

***Thomas Jefferson University Hospital***

***Institutional Policies and Procedures  
For Graduate Medical Education Programs***

## *Table of Contents*

Dispute Resolution Procedure	1
Duty Hours	2
Duty Hours – Requests for 10% Exception to the 80-Hour Work Limit	3
E-Mail Communication	4
Faculty Interaction with Residents	5
Leave of Absence	6
Moonlighting	7
Physician Impairment	8
Prescribing Practices	9
Residency Closure/Reduction	11
Resident Evaluation and Promotion	12
Resident Performance Deficiency	13
Resident Selection	15

## **Institutional Policies and Procedures for Graduate Medical Education Programs**

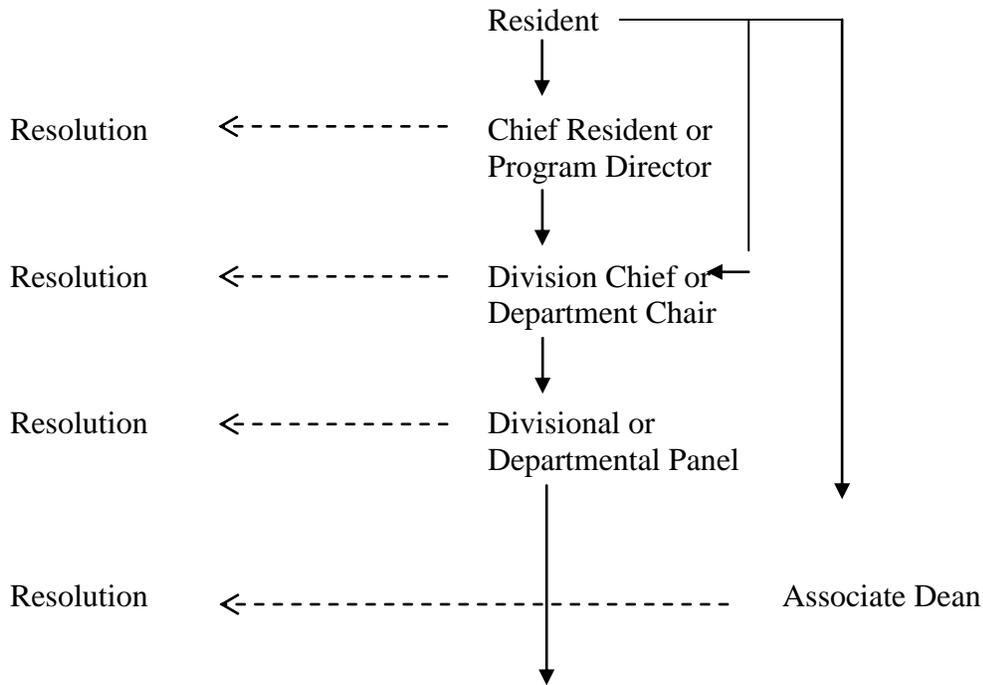
Please note that in all policies and procedures, the term “resident” is used to encompass all Graduate Medical Education (GME) programs participants, regardless of level. Thus, the term “resident” is utilized as a general term, with the intention of including all interns, residents, and fellows enrolled in GME programs at TJUH.

**Institutional Policy:  
Dispute Resolution Procedure**

Disputes concerning resident performance, professionalism or deficiencies are best resolved at the program level. With the intention of providing residents with the opportunity to rapidly address concerns, each program is required to develop a policy, and establish procedures which are consistent with this policy, approved by the GME Committee, and designed to provide the resident with the opportunity to resolve disagreements rapidly and fairly.

In situations where the problem cannot be resolved at the program level, the Associate Dean for Student Affairs may be directly contacted. The resident may request guidance, or assistance in resolution of the conflict. If the resident requests that issues be addressed through that office due to the nature or sensitivity of the disagreement, the Associate Dean will facilitate the resolution of the conflict through the department chairman, or other appropriate channels, depending upon the circumstances involved.

**Graphic representation of procedures for resolution of disagreement or conflict**



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Revised, GMEC 12/01

## **Institutional Policy**

### **Duty Hours**

Graduate medical education takes place in the context of provision of direct patient care. Residents assume progressive responsibility for the care of patients. Of necessity, these experiences require the opportunity to care for patients at all hours, and in varied settings. Recognizing that residency is demanding of both time and energy, the educational goals of the program and learning objectives of residents must not be compromised by excessive reliance on residents to fulfill institutional service obligations. Control of the total number of assigned duty hours of the resident is an important component of balancing the service versus education in the residency. Resident duty hours and on-call time periods must not be excessive. Duty hours, however, must reflect the fact that responsibilities for continuing patient care are not automatically discharged at specific times. The structuring of duty hours and on-call schedules must focus on the needs of the patient, continuity of care, and the educational needs of the resident. Duty hours must be consistent with the Institutional and Program Requirements, in accordance with ACGME guidelines.

Each program at Thomas Jefferson University Hospital must ensure that residents are provided appropriate backup support when patient care responsibilities are especially difficult or prolonged.

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Revised, GMEC 12/01

## **Institutional Policy**

### **Duty Hours – Requests for 10% Exception to the 80-Hour Work Limit**

Thomas Jefferson University Hospital complies with all ACGME requirements. Programs may apply to the TJUH Graduate Medical Education Committee for an increase of up to 10% above the 80-hour week. If approved, this means a maximum of 88 hours per week, averaged over 4 weeks. All other ACGME duty hour requirements, including maximum shift length, time off between shifts, and one day off in seven, remain in effect.

Any program wishing to request permission to increase the number of hours in its average resident week by up to 10% must do the following:

1. The Program Director must submit a request in writing to the GMEC, which includes the educational justification for the request; and
2. The Program Director must make a brief presentation to the GMEC during the meeting at which the request is to be taken up.

Justification for the increase in duty hours **MUST** have a sound educational rationale. The request must explain how the proposed increase will improve the residents' educational experience. The GMEC will consider requests for particular rotations, particular PGY years, or for the entire program. The following two criteria must be met for the GMEC to consider an increase in duty hours:

1. The increase in hours will allow an educational **ENHANCEMENT** or **IMPROVEMENT** in the program as it currently operates; **AND**
2. The program cannot accommodate this change within the structure of an 80-hour week. In its request, the program must explain why the educational change or improvement outlined in (1) cannot be accommodated in an 80-hour week.

The GMEC will not consider requests for increases in resident duty hours that are based upon meeting service requirements within the division or department. Programs that have been granted the 10% increase will have their utilization of the additional hours audited during the regular internal review process.

Approved, GMEC 6/04

**Institutional Policy:  
E-Mail Communication**

All members of the house staff will be issued a Thomas Jefferson University Hospital e-mail account upon entering the residency/fellowship training program. Residents and fellows will be expected to use their hospital e-mail account for communications with members of the hospital community. House Staff must routinely check their e-mail account for communications from the residency program, the Office of House Staff Affairs, the Division of Graduate Medical Education in the Dean's Office, as well as others throughout the hospital and university.

Approved, GMEC 4/05

**Institutional policy:  
Faculty Interaction with Residents**

Residents are physicians enrolled in educational programs at the graduate level which are based in the clinical sciences. They are expected to receive and give feedback in an educational environment that nