Internal Medicine will not allow vacations over major holidays or between December 15 and January 1.

ALL Non-Internal Medicine intern/resident vacation requests must be made in writing with at least six weeks notice and approved by the Internal Medicine Education Office.

NON-MEDICINE RESIDENTS VACATION POLICY

Residents planning a vacation shall complete the appropriate vacation form, then get the approval signature of the involved Residency Director. **ONE WEEK OF VACATION MUST BE TAKEN IN THE FIRST HALF OF THE YEAR.** Vacations by G-1 residents are not allowed the last week of the academic year.

G-1: Two weeks of vacation (14 calendar days in total) may be taken during the year with the following considerations:

- The Division Chief (including Chief of outside assignments) from whom vacation is requested must approve the vacation.
- Emergency Medicine will not allow vacations over major holidays or between December 15 and January 1. Any unusual Emergency Medicine staffing problems that would restrict G-1 vacations shall be cleared through the Medical Director.
- Some residents, including Transitional G-1 residents, are assigned specific rotations in which to take their vacation based on their requests at the beginning of the year. The resident must still arrange the specific week within that rotation with the service office and receive approval.
- Vacations beginning on OB-GYN are taken for seven consecutive days, Monday to Monday. A vacation may be taken which begins on OB-GYN and ends on another service or vice-versa, providing both services approve. Vacations may not be taken between December 18 and January 7. Requests are considered in the order in which they are received by department secretary in the OB-GYN Service Office (P5). Do not submit a request before noon on the first day of the academic year.
- The Psychiatry Department requests three months advance notice for vacation. Requests of less than three months but at least six weeks may be reviewed, and if approved, would necessitate the requesting resident to trade scheduled call shifts.
- No vacations will be allowed between June 15-30.
- The resident is responsible for assuring adequate coverage for patients.
- Vacation requests will be considered in the order in which they are received. Each department must give out a pre-determined number of vacation weeks based on the number of assigned residents. After departments meet their obligation, it is their option to grant or deny vacation

requests. These vacation guidelines may be modified or changed as necessary by the HCMC GME Committee.

G-2 and above: Three weeks of vacation (21 calendar days in total) during the year. Contact the Department Chief's office or the Chief Resident for department policy.

DEPARTMENT OF ORTHOPAEDIC SURGERY VACATION POLICY

- Vacation and leave of absence requests shall be reviewed by Dr. Varecka.
- Vacations during the trauma rotation are discouraged.
- All vacation requests and anticipated absence (e.g. meetings) requests must be submitted on the HCMC vacation request form at least two weeks before the rotation starts. Failure to do this will result in denial of request.
- At the beginning of rotation, notify the Chief Resident of the dates you will be absent during your rotation. Also notify Dr. Varecka and the Resident Coordinator in the Orthopedic Surgery Office (612-873-8595).
- Excused absences will be limited to five work days and the weekends on either side per resident, per rotation. Requesting meeting time off, in addition to vacation time, after absences for more than this allotted time, may result in an "Incomplete" grade for your orthopaedic/trauma rotation.
- Vacation requests shall be honored in the order of receipt. Only one resident, including G1s through G5s, may be absent at the same time.
- Vacation may not be scheduled during the first or last weeks of any rotation, except by special permission.

FAMILY MEDICAL LEAVE POLICY, INCLUDING CHILDBIRTH OR ADOPTION

A Family Medical leave of absence for serious illness of the resident, serious health condition of a spouse, parent or child, or birth or adoption of a child, shall be granted through formal request to the Program Director. The length of the leave will be determined by the Program Director based upon an individual's particular circumstances and the needs of the department, but shall not exceed 12 weeks in any rolling 12 month period (12 months from the date the leave begins). Minnesota Statute requires that an employer allow up to 6 weeks of unpaid leave of absence.

The resident shall be granted up to six weeks PAID maternity leave and up to two weeks PAID paternity leave. After using the six weeks of paid leave and any vacation time accrued, additional time will be without pay. During the unpaid portion of any leave, the resident may be required to pay full medical insurance premiums.

Following adoption of a child, a resident shall be entitled to two weeks of paid parental leave.

The resident shall inform the Program Director as soon as possible of any Family Medical Leave to allow scheduling of curriculum plans to accommodate the leave. It is the responsibility of the resident and the Program Director to ensure that Board eligibility requirements are met within the original residency period or that alternative arrangements are made.

LEAVE DUE TO MAJOR ILLNESS

A major illness is defined as a continuous absence from service for more than 7 calendar days. For a continuous absence due to personal illness or disability while under the care of a physician, full pay will be provided for an additional 21 calendar days beyond the normal 7 days of sick leave (28 days total). Written confirmation by the resident's physician of the need for absence from the program may be requested by the program director at any time but definitely after 14 days of absence.

If a major illness/disability extends beyond the initial 28 days, upon receipt of a statement from a physician, an additional period of sick leave may be granted. (*FML – 12 weeks, County Policy – up to 6 months unpaid*) However, the amount of stipend would be reduced to 50% of the resident's monthly earnings. This 50% appointment may be renewed at 31-day intervals upon the receipt of a statement verifying the resident's status and inability to work. The maximum amount of time (continuous) that the hospital will cover the stipend is 90 days (3 months). This amount of time is calculated from the initial onset of the illness/disability. The resident may take an additional 3 months of unpaid sick leave. The hospital will continue to pay its share of health insurance premiums. If at the end of this time period the illness/disability continues, the resident would become eligible for Long-Term Disability if all conditions have been met according to the Plan. At this time, the resident would have a medical lay-off and the resident contract would be terminated. At a future time, the resident could re-apply to the program for re-admission.

It is essential that the resident communicate with the residency program director/coordinator and the Payroll contact when it appears that the major illness/disability will be long term. The resident will then be directed to the appropriate individual at the company responsible for the Disability Plan.

Approved by the GMEC 11/19/2002

ACADEMIC LEAVE AND CONFERENCES

Time away from the hospital for academic leave and conferences may be granted in addition to regular vacation time. This is under the jurisdiction of the residency program, which must ensure that the time away is well spent and fits within the curriculum and content of their residency program. A resident may be allowed a maximum of seven (7) calendar days off per year. If the resident is assigned to an off-service rotation, the residency program needs to make mutually agreeable arrangements with any affected department. If requested, the residency program shall provide a replacement, either with another resident or with payment for moonlighters.

PERSONAL LEAVE OF ABSENCE

A resident may arrange with the residency Program Director for a personal unpaid leave of absence. If the resident is assigned to an off-service rotation, the residency program needs to make appropriate arrangements with any affected department. The resident shall continue to be included in health and disability insurance policy for up to three months, but will be responsible for payment of the premiums. Arrangements for premium payment shall be made with the payroll manager. Responsibility for meeting the certification requirements of the relevant American Board rests with the individual resident and Program Director.

FELLOWSHIP AND JOB INTERVIEWS

Fellowship and job interviews are personal activities. A service may grant a leave or may insist that this activity be done on a resident's own time or vacation time.

MILITARY LEAVE GUIDELINES

Employees in the County service shall be entitled to military leaves of absence without pay for services in the armed forces of the United States and reinstatement at the expiration of leave. Such leave shall be authorized only in cases where the employee has been officially called to active duty in the military service and shall be authorized only as long as the employee is in the service as required by the government.

In the event a resident/fellow is called to active military duty, it is incumbent upon the Program Director to notify both the individual RRC and the Board of this change in status.

STIPENDS AND PAYROLL

The Payroll Office is located in the Lower Level (A25) of the Purple Block to the left of Employee Health Service. Checks may be picked up from the Payroll Office on payday Friday from 7:30 am to 4:00 pm. Payroll hours are from 7:30 am to 9:00 am, and 2:30 pm to 4:00 pm, Monday through Friday, with the exception of payroll Friday when the office will be open from 7:30 am to 4:00 pm. The office is closed Saturday, Sunday and holidays.

Residents are paid through a process called "E-Stub." This system allows the resident to view their payroll information on-line in a secured computer location. Paper checks are no longer issued. G-1 residents were given log-on and password codes at orientation. If more information is needed, call Mark Danielson at 873-2274.

Your first paycheck will be issued on Friday, June 29, 2007 for one and a half weeks of pay and every two weeks thereafter.

Residents will be paid a yearly stipend as stated in their contract.

WORKERS' COMPENSATION

Hennepin County Medical Center employees have full protection under the Minnesota Workers' Compensation law in case of work-related illness or injury. The County self-insures its Workers' Compensation program, i.e., all claims are paid directly by the county, with claims administration and evaluation handled by the County's Workers' Compensation Unit. Workers' Compensation insurance provides partial pay for lost work time and pays all medical expenses connected with the work-related illness or injury. All County employees are covered, and coverage starts immediately and automatically on the employee's first day on the job.

Questions regarding coverage should be addressed to the County's Workers' Compensation Unit, 612-873-4965.

Professional Conduct and Behavior

CONSUMPTION OF FOOD/BEVERAGES BY HEALTH CARE WORKERS IN PATIENT CARE AREAS

There shall be no consumption of food or beverages or chewing of gum/snuff by health care workers in any area of the hospital where patient care procedures are being conducted. This includes, but is not limited to, patient rooms, team centers, ICU desks, charting areas, equipment reprocessing areas, and all laboratories and diagnostic departments where patients are transferred as a result of a medical order. Departmental supervisors have designated break areas where food/beverages may be consumed.

This policy is regulated by the Minnesota Occupational Health and Safety Administration (OSHA) under the Blood Borne Pathogens Standard. Noncompliance with this and other components of the Standard are subject to substantial fines to the hospital by OSHA and disciplinary action to the health care worker by HCMC management.

DELINQUENT/INCOMPLETE MEDICAL RECORDS

PURPOSE

To ensure quality patient care and minimize the adverse financial impact on Hennepin County Medical Center.

POLICY

Medical records are to be completed in a timely and efficient manner.

Any resident or member of the medical staff who has incomplete charts that are more than 28 days old shall be subject to penalties determined by the HCMC Medical Director including, but not limited to, suspension of meal or clinical privileges.

DEFINITIONS

Delinquent Chart: Any chart that is incomplete for more than twenty-eight days.

PROCEDURE

Health Information Management (H.I.M.) shall:

- notify providers who have incomplete charts at 7, 14 and 21 day intervals.

OMD staff shall:

- make contact with those practitioners for whom the decision has been made to impose a penalty on their meal/clinical privileges.
- when medical staff privileges are suspended, notify both the practitioner and their department chief in addition to other appropriate hospital personnel.
- when meal privileges are suspended, notify the resident. In the event that a resident's clinical activity is suspended, notify both the resident and their program coordinator and/or director.

Release Date: 4/12/2006

INAPPROPRIATE PERSONAL CONDUCT, HARASSMENT, AND DISCRIMINATION

PURPOSE

To ensure and maintain an environment free of harassment and discrimination for all Hennepin County Medical Center (HCMC) staff, students, patients and visitors.

POLICY

HCMC is committed to maintaining a work and treatment environment that is free from prohibited harassment and discrimination, including sexual harassment and other prohibited harassment.

DEFINITIONS

Harassment: any unwelcome verbal, physical or visual conduct (including written and electronic communications) that tends to belittle or provoke, and includes jokes, gestures and derogatory remarks on the basis of race, color, creed, religion, age, gender, national origin, sexual orientation, disability, marital status, public assistance status or any other protected class status.

Sexual Harassment: any unwelcome sexual advance, request for sexual favors or other verbal or physical conduct of a sexual nature, including sexual jokes, sexual innuendoes, obscenities and the display of sexually suggestive photographs when:

- submission to unwelcome conduct or communication is made either as an express or implied condition of employment, or
- submission to or rejection of unwelcome conduct or communication used as a factor affecting that individual's employment, or
- unwelcome conduct or communication interferes with the individual's employment or creates an intimidating, hostile, or offensive work environment.

PROCEDURE

See procedures for focused review and investigation in Medical Staff Bylaws, Article 7, 7.1 – 7.2-3. These procedures shall be initiated by a report to the Office of the Medical Director.

DRUG TESTING

The Hennepin County Board of Commissioners adopted the Drug and Alcohol Testing Policy by Resolution 90-5-412, and amended it by Resolution 92-12-1034. The policy covers drug and alcohol testing of full- and part-time applicants for safety-sensitive positions as determined by Human Resources, including all non-continuous appointments; testing non-safety-sensitive employees moving into safety-sensitive jobs who have not been previously tested; and testing employees in fitness for duty situations (relating to reasonable suspicion or post-accident testing).

According to Hennepin County Drug Testing Policy, all prospective and current employees of Hennepin County in safety sensitive positions are subject to urine drug screening. This definition includes physicians and nurses. There are two parts to this policy:

1. New residents will have a urine collection resulting in a negative screen for their contract to go into effect. Residents with a positive drug screen shall be reported to the Medical Director and, in accordance with the contract, shall be released.
2. For all current employees and residents, each individual is subject to urine collection and drug screening if there is:
 - a) a reasonable suspicion that the employee is under the influence of drugs or alcohol at work or

- b) after an accident which resulted in serious property damage, serious injury or death. The results of the screening shall be reported to the Medical Director for further action. This may include referral for assessment and counseling.

Drug testing of HCMC employees will be conducted by a contracted provider and employees will have an opportunity to explain any results with which they disagree. This policy affects all Hennepin County employees and is consistent with Minnesota State Law and Federal Statute. The county's intent is not to delve into their employees' personal life, but to assure the safety of the general public.

For more information, please see the Medical Center intranet site, under Policies.

MINNESOTA BOARD OF MEDICAL PRACTICE: RESIDENCY PERMIT/LICENSURE

The Minnesota Board of Medical Practice is the state entity that regulates physicians practicing in Minnesota. Minnesota Statute 147.0391 requires all residents to have a residency permit with the Minnesota Board of Medical Practice. While this permit does not allow a resident to practice medicine independently, it is required for being enrolled in a residency program in the state. Having this permit does not allow an individual to moonlight outside of the residency program.

The state imposed this permit requirement because hospitals must now report, to the state board, resident activities such as: 1) engaging in unethical conduct, 2) engaging in conduct with a patient which is sexual or may reasonably be interpreted by the patient as sexual, 3) inability to practice medicine because of illness, drunkenness, use of drugs, narcotics, chemicals or any other type of material, 4) becoming addicted or habituated to a drug or intoxicant, 5) prescribing a drug or device for other than medically accepted purposes, etc.

There is a one-time \$20.00 fee for this permit, which is valid for the duration of the residency program. However, an additional second \$15.00 fee is required for each change in residency programs. For example, a change from a transitional program to a radiology or anesthesia program will require you to fill out a separate permit for each separate program.

All residents are required to complete such a permit. Failure to do so may result in disciplinary action by the Minnesota Board and the possibility that the Board may not issue a license to you to practice medicine in the future. If you have further questions, please call the Minnesota Board of Medical Practice at 612-617-2130.

PAGERS

PURPOSE

To provide guidelines for issuing and replacing pagers. To reduce cost to the county and increase individual responsibility and accountability for loaned county property.

POLICY

The Telecommunications Department provides support for pagers 24 hours a day, seven days a week. Hospital personnel shall be issued pagers subject to the following criteria:

- A. Department head or supervisor approval.
- B. Employee working a minimum of .5 FTE.
- C. Employee in a supervisory or critical position to provide support.

Replacement of pager:

- A. Hospital personnel shall be charged for lost, stolen, or damaged pager.*
- B. Defective pagers shall be replaced with no charge to hospital personnel.

PROCEDURE

Requestor shall:

Submit written request to Telecommunications Department. An Internet electronic form shall be accessed through the HCMC Home Page by selecting "Forms", "Telecommunication Form", "Pager Request".

Telecommunications staff shall:

- A. Fill new pager requests within three business days.
- B. Replace defective pagers upon request.
- C. Issue a one-day loaner pager if necessary.

Hospital Personnel Staff shall:

- A. Report all lost or stolen pagers to Security, 612-873-3232 *and* Telecommunications Department, 612-873-5677.
- B. Return loaner pager within 24-hours.
- C. Wear pager at waist to reduce the risk of theft, loss, or damage.

* As different programs have different policies regarding payment for lost pagers, check with your program if you have any questions.

Various programs utilize a voice message option on resident pagers. This gives residents the choice of placing a message on their pager stating that they are on vacation or that another resident is on call and to contact that individual, etc. Please contact your coordinator to see if your program uses this system.

Upon approval your program will need to contact Telecommunications to initialize your pager.

You will then be sent a temporary pass code. To access your personal greeting you must:

Dial pager phone number and at the greeting enter "0"

Enter personal access code (Last 4 digits of pager number or PIN number)

To enter or change greeting: Press "1,1" - operator will say "you may now change your greeting"

Press "3,0" - after you hear the "Beep" enter your greeting - when finished

Press "1"

To playback: Press "4,0"

RESIDENT'S TELEPHONE PROTOCOL

INTERNAL MEDICINE

- During normal business hours (8:00 am – 5:00 pm), all patient-related calls for Internal Medicine residents will be transferred to the clinic and handled by clinic staff.
- After business hours, patient-related calls will be transferred to *HealthConnection* or directed to the Medicine Staff on call.
- If a caller identifies himself/herself as a physician, home health, or other health care professional, the requested resident will be paged directly.
- If a call is not patient-related, it will be transferred to the Internal Medicine residency office or equivalent during normal business hours (8:00 am – 4:30 pm).

EMERGENCY MEDICINE

Calls for Emergency Medicine residents will be transferred to the Emergency Medicine Service Office during the day and referred to the Emergency Department after 4:30 pm.

SURGERY

All Surgery residents will be paged when any caller requests to speak with them.

OTHER RESIDENTS

For all other residents, patients will be referred to the appropriate clinic during business hours. After business hours and during the weekend, patients will be transferred to *HealthConnection*, unless they strongly object, at which time the resident will be paged directly. If a caller identifies him/herself as a physician, home health, or other health care professional, the requested resident will be paged directly.

The hospital operators will not take messages for residents.

County telephones may not be used for personal long distance calls. Personal calls made from a county telephone must be charged to your home telephone by using a calling card or operator assistance, or you may use a pay telephone.

EMERGENCY CALLS

It is imperative that all residents respond immediately to all emergency calls.

TREATING AND PRESCRIBING TO HOSPITAL EMPLOYEES

To assure continuity of care for employees, resident staff, if they receive a request, shall not offer nor give any diagnosis or treatment nor prescribe medications to hospital employees. Employees may seek treatment for their occupational injuries from the Employee Health Service.

General Policies and Procedures

SCOPE OF PRACTICE

PURPOSE

To assure that Hennepin County Medical Center residents perform appropriate duties which meet requirements for the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and the Accreditation Council for Graduate Medical Education (ACGME) and individual Residency Review Committees for specific residency programs.

POLICY

Hennepin County Medical Center shall train resident physicians in the art and science of practicing compassionate and competent care for the population of the state. Special emphasis shall be placed on training resident physicians in the special areas of excellence of HCMC with consideration to the needs of the society and the community that HCMC serves.

Except in an emergency, residents' service responsibilities shall be limited to patients for whom the teaching service has diagnostic and therapeutic responsibility. Any resident or fellow shall limit their scope of practice to coincide with privileges held by (a) member(s) of the HCMC medical staff who is (are) responsible for their supervision.

DEFINITIONS

Fellow: A fellow is a resident in a subspecialty-training program and is considered a resident in every way. A fellow is often the senior resident on a given service.

Senior Resident: The resident on each service who has the most training and is given the most responsibility by the medical staff.

Junior Resident: A resident who has more than one year of residency training but is under the supervision of a member of the medical staff and a senior resident.

G1 Resident: A resident in the first year of residency training.

PROCEDURE

General Responsibilities of the Senior Resident on each service:

Under the direction of the medical staff, the Senior Resident on each service shall:

- provide overall supervision of the resident physicians and medical students assigned to the service.
- provide direct patient care as outlined for junior and G-1 residents.
 - act as the liaison with Administration and Nursing Administrative Services.
 - shall be responsible for such administrative and teaching duties as assigned by the Program Director or his/her designee.
- plans and participates in conferences and other teaching activities.
- implement and enforce hospital policies including duty hour requirements for junior residents.
- contact the faculty when there are questions about patient care.

The Program Director or his/her designee shall assign the Senior Resident to more specific duties relating to management of the service. All residents shall abide by individual regulations of the specific service to which they are assigned. While on ward services, they are responsible for the care of patients assigned to them, and they shall participate in departmental conferences.

General Responsibilities of Junior (G-2 and above) Residents

Under the supervision of the senior resident and medical staff, the junior resident will perform all of the responsibilities of the G-1 residents and also supervise the G-1 residents and students as assigned by the medical staff.

General Responsibilities of Graduate Level 1 (G-1) Resident Physician:

Under the supervision of the senior resident and medical staff, the G-1 resident shall:

- have direct responsibility for care of patients.
- perform such tasks assigned to them by the senior resident and the medical staff.
- abide by the schedule of the particular service through which they are rotating.
- obtain time-off approval from their supervising resident.
- be responsible for the work-up, care and clinical records of their assigned patients.
- perform and record a complete history and physical examination.
- write orders for patients including ordering of diagnostic testing and medications.
- be responsible for completion of the patient's medical record.
- attend assigned clinics.
- make rounds as scheduled with their supervising resident and medical staff. Absence from rounds shall be allowed only in the case of personal illness or with specific permission from their senior resident. Prior to making rounds, the G-1 shall assure that all significant data is available, including laboratory and x-ray reports, etc.
- be knowledgeable of all significant information related to their patients.
- contact the senior residents and medical staff any time when questions arise pertaining to patient care.
- participate in didactic sessions.

- evaluate the rotation, program and medical staff as requested.

Performance of Procedures

Resident physicians, including G1 residents, may perform the following procedures independently with a supervisor available to be called:

Sterile technique (e.g. gloving, sterile dressing change)

Application of Universal Precautions

Basic venipuncture

Venipuncture to obtain blood cultures

Insertion of an intravenous cannula

Obtaining an arterial puncture

Injection of a local anesthetic block

Interrupted suture closure of a simple skin laceration

Subcutaneous suture closure of a wound

Basic wound care

Basic burn care

Obtaining a throat swab

Stool occult blood (Hemoccult) testing

Urinalysis by dipstick

Removal of cerumen from external ear canal

Placement of Foley catheter, male

Placement of Foley catheter, female

Performance of routine STD testing, male and female

Performance of a speculum exam

Performance of a PAP smear

Microscopy for "ferning" of amniotic fluid

Microscopy of vaginal smear "wet prep" and KOH exam

Basic Life Support (cardiopulmonary resuscitation)

Positive pressure ventilation

Use an automated external defibrillator (AED)

Temporary immobilization of a cervical spine fracture

Control of gross external hemorrhage and stabilization of bleeding patient

Management of a simple nose-bleed

Application of a temporary splint or simple cast

Performance of injections (i.e. as intradermal, subcutaneous, intramuscular and intravenous)

Lumbar puncture

Fluorescein staining and examination of the eye

Insertion of a nasogastric tube

Incision and drainage of a superficial abscess

Evaluation of patients for restraints and sedation

Resident physicians may perform additional procedures with direct supervision by medical staff or a more experienced resident who is determined by the program to be competent to perform the procedure.

Relationship to Medical Students:

HCMC plays an important role in the clinical teaching program of the University of Minnesota Medical School. Medical students are assigned to most services, and the medical staff or senior resident of those services defines their responsibilities. A medical student's duties include:

- histories and physical examinations; and
- writing orders (all orders must be countersigned).

Those duties may also include:

- drawing blood and taking urines;
- administering intravenous medications (under direct supervision of housestaff); and
- starting intravenous infusions without added medications.

The degree of responsibility to be assumed by medical students in assisting with care of patients is determined on an individual basis by the medical staff of the department involved.

Resident Evaluation:

Resident evaluation is the responsibility of the Program Director or his/her designee. A resident is evaluated at the end of each resident rotation by the medical staff and this is sent to the Program Director or his/her designee. In addition, other feedback to the Program Director or his/her designee may include the results of standardized tests, patient simulations, input from patients and other hospital staff. The Program Director or his/her designee must meet with each resident at least twice a year and, based on the resident's progress, may promote the resident to the next year of training. Residents may also be placed on suspension, probation or dismissed based on the judgement of the Program Director or his/her designee. Residents have access to an appeal mechanism and due process in accord with their contract.

Participation on Hospital/Medical Staff Committees:

The hospital encourages and expects resident physicians to learn about and become active in hospital policy-making. Therefore, residents are encouraged to become resident members of medical staff and hospital committees. If a resident is interested in participating on a committee:

- they may contact the Associate Medical Director for Medical Education in the Office of the Medical Director, 873-3418.
- their residency Program Director or his/her designee shall write a letter to the HCMC Medical Director stating the program's support and willingness to free up the resident's time to attend committee meetings.

The HCMC Medical Director shall make all appointments to medical staff committees.

PROCEDURE ADDENDUM

Once competence has been determined by their residency program, resident physicians, at the appropriate level, may perform the following procedures with a supervisor available to be called:

DERMATOLOGY

G2 Residents (upon successful completion of G1 year)

KOH exam for skin fungi
Microscopic exam for scabies/lice
Superficial wound debridement
Intralesional injections
Cryotherapy of common skin lesions
Electrodesiccation of benign lesions
Electrodesiccation and curettage of skin cancers
Skin biopsy (punch or excision)
Simple excision of benign skin lesions
UVB and UVA phototherapy

G3 Residents (upon successful completion of G2 year)

EMERGENCY MEDICINE

G2 Residents (upon successful completion of G1 year)

Use of the ophthalmic slit lamp
Large joint aspiration or injection
Tube thoracostomy
Endotracheal intubation
Nail trephination

G3 Residents (upon successful completion of G2 year)

Rapid sequence intubation
Insertion of central lines
Fracture and dislocation reduction and immobilization

FAMILY MEDICINE

G2 Residents (upon successful completion of G1 year)

Skin biopsy (punch or excision)
Cryotherapy of common skin lesions
Large joint aspiration or injection
Nail trephination
Initiation of minor surgical cases (e.g. lipoma removal, breast biopsy)
Episiotomy repair or perineal laceration repair
Assisted vaginal delivery (vacuum)
Dilatation and curettage (D&C)
Assess and monitor normal and abnormal labor

G3 Residents (upon successful completion of G2 year)

Insertion of central lines
Fracture and dislocation reduction and immobilization
Thoracentesis
Paracentesis

Use of the ophthalmic slit lamp

GERIATRIC MEDICINE

G4 Residents

Internal Medicine – all procedures listed for G2 and G3 Internal Medicine Residents

Family Medicine – all procedures listed for G2 and G3 Family Medicine Residents

INTERNAL MEDICINE

G2 Residents (upon successful completion of G1 year)

Insertion of an arterial canula

Large joint aspiration or injection

NG tube placement

Paracentesis

Central venous citrate placement

Lumbar puncture

G3 Residents (upon successful completion of G2 year)

Placement of Swan-Ganz catheter

Thoracentesis

OBSTETRICS & GYNECOLOGY

G2 Residents (upon successful completion of G1 year)

Episiotomy repair or perineal laceration repair

Assisted vaginal delivery (vacuum)

Dilatation and curettage (D&C)

Assess and monitor normal and abnormal labor

G4 residents (Chief Resident) (upon successful completion of G3 year)

Cesarean section

ORTHOPEDICS

G2 Residents (upon successful completion of G1 year)

Remove previously placed hardware

Reduction of dislocated joints

Reduction of closed fractures

Insertion of skeletal traction pin

Application of external fixation for simple fractures

G3 – G4 Residents (upon successful completion of G2 year)

Measurement of compartment pressure

Application of external fixation for complex open lower extremity fractures

Application of external fixation for selected complex upper extremity fractures

Irrigation and debridement of open simple (Type I and Type II) lower extremity fractures

Open and close wounds of complex surgery

G5-G6 Residents (upon successful completion of G5 year)

Initiation of open reduction and fixation
Irrigation debridement of open complex (Type III-A and Type III-B) tibial fractures
Closed reduction of dislocated hip prostheses
Performance of arthrocentesis for suspected joint infections
Performance of uncomplicated routine total hip and total knee arthroplasties

PATHOLOGY

G1 Residents (upon successful completion of appropriate rotations)

Autopsy prosection (must complete competency assessment checklist)
Dissection and sampling of routine surgical specimens
Cutting cryostat sections in surgical pathology
Fine needle aspiration of palpable masses

G2, 3 & 4 Residents (upon successful completion of appropriate rotations)

Autopsy prosection
Bone marrow aspiration and biopsy
Dissection and sampling of routine surgical specimens
Fine needle aspiration of palpable masses

Cytopathology Fellows (upon successful completion of appropriate rotations)

Fine needle aspiration of palpable masses
Rapid interpretation of CT or US-guided aspirations

PEDIATRICS

G2 Residents (upon successful completion of G1 year)

NG cannulation
Lumbar punctures

G3 Residents (upon successful completion of G2 year and only with direct supervision from pediatric intensivist)

Endotracheal intubation
Needle Thorocostomy
Wart cryotherapy

PSYCHIATRY

G2 Residents (upon successful completion of G1 year)

No additional procedures to those listed on pages 2-3 of this policy.

SURGERY, GENERAL

G1 Residents

Initiation of minor surgical cases (e.g. lipoma removal, breast biopsy)
Nasogastric and nasoduodenal tube placement
Bladder scan
Incision and drainage of wounds

Drainage of seroma

G2 Residents (upon successful completion of G1 year)

Initiation of laparoscopy

Initiation of open abdominal surgery (e.g. appendectomy, laparotomy, hernia repair)

Tube thoracostomy

Thoracentesis

Paracentesis

Closure of complex lacerations

Escharotomy

Clinical clearance of spinal injuries

Compartment measurements

Moderate sedation

Needle biopsy

G3 – G6 Residents & Surgical Critical Fellow (upon successful completion of G2 year)

Thoracotomy

Median sternotomy

Bronchoscopy

Endoscopy

Elective endotracheal intubation

Pericardiocentesis

Initiation of all major surgical cases

Elective cardioversion

Placement of Halo traction device

DUTY HOURS/ON CALL SCHEDULES

Individual training programs are required to establish policies on resident duty hours, which comply with applicable requirements of the Accreditation Council for Graduate Medical Education (ACGME) and/or the relevant American specialty board. The structuring of duty hours and on-call schedules will focus on the needs of the patient, continuity of care, and the educational needs of the resident. Training programs must ensure that residents are provided appropriate back-up support when patient-care responsibilities are especially difficult or prolonged.

While each resident is responsible to their patients and the service 24 hours a day, this responsibility may be delegated during off-duty hours to the physician on call for the service. The programs will follow ACGME guidelines, and hours in excess of the guidelines should be reported to the Medical Director. Attending staff are available for consultation at all times. The degree of responsibility delegated to the G-1 on inpatient services is determined by each service.

Each service provides the switchboard operator (612-873-2121) with the current call schedule, which indicates the personnel on call each day and the exact times of day that the schedule is operative.

A resident who is on call the last night of a rotation has the responsibility to notify their next scheduled rotation, the first week of the rotation, to avoid being placed on call the first night of their next rotation.

During duty hours and until completion of your responsibilities, each resident is expected to be in the hospital and available at all times. For short periods of time, it is permissible to sign out to another resident of equivalent position on the same service.

Residents who are on call outside the hospital must remain accessible at all times by telephone or long range pager. Whenever an on-call resident receives a call requesting them to come to the hospital at once, they shall comply immediately with the request without question or delay.

Maximum Allowed Duty Hours

The following is the maximum duty hours allowed by the ACGME and HCMC:

Residents must not be scheduled for more than 80 hours per week for all patient care and educational activities averaged over a 4 week period. This includes hours spent moonlighting within HCMC or any sites used for the educational program and also hours within the hospital when taking call from home. This does not include hours of call at home when the resident does not come in.

If a program would like to extend the limit to a maximum of 88 hours per week, the program must receive approval from the GME Committee and that program's Residency Review Committee based on an educational rationale.

Residents must have at least one continuous 24-hour period per week free of educational, administrative and patient care duties averaged over 4 weeks.

Residents must not be on call any more than every 3rd night averaged over 4 weeks.

Residents must not work more than 24 consecutive hours but 6 additional hours may be used for continuity and transfer of care, continuity clinics and education. Residents may not care for any new patients after 24 hours.

Residents should have at least 10 hours between duty periods.

In addition, the programs must meet the additional requirements for each specialty:

Emergency Medicine

- While on duty in the emergency department, residents may not work longer than 12 continuous scheduled hours. There must be at least an equivalent period of continuous time off between scheduled work periods.

- A resident should not work more than 60 scheduled hours per week seeing patients in the emergency department and no more than 72 duty hours per week. Duty hours comprise all assigned clinical duty time and conferences, whether spent within or outside the educational program, including all on-call hours.
- The Emergency Medicine Program Director must ensure that all residents have appropriate duty hours when rotating on other clinical services, in accordance with the ACGME-approved program requirements of that specialty.

Family Medicine

The program must ensure adequate backup if sudden and unexpected patient care needs create resident fatigue sufficient to jeopardize patient care during or following on-call periods.

Internal Medicine

During Emergency Medicine assignments, continuous duty must not exceed 12 hours.

Neurology

There must be adequate backup so that patient care is not jeopardized during or following assigned periods of duty.

Obstetrics/Gynecology

The Program Director must also ensure adequate backup if sudden and unexpected patient care needs create resident fatigue sufficient to jeopardize patient care during or following on-call periods.

Orthopaedic Surgery

The ratio of hours worked to on-call time will vary, particularly at the senior levels, and therefore necessitates flexibility.

Otolaryngology

There should be adequate opportunity to rest and sleep when on duty for 24 hours or more.

Pediatrics

While on duty in the emergency department, residents may not work longer than 12 continuous scheduled hours with consecutive shifts separated by at least 8 hours.. Night float rotations must not occur so frequently in the program that they interfere with the educational experience for the residents.

Psychiatry

This program shall ensure adequate backup if patient care needs create resident fatigue sufficient to jeopardize patient care or resident welfare during or following on-call periods.

Transitional

- Graduate training requires a commitment to continuity of patient care. This continuity of care takes precedence without regard to the time of day, day of the week, number of hours already worked, or on-call schedules.

- The transitional year Program Director and the faculty of the disciplines participating in the transitional year must establish an environment that is optimal both for resident education and for patient care, while ensuring that undue stress and fatigue among residents are avoided. It is the responsibility of the transitional year Program Director and faculty to ensure that in-hospital duty hours shall correspond to the program requirements of the categorical programs to which the transitional year resident is assigned, so that residents are not required to perform excessively difficult or prolonged duties regularly.

Approved by the GMEC 1/13/03

RESIDENT ON-CALL THE LAST NIGHT OF A ROTATION

The ACGME requires that a resident not be on-call (in the hospital) more than every third night on average. Because they must never work more than 30 continuous hours, a resident must never have in-hospital call two days in a row, (although they may occasionally have every other night call if the average is less than every third night.)

Services must have adequate and timely information to coordinate schedules to prevent two days of over-night call in a row. The resident is the person most aware of his or her own call schedule and must be responsible for communicating conflicts to the necessary individuals.

The program director is responsible for encouraging and enforcing communication and professional behavior for their residents.

Resident expectation:

When a resident is on-call the last night of a rotation (the departing service), it is the resident's responsibility to notify the next service (the accepting service) that they will not be able to be on-call for the first night of that next service (the accepting service). This notification must occur within one week of starting the rotation on which they have last night call (the departing service).

If the accepting service does not have adequate notice from a resident that they are not available to be on-call, the accepting service should notify the resident's program director or HCMC site director who will provide feedback and appropriate disciplinary measures to the resident as necessary. In addition, the resident's program is responsible for the expense of hiring a moonlighter, if necessary for covering the absent resident.

If the accepting service is the emergency department, a resident may be scheduled for a ten-hour night shift after a ten-hour period away from the hospital, or a twelve-hour night shift after a twelve-hour period.

If the departing service is the emergency department, a resident after a night shift may stay until noon or the usual time of departure for the post-call resident of the accepting service.

Approved GMEC 5-3-2004

RESIDENT SELECTION, EVALUATION PROMOTION AND DISMISSAL POLICY

RESIDENT SELECTION, ELIGIBILITY, RECRUITMENT

Our institution has formal procedures for the recruitment and appointment of residents that comply with the requirements listed below. Programs must monitor the compliance of each program with these procedures. To be eligible for a residency program at HCMC, all applicants must meet the following qualifications:

- A. Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).
- B. Graduates of medical schools in the United States and Canada accredited by the American Osteopathic Association (AOA).
- C. Graduates of medical schools outside the United States and Canada who meet one of the following qualifications:
 1. Have received a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) or:
 2. Have a full and unrestricted license to practice medicine in a U.S. licensing jurisdiction.
- D. U.S. citizen graduates from medical schools outside the United States and Canada who cannot qualify under "C" (noted above), but who have successfully completed the licensure examination in a U.S. jurisdiction in which the law or regulations provide that a full and unrestricted license to practice will be granted without further examination after successful completion of a specified period of graduate medical education.
- E. Graduates of medical schools in the United States and its territories not accredited by the LCME but recognized by the educational and licensure authorities in a medical licensing jurisdiction who have completed the procedures described in paragraph "D" (noted above). Graduates of medical schools outside the United States who have completed a Fifth Pathway program provided by an LCME-accredited medical school (U.S. or Canadian School).

Residents who meet the eligibility requirements and are selected by the faculty shall receive a contract confirming their appointment for one-year to the resident staff. Resident appointments are for a one year time period.

RESIDENT EVALUATION

Resident evaluation is the responsibility of the Program Director or his/her designee. A resident is evaluated at the end of each resident rotation by the medical staff and this is sent to the Program Director or his/her designee. In addition, other feedback to the Program Director or his/her designee may include the results of standardized tests, patient simulations, input from patients and other hospital staff. The Program Director or his/her designee must meet with each resident at least twice a year and, based on the resident's progress, may promote the resident to the next year of training. Residents may also be placed on suspension, probation or dismissed based on the judgment of the Program Director or his/her designee. Residents have access to an appeal mechanism and due process in accord with their contract.

The evaluations of resident performance must be accessible for review by the resident. A request for review shall be directed to the Program Director or designee. The Program Director or designee may be present at the file review.

RESIDENT PROMOTION

All residents enter into annual contracts with Hennepin County Medical Center, regardless of the expected duration of their training program. Most training positions are ongoing "categorical" positions, while some programs may use a small percentage of "preliminary" or temporary slots. Residents in categorical positions will be promoted from each level of training after satisfying all requirements for that training level and offered subsequent annual contracts through program completion unless:

- They are dismissed or their contracts are not renewed based on academic performance which is below satisfactory;
- They are dismissed or their contracts are not renewed based on non-academic behavioral violations;
- They are ineligible for a continued appointment at the time renewal decisions are made based on failure to satisfy licensure, visa, immunization, registration or other eligibility requirements for training; or
- Their residency program is reduced in size or closed.

It is unlikely that existing residents will be displaced by a program closure or reductions. However, if this occurs, HCMC will make every effort to assist the residents in locating another training program where they can continue their education.

RESIDENT DISMISSAL

- A. The following actions shall entitle the resident to a hearing upon timely and proper request.
1. Non-renewal of contract;
 2. Suspension of over 30 days from residency program;

3. Termination from residency program;
 4. Other actions that could significantly threaten a resident's intended career development.
- B. Prior to the imposition of any action which entitles a resident to a hearing, the resident shall be given written notice which:
1. States the specific grounds upon which the action is based;
 2. Advises the resident of the opportunity to meet with the Residency Director, Department Head or his/her designee;
 3. Advises the resident of his/her right to request a hearing;
 4. Informs the resident he/she has 14 days, after receipt, to request a hearing;
 5. Informs the resident a written request for hearing is to be directed to the Medical Director; and
 6. States that failure to request a hearing constitutes waiver of all rights to appeal.
- C. Following the receipt of a request for hearing the Medical Director shall convene a hearing panel consisting of one member of the medical staff and one resident.
- D. The appeal hearing shall be informal as opposed to an evidentiary hearing. At the appeal, the resident shall have the right to an advisor, who may be a fellow resident, faculty member, an attorney or any other advisor of the resident's choice.
- E. The resident and program director shall have the right to present information, including written or oral statements from individuals whose attendance he/she is able to arrange if pertinent to the issues at hand. Personal attendance of fact evidence is preferred so that questions may be asked.
- F. The panel shall have the right to adopt, reject, or modify the previous decision and shall make a recommendation to the medical director. The medical director shall make a final decision and notify the resident and program director of his/her decision in writing.
- G. The medical director's decision shall be final. No further appeal process is available.
- H. The Medical Center and the resident's department shall impose immediate suspension upon a resident if they determine that the resident's continued participation in the program is detrimental to patient safety or the delivery of quality patient care

IMPAIRED RESIDENT POLICY

PURPOSE

To decrease the risk of patient harm and provide guidance and direction on how to proceed when confronted with a potentially impaired resident.

POLICY

Hospital and medical education leadership shall address issues of resident disability and/or impairment in a manner that enhances patient safety, provides for fair assessment of resident impairment, and, where possible, supports the rehabilitation of the resident.

DEFINITIONS

Impaired resident: one who is unable to practice medicine with reasonable skill and competence because of a psychiatric or medical condition, loss of motor skill, or the use or abuse of drugs including alcohol.

PROCEDURE

Specific needs and varying circumstances preclude a single, inflexible mechanism for dealing with all impaired residents. The number of incidents with the resident, for example, and their seriousness may dictate a different response by the hospital. In addition, if there is any risk of patient harm, immediate action may be necessary.

One exception to the following procedure is irreversible illness, or other factors not subject to rehabilitation. In such cases, the section of this procedure dealing with rehabilitation and reinstatement of the resident are not applicable.

1. Any employee, staff member, or medical staff at Hennepin County Medical Center who believes that a resident is functioning while impaired for any reason shall report such concerns to their supervisor or to the program director of the appropriate department or the Office of the Medical Director's Graduate Medical Education Office.
2. The Program Director shall obtain as much detailed information as possible at the time of report and if the information warrants investigation, shall begin an inquiry into the facts. The Program Director is free to determine whether the investigation should be carried out by the Program Director, by a committee, by an outside consultant or by some other appropriate person(s) or agency. As part of any inquiry, the subject of the report shall be contacted and interviewed. If an investigation reveals possible impairment, the HCMC Medical Director will be notified by the Program Director. If the initial investigation concludes that the report cannot be substantiated, that fact will be noted and the materials relating to the investigation shall be maintained by the

investigator for a period of two years. In any case, the results of the investigation shall be communicated to the HCMC Medical Director. The Medical Director may inform others, including the CEO, on an as-needed basis.

3. Based upon the inquiry, the following determinations may be made:
 - a. Impairment is not likely – monitor only. In this case, the report shall remain confidential. It shall remain in the performance review file under the control of the program director and be considered confidential information. If there is concern of possible impairment, an appropriate referral for evaluation to the Resident Assistance Program, Health Professionals Service Program, Physicians Serving Physicians, Dentists Concerned for Dentists, or other health care provider organization shall be made.
 - b. Impairment is likely – take further action. If it seems that impairment is present, there shall be 1) an immediate referral to the Resident Assistance Program, Health Professionals Service Program, Physicians Serving Physicians, Dentists Concerned for Dentists, etc.; 2) an appropriate determination made as to the need for rehabilitation or treatment; 3) restriction of privileges based on the impairment and the privileges of the resident; or 4) other appropriate action.
4. If action as noted in 3b. above is taken, an immediate report shall be made to the Minnesota Board of Medical Practice, Minnesota Board of Dentistry, Board of Psychology or other appropriate organization as required by law.
5. A formal report shall be made of the findings of the investigation, interview and any action taken as noted in item 3b. If action has been taken, a report shall go into the subject's file and the performance review file, and the subject of the report shall be so notified. In addition, there shall be a confidential communication to the reporter, without details, that action has been taken.
6. If action is taken, an appropriate individual shall be identified by the program director as a medical staff monitor to monitor performance of the individual involved. This shall include at least monthly meetings and written performance evaluations from individuals working closely with the resident. These individuals need not be limited to members of the medical staff, but shall make their reports confidentially and directly to the program director, Department Chief or the HCMC Medical Director.
7. Further monitoring and recommendations shall be implemented based upon the recommendation of outside treatment programs, the Board of Medical Practice, Physicians Serving Physician, Resident Assistance Program, etc.
8. If restriction of privileges or temporary suspension is undertaken, the resident in question shall be required, before reinstatement, to provide documentation regarding their change of behavior or conditions which resulted in impairment. This shall include a written statement from the resident as well as a written statement from the director of the rehabilitation program, if any, and

the resident's personal physician or counselor. Such letter from the director, physician, or counselor shall address the resident's current status, their compliance with all conditions of rehabilitation, and their commitment to ongoing appropriate interventions.

9. The resident in question shall provide authorization to contact all of the above mentioned providers for all of this information.
10. An agreement to return to work may include an agreement to submit to drug or alcohol screening as needed.
11. Failure to comply with conditions established based on this procedure may result in removal from the residency program.

MOONLIGHTING POLICY

Residents must not be scheduled for more than 80 hours per week for all patient care and educational activities averaged over a 4 week period. This includes hours spent moonlighting within HCMC or any sites used for the educational program and hours within the hospital when taking call from home. This does not include hours of call at home when the resident does not come in.

PURPOSE

To clarify the responsibilities of the hospital and the resident physician when a resident physician chooses to "moonlight" and to ensure that activity complies with the Minnesota Board of Medical Practice, Immigration and Naturalization Service and JCAHO regulations, laws and standards.

POLICY

Hennepin County Medical Center (HCMC) has established the following guidelines with regard to the practice of moonlighting during the period of residency training. This is in addition to, and not a substitute for, the general hospital policy toward outside employment found in the General Information Manual which residents receive at their general orientation.

Residents in training may moonlight in the community if it does not interfere with resident activities. These activities include research, administration, teaching and on-call responsibilities in addition to time spent in direct patient care. Residents shall be sensitive to the needs of Hennepin County Medical Center for moonlighting assistance by residents prior to accepting other employment opportunities.

DEFINITIONS

Moonlighting: Any practice of medicine by a resident physician outside that resident's formal

department/training program assignment. It includes work within HCMC and work in another institution. Accepting extra hours within a resident's specific training program to enhance learning or cover for another resident is not moonlighting.

PROCEDURE

1. Residents shall notify their residency director prior to starting any employment, including moonlighting. Reports of the amount of time spent moonlighting within and outside Hennepin County Medical Center may be required by the Program Director. The Program Director shall withdraw permission to moonlight at any time they feel it is having a detrimental effect on the resident's training or the training program.
2. The hospital malpractice insurance covers all resident moonlighting activities at Hennepin County Medical Center and other county facilities, but it does not cover moonlighting at non-county institutions.
3. Residents who do not have a Minnesota license should be aware that under Minnesota law they are not permitted to moonlight in other institutions. They can only moonlight at HCMC in their role as a resident under faculty supervision.
4. Certain specific community medical services may be performed by resident physicians, with or without remuneration, but must have the express approval of the HCMC Medical Director to ensure that the activity is covered by the conditions of liability insurance.
5. Non-HCMC residents may moonlight at HCMC when the following requirements have been fulfilled:
 - Resident shall have a valid Minnesota license.
 - Resident shall apply for temporary privileges with the Office of the Medical Director.
 - Sponsoring department shall write a letter to the HCMC Medical Director explaining the need for this individual to receive malpractice coverage.
6. Residents with a J-1 visa sponsored by the ECFMG are not permitted to be employees outside of their residency or fellowship program and are, therefore, not allowed by the Immigration Service to moonlight within or outside HCMC.

OUT OF COUNTRY ROTATIONS

Rotations out of the country can be valuable for some residents if they cannot receive the same experience in the United States. The hospital will support 12 months of away rotations under the following guidelines:

- Experience cannot be duplicated within the United States.
- Resident must provide specific written educational objectives that cannot be met by a rotation within the United States. Volunteer community service, going to visit a country where they

already have had medical training, trying out a potential job and language training are not valid objectives.

- The program must assure that the learning experience will be of high quality, i.e., send HCMC faculty along, previous rotation site with a favorable experience, faculty is a graduate of an HCMC program, favorable site visit, or other long-term relationship with the clinic/faculty.
- Resident is at their own risk for safety, health and any malpractice insurance.
- Each program has an annual quota of out-of-the-country rotations. If they receive requests above their quota, they must request a rotation position from another program. If no additional rotations are available, residents over the quota can take an unpaid leave for the time they are on an out-of-the-country rotation.
- A resident cannot do a second month out-of-the-country rotation until all other residents have had the opportunity to apply for one month. A Program Director, in their judgement, may prioritize a resident to do a second month within that program's quota.
- The resident has completed 12 months at HCMC, is not on probation and is in good standing. Medical records and other requirements are complete prior to departure.
- There is a formal signed agreement with the outside site processed through the Office of the Medical Director.
- The rotations are approved by the Program Director and the HCMC Medical Director.
- The number of residents allowed by the hospital will be reviewed annually.

A minimum of six weeks notice is needed for the Office of the Medical Director to process all paperwork. **Do not purchase any transportation until the rotation is approved.**

PROGRAM EVALUATION

Review by GMEC

As the sponsoring institution, Hennepin County Medical Center must ensure the effectiveness of each program in meeting its objectives. One of the ways HCMC accomplishes this is through individual program reviews conducted by the Graduate Medical Education (GME) Committee, consistent with requirements of the Accreditation Council for Graduate Medical Education (ACGME).

Review by Program with Resident Input

In addition, each training program is required to self-evaluate the educational effectiveness of its program on a regular basis. As part of this process, all residents shall be given an opportunity annually to submit confidential written evaluations of the program. Each program shall provide an evaluation instrument for use by the residents which covers, at a minimum, the performance of teaching faculty, the substantive content of the educational program and the experiences at each training site.

For more information on this process, please see your Program Director.

FACULTY SUPERVISION

PURPOSE

To ensure that each patient receives appropriate, necessary and quality medical care and treatment in an environment inclusive of optimum medical education for students, residents and fellows.

POLICY

Attending medical staff shall be responsible for: assuring that the patient record is complete, accurate and maintained concurrently with the patient's stay; communicating appropriately with the patient, referring practitioners and relatives of the patient; requesting appropriate consultations as described in the medical staff consultation policy; and assuring the continuous care of their patients or designating a suitable alternative for such care. Medical staff shall be responsible for the direct supervision and education of the resident, fellow and student trainees.

DEFINITIONS

Attending Medical Staff: The medical provider ultimately responsible for supervising and coordinating the direct day-to-day care of hospitalized patients.

Admitting Medical Staff: The medical provider responsible for making the decision to admit a patient to the hospital.

Consulting Medical Staff: The medical provider who is asked to assist with care of a patient for a defined problem or problems. Consulting medical staff function in an advisory role.

Faculty Medical Staff: A medical staff member who is qualified to teach, supervise and evaluate trainees for an educational program and meets criteria for faculty appointment to an appropriate professional school.

Supervising Medical Staff: The medical staff member who is directly responsible for the actions and oversight of the student, resident, and fellow trainees. Attending medical staff and consulting medical staff are faculty when they oversee the work of trainees caring for patients.

Resident Physician: Physician trainees of the medical center. Unless credentialed to function independently, resident physician trainees shall only function under the supervision of medical staff identified as faculty.

Fellow: Physician trainees who have typically completed a residency training program, but are still trainees in a specific specialty. While they have more autonomy than a resident physician, they are still trainees unless credentialed to function independently; they shall only function under the supervision of medical staff identified as faculty.

Trainees: Students, residents, or fellows.

Intensive Care Unit (ICU): For the purposes of this policy only, the term ICU refers to the adult, pediatric, and neonatal medical/surgical intensive care units.

Suitable Alternative for Care: Responsibility for patient care may be assigned to another member of the medical staff of Hennepin County Medical Center. Each member of the medical staff must provide the names of at least two additional members of the medical staff who have agreed to provide coverage in the first member's absence. (NOTE: Licensed physicians or other independent health care providers who are not members of the medical staff of Hennepin County Medical Center shall not provide coverage for patients at HCMC. Resident physicians or physicians in fellowship training programs, unless they have specifically been granted privileges and/or membership on the medical staff, are not members of the medical staff and may not provide coverage for patients of an attending or consulting physician.)

PROCEDURE

Admissions: Any credentialed and privileged member of the medical staff may admit a patient to the hospital after obtaining approval from the Admitting Department or the house supervisor. The house supervisor has the authority to decide whether the hospital can accommodate additional patient admissions. (See policy no.020011, Emergency Admission and Transfer Guidelines for Adult Med/Surg and Ob/Gyn Patients policy no. 020003, Admitting Patients to Inpatient Nursing Patient Care Areas). The admitting medical staff shall also serve as the attending medical staff until an alternate attending medical staff is identified.

Call: All members of the medical staff shall have some level of call responsibility defined by their department or division chief. When on call, medical staff members are expected to promptly respond to all pages and service requests.

Attending: Attending members of the medical staff shall:

- See any new patients in a timely fashion if there are no house staff caring for that patient.
- Discuss any new admissions with the resident trainees in a timely fashion. (This activity may be delegated to fellows within the appropriate training program.)
 - Medically/Surgically unstable patients will be discussed after the initial resident assessment.
 - Stable admissions to the general services shall be discussed with the supervising/attending medical staff no more than 10 hours after admission.
 - Stable admissions to the intensive care units shall be discussed with the supervising/attending medical staff no more than 10 hours after the admission.
- See new admissions in a timely fashion.
 - Admissions to the general teaching services shall be seen and staffed no more than 18 hours after admission.
 - Medically/Surgically unstable admissions to the intensive care units shall be seen and staffed no more than 4 hours after admission. (This activity may be delegated to fellows within the appropriate training program or the appropriate consultant.)

- Stable admissions to the intensive care unit shall be seen no more than 18 hours after admission.
- Attend to their patients on a daily basis unless given a specific departmental waiver granted by the Medical Executive Committee.
- Approve patient care plans with resident, fellow and student trainees on a daily basis.
- Complete a note in the patient chart documenting patient care every day of the patient's hospitalization.
- Be available at all times for supervision of resident and student trainees unless arrangement for alternate supervision has been made (see below).
 - Attending medical staff shall be available at all times by telephone or pager and directly assist in patient care activities when requested by the resident, fellow and student trainees.
 - Attending medical staff (or the appropriate consultant) must be able to be present to assist trainees at the bedside within one (1) hour of the trainees' request.
 - Attending medical staff, or an alternate, must be present during procedures that fall outside of the resident trainee/fellow scope of practice. (See policy no. 120050; Resident and Fellow Scope of Practice)
- Be responsible for designating alternate providers on days when they will not be in the hospital. The alternate provider shall be named by either:
 - Placing an order identifying the current attending, the name of the medical staff member who will be assuming attending responsibilities, and the dates when the new attending will be covering, or
 - Making a generally available, up to date call list of rotating departmental attending physicians who will assume care for the patient.
- Ensure that documentation is present which allows appropriate justification for a continued stay in the medical center. If medical center utilization review staff indicate that further documentation is necessary in order to justify continued stay in the medical center, attending medical staff shall be responsible for assuring that such documentation is made, or that the patient is discharged from the medical center.
- Document their involvement in the management of unanticipated events or disputes regarding patient care. A countersignature on a resident's note shall not be considered sufficient documentation.
- Follow the medical center's death protocol immediately after death (Policy no.030045).
- Complete the medical record within 30 days after discharge. Failing this, the record shall be noted as delinquent, and appropriate action may be initiated.

Consulting: Consulting members of the medical staff shall:

- Abide by policy no.120014, Consultation.
- Provide consultation services within the timeframe requested by the attending medical staff member.
- Supervise resident, fellow and student trainees under their direction.
- Approve patient care plans with resident, fellow and student trainees on a daily basis.

Supervision: Faculty medical staff shall oversee all activities of students, residents, and fellows as they relate to direct care of patients at Hennepin County Medical Center and affiliated training sites. Responsibilities include but are not limited to:

- Clinics:
 - All HCMC clinics with residents, fellows and/or medical students in attendance shall have a supervising staff present for the full duration of the clinic. The supervising medical staff shall not schedule other commitments (i.e. surgery, backup call, meetings, etc.) that may conflict with their being present to staff the clinic and supervise trainees. If conflict arises, supervising staff shall be responsible for designating alternate staff to cover. Supervising staff shall be available and visible in clinic to discuss each patient's management with the trainees.
- Operations and Procedures:
 - Supervising staff shall be present to provide supervision during all operations and invasive procedures performed by residents and fellows. Supervising staff must be available "on call" for procedures performed by residents and fellow that fall under the residents and fellows scope of practice (see policy no. 120050). All operations and invasive procedures requiring attending presence shall be documented according to written departmental guidelines and in accordance with accepted procedure guidelines.

Medical Record Documentation: (Due to the addition of the new electronic health record, some of the items below may be changing. You will be updated as they are.) The attending medical staff member shall be responsible for assuring that all necessary components of the medical record are completely documented in an accurate and timely fashion. All written documentation shall be legible (JCAHO standard MS.8.2.3). A signature shall be legible or shall be accompanied by a legible printed name. A signature stamp shall be allowed but only the individual represented by the stamp may use a signature stamp. The medical record shall contain timely entries including, but not limited to, the following:

- Orders - All orders for any aspect of patient cares shall be in writing in the medical record. For detailed procedures, see policy no. 030001; Patient Care Orders.
- Admission H&P - The admission history and physical shall be appropriate for the nature of the admission. The H&P shall be completed within 24 hours of admission (JCAHO standard PE.1.7.1 & MS.6.2). If the patient is readmitted within 48 hours of a discharge, an interim readmission note shall be made (see policy no. 120069; History and Physical).
- Preoperative H&P - An appropriately thorough preoperative history and physical examination shall be recorded and present in the medical record prior to any emergent and nonemergent operative or other procedure (JCAHO standard TX.5). In the case of an extreme emergency operation for a life-saving procedure, a brief preoperative note may suffice, but an appropriately thorough history and physical shall be recorded promptly thereafter.
- Narrative documentation of progress during the hospital stay.
- Documentation of all invasive procedures performed, including affirmation of verbal consent for those procedures not requiring specific written consent.
- Operative reports which shall be dictated immediately after surgery. (JCAHO standard IM 7.3.2).

- Acknowledgement of the results of laboratory and radiology studies performed.
- Documentation of a discharge summary. The discharge summary shall be dictated for all patients with a length of stay greater than 48 hours. For all patients, a written discharge summary form shall be completed at the time of discharge of the patient from the hospital. Discharge summaries for patients being transferred to other health care facilities shall be completed and available by the time the patient leaves HCMC.
- Documentation of consultations requested – Documentation of the consult shall be completed and signed by the consulting medical staff within 24 hours of request. Documentation for emergency consultations shall be completed immediately.
- Prenatal record - Obstetrical records shall include a legible prenatal record if one exists.
- Clinic / ambulatory visit documentation - Written and/or dictated ambulatory visit documentation shall be completed by the end of the patient's visit day.(Policy 100048 Ambulatory Visit Documentation)

Transfer of Patient Care: No patient shall be transferred to another service or another facility without the approval of the attending medical staff responsible for the patient. A resident physician or attending medical staff shall document approval of the transfer in the narrative notes. There shall be direct communication from the transferring service medical staff or resident physician to the receiving service/facility medical or resident staff regarding the current condition and treatment of the patient.

Discharge Planning: Attending medical staff shall assure that appropriate communication and input for discharge planning occurs as soon as possible after admission. Any modification of discharge plans shall be communicated to nursing staff as soon as possible.

Unanticipated Patient Outcomes: Patients have the right to receive information about all outcomes of care, including errors and unanticipated outcomes where the result differs significantly from expected. The responsible attending medical staff shall be promptly informed of all unanticipated outcomes, whether or not the outcome was adverse to the patient. The attending medical staff shall be responsible for the full communication of such events to the patient or, when appropriate, the patient's family. The attending medical staff shall have visible, ongoing and active involvement in the management and resolution of such events. When resident physicians are involved in direct patient care, they may share in the communication and management of unanticipated outcomes.

Use of Approved Formulary Drugs: The HCMC Pharmacy and Therapeutics Committee has authority to establish an approved formulary for use in the medical center. Medical staff shall utilize drugs as approved by the Pharmacy and Therapeutics Committee. If a special medication is required and is not currently in the formulary, current pharmacy procedure shall be used to obtain needed nonformulary pharmaceuticals.

INPATIENT NURSING PERSONNEL

The organizational chart of Nursing Administrative Services is available to each new resident. All problems shall be directed to the Supervisor of the Station. On evening and nights, problems are

directed to the charge nurse on the station. The evening or night house supervisor is also available for consultation and as a resource person on nursing and administrative problems. The resident physician shall coordinate activities and patient care plans with the nursing staff.

TRANSFERRING PROGRAMS

The resident who chooses to switch residency programs shall adhere to the following procedure:

- The resident must notify the current Program Director of his/her wish to transfer programs as soon as possible. The resident must also formally request transfer to the receiving Program Director in writing.
- The current Program Director must communicate in writing that he/she is willing to release the resident from their contract. The receiving Program Director must confirm that he/she is willing to accept the incoming resident.
- The receiving Program Director must have access to the resident’s evaluations and to current faculty for references prior to accepting the resident.
- The date a resident transfers programs has to be agreeable to both Program Directors and should coincide with the new rotation.
- The Office of the Medical Director shall be notified and copies of all correspondence shall be sent to the GME Coordinator, OMD O7.310. The Office of the Medical Director will facilitate any paperwork that needs to be done.
- If applicable, correspondence shall also be sent to the Payroll departments of both institutions that are affected

UNACCEPTABLE ABBREVIATIONS

PURPOSE

To prevent errors due to misinterpretation of abbreviations.

POLICY

The following abbreviations shall not be used in any patient-specific documentation in the patient medical record.

Unacceptable Abbreviation	Potential Problem	Preferred Term
U (for unit)	Mistaken as zero, four or cc.	Write "unit"
IU (for	Mistaken as IV	Write "international unit"

international unit)	(intravenous) or 10 (ten).	
ug (for microgram)	Mistaken as mg (milligram) resulting in ten-fold dosing overdose	Write "mcg"
A.S., A.D., A.U., O.S., O.D., O.U.	Latin abbreviations may be mistaken for each other (A.S. for O.S., A.U. for O.U., etc.)	Write "left ear", "right ear", "both ears"; "left eye", "right eye", "both eyes"
Q.D., Q.O.D. (Latin abbreviation for once daily and every other day)	Mistaken for each other. The period after the Q can be mistaken for an "I" and the "O" can be mistaken for "I".	Write "daily" and "every other day"
Trailing zero (X.0 mg), Lack of leading zero (.X mg)	Decimal point is missed.	Never write a zero by itself after a decimal point (X mg), and always use a zero before a decimal point (0.X mg)
MS MSO ₄ MgSO ₄	Confused for one another. Can mean morphine sulfate or magnesium sulfate.	Write "morphine" or "magnesium"
Chemotherapy agents (e.g. ARA-C, 5FU, MTX)	Name of medication can be confused with another medication.	Write drug names (either brand or generic) in full, with no abbreviations.

PROCEDURE

Caregivers: Unacceptable abbreviations shall not be used in notes or orders in the medical record.

Pharmacy: If an order is received in Pharmacy with an unacceptable abbreviation, the prescriber shall be notified. Unclear orders shall be verified with the prescriber prior to dispensing.

USMLE STEP III COMPLETION

PURPOSE

Completion of Step III is vital to a resident's future. The examination is easiest to pass soon after the resident's exposure to their broad-based clinical experiences. Residents who do not pass Step III are not eligible for licensure in any state. Those who do not pass Step III within seven years of taking Step I are required to repeat and pass Step I, Step II and Step III.

POLICY

All residents must take and pass the USMLE Step III examination by the end of their PGY-2 year. Residents who do not pass by that time will not have their contracts renewed for the following year. Should a resident transfer into an HCMC program, they will be required to report their USMLE Step III results upon application to the program.

PROCEDURE

All residents must report their passing score prior to the end of their PGY-2 year to their department. If the score is not received prior to March 1, a letter stating that this score is needed or the contract will not be renewed will be sent to the resident. This letter will be rescinded if the score is received before the end of the PGY-2 year.

It is the resident's responsibility to assure that this test is scheduled with enough time for the results to be reported by the end of the PGY-2 year.

9/9/2005

POST CALL FATIGUE AND CAB VOUCHER POLICY

PURPOSE

We recognize that a fatigued individual often is not able to recognize their own limitations. Therefore, we also will provide cab vouchers for residents whose faculty or peers identify them as impaired by fatigue.

POLICY

We are committed to educate faculty and residents to recognize the signs of fatigue, to prevent and counteract its potential negative effects. In order to provide for the well-being of residents, all residents who usually drive to work and are finishing in-house over-night call but who are too impaired to drive home safely will have the opportunity to return home using cab vouchers. The maximum voucher amount will be \$35.00 per post call date and any additional cab fare will be

borne by the resident. The maximum reimbursement will be to the resident's home or to a closer destination if the resident so chooses.

PROCEDURE

Cab vouchers will be provided by the hospital and will be distributed by Social Services. During day-time hours the vouchers can be picked up in Social Services. During nights and weekends the vouchers can be picked up from the Social Worker in the Emergency Department. When they are not available, the charge nurse in the Emergency Department will distribute these.

Resident Services

RESIDENT EXERCISE ROOM

All residents are eligible to use the Resident Exercise Room. This facility contains both aerobic and weight-lifting equipment and is located on G-2. During office hours (8:00 am to 5:00 pm), we ask that the TV and stereo volume be kept down since there are offices right next door.

Contact: Judi Shurson, GME Administrative Coordinator, 612-873-3922.

BOX OFFICE/GIFT SHOP

Residents may purchase discount movie tickets from the Service League Box Office, located on the Red Skyway near the Residents Lounge, on Fridays from 11:00 am to 3:00 pm. You must show employee identification (i.e. a paycheck stub, photo identification badge).

The Service League Gift Shop serves the hospital community by carrying a variety of items for the convenience of patients, visitors, and staff. They are located on the first floor of the Blue Building.

LIBRARY SERVICES

Health Sciences Library – Hours: Monday through Friday, 8:00 a.m. – 5:00 p.m.

Audiovisual equipment - AV equipment, laptops, and LCD data projectors are available to be checked out.

Circulation - Books and audiovisual materials are available to be checked out of the Library.

Journals must be used in the Library.

Photocopying of materials from the Library's collection – Individuals need to make their own copies.

Literature searches - Self-service access throughout HCMC to the OVID databases, including MEDLINE, is accessible via the *Clinical Portal* link on the Intranet. If assistance is needed, the Librarian is available for work-related topics.

Ovid Access - You may establish an Ovid ID via the generic Ovid access within the Medical Center. Details on this process will be found on the Intranet.

RESIDENT COMMITTEES

Residents are encouraged to participate in all institutional and medical staff committees. Schedules and descriptions are discussed at Resident Council and GMEC meetings at the beginning of each academic year. The chair of the resident council is an ex-officio member of the Medical Executive Committee. Surgery residents participate in Trauma, Cancer and Blood Banking committees, Psychiatry residents are on state society committees and the resident selection committee, the geriatric resident is on the ethics committee, an EM resident is on the ED operations committee and FM residents are on the curriculum committee.

List of HCMC Committees with Resident Representation

1. Biomedical Ethics Committee
2. Bylaws Review and Revision Committee
3. Cancer Committee
4. Continuing Education Committee
5. Graduate Medical Education Committee (all peer-elected residents are members, all other Resident Members of the Resident Council are guests)
6. Medical Executive Committee (Chair of Resident Council)
7. Infection Control Committee
8. Medical Informatics Committee
9. Pharmacy and Therapeutics Committee
10. Transfusion and Lab Utilization Review Committee
11. Trauma Multidisciplinary Committee

RESIDENT COUNCIL

The Resident Council is a group that meets regularly to discuss resident issues and is the vehicle for resident complaints and suggestions to be discussed and resolved. Any resident may bring an issue to a member of the council to be put on the council's next agenda.

The Resident Council consists of the Chief Residents of each HCMC-based program, plus a peer-elected resident from each program. Meetings are held the first Tuesday of each month at noon in O3.251. The Resident Council regularly discusses duty hour issues and brings any hour/time off issues to the GMEC. Other projects that the Resident Council has worked on include the Intern Survival Guide, computers in call rooms, pagers in RL.110 conference room, the resident exercise room, and serving as a communication tool for information to and for residents.

SCRUBS

All new residents receive three pairs of jade green scrubs and a lab coat. They can either be laundered at home or turned in to the storeroom, GL.320 for a clean pair of scrubs or a clean lab coat.

CALL ROOMS

All on-call rooms are single rooms and have a bath or shower facility incorporated or nearby. Call rooms are assigned by the GME office and there are currently 65 call rooms available for the residents. Most are located near the patient care areas to minimize transit time. The GME office routinely examines the call rooms at least twice a year and there are signs in each call room asking the resident to call if anything is amiss. There are two extra calls rooms for any overflow needs.

Environmental Services concerns shall be directed to Sally Whittaker, either by email or calling 612-873-8502 24 hours a day.

Call room cipher lock combinations may be obtained from program coordinators or from the GME Office, 612-873-3922. Ms. Shurson is also responsible for authorizing lock combination changes. Facilities Management will only accept requests submitted by the GME Office.

ADMINISTRATIVE CONTACT LIST

DEPARTMENT	COORDINATOR	MAIL CODE	PHONE#	FAX#	PROGRAM DIR	PHONE
Anesthesia	Rhoda Chaffee	P4	873-3458	904-4218	Gilbert Shin	873-3458
Cardiology	Michelle Pagel	O5	873-2875	904-4224	Richard Asinger	873-2875
Dentistry	Ruth Anderson	P7	873-6275	904-4234	Mary Seieroe	873-6275
Dermatology	Jessica Nichols	O9	873-2332	904-4245	Bruce Bart	
Emergency Medicine	Mary Hirschboeck	825	873-5645	904-4241	Marc Martel	873-2669
	Tanya Reed	825	873-3481	904-4241	Christine Kletti	873-5683
Extend Care/Geriatric	Joan Dexter	S5	873-7490	904-4243	Lawrence Kerzner	873-4217
Family Medicine	Mindy Chatelle	618	545-9255	545-9259	Allyson Brotherson	545-9275
	To be determined	618	545-9251	545-9259		
Sports Medicine	Bernice Schuster	618	545-9250	545-9259	Rob Johnson	
GI Medicine	Jackie Dosmann	G5.329	873-8582	904-4366	Shawn Mallery	873-8582
Hematology/Oncology/ Rheumatology/Addiction	Susan Carter	G5.123	873-2704	904-4299	Douglas Rausch	873-2481
					Peter Schlesinger	873-2704
Infectious Disease/ Endocrinology	Sarah Ewert	G5.123	873-7381	904-4299	Dean Tsukayama	873-2705
					David Stuart	873-7381
Internal Medicine	Susan M. Schmidt	R7	873-4733	904-4577	Anne Pereira	873-2691
	Lyneshia Robinson	R7	873-8723	904-4263	Kevin Larsen	873-4637
	Sandy Robinson	R7	873-8722	904-4263		
Emergency Medicine/ Internal Medicine	Susan M. Schmidt	R7	873-4733		Anne Pereira	873-2691
					Marc Martel	873-2669
Medical Examiner	Joan Jung	L870	215-6320		Andrew Baker	215-6300
	David Eggen	L870	215-6328			
Neurology	Jean Jones	U of M	626-6519	904-4270	Fred Langendorf	873-6088
	Kathy Jensen	P5	873-2430			
Nephrology	Vicky Bowler	S5	347-4456	373-1812	Charlie Smith	
OB/GYN	Leslie Myers	P5	873-2750	904-4274	Virginia Lupo	873-2750
	Sylvia Lotz	P5	873-2544			
Ophthalmology	Sandi Campbell	P7.200	873-6085	630-8230	Sanaz Loftus	873-6085
Otolaryngology	Julie Gallant	P7	873-2425	630-8230	Robert Maisel	
Orthopaedics	Claudia Miller	G2	873-4220	904-4280	Thomas Varecka	873-8595
Pathology	Linda Moyer	PL	873-6479	904-4282	Gretchen Crary	873-3976
					Brad Linzie	873-3031
Pediatrics/NBICU	Lisa Loehr	G7	873-2679	904-4295	Margie Hogan (Peds)	873-4528
					Raul Cifuentes (NBICU)	873-2064
Podiatry	Claudia Miller	G2	873-4220	904-4280	Mindy Benton	873-2812
Psychiatry (HCMC)	Jeanne Blomberg	B5	873-7571	904-4350	Benita Dieperink	873-7548
Psychatry (Regions)	Mary Barraclough	11303A	651-254-3103	651-254-1621		
PM&R	Lynda Gilbertson	860-1	873-8700	904-4236		
Pulmonary/Critical Care	Wendy Yates	G5	873-2625	904-4680	Conrad Iber	873-2432
			873-2036			
Radiology	Pamela Thompson	P4	530-8650(p)	904-4567	Tony Severt	873-2787
	Hiltje Braam Loyd	P4	873-2718	904-4567		
Sleep Disorders	Cindy Farr	G8	873-6288	904-4207	Mark Mahowald	873-2611
	Wendy Yates	G5	873-2625	904-4680		
Surgery	Phyllis Squiers	P5.734	873-2849	904-4297	Joan Van Camp	873-2810
Transitional	Judi Shurson	O7	873-3922	904-4401	Peter Weissmann (P7)	873-2178

					Pager - 336-0649	Joy 4059	
Urology	Doreen Engebretson	O9	873-5479		Carl Smith	873-5479	
Walk-In Clinic	Michelle Herbers	P7	873-3306	904-4262	Craig Garrett	873-2082	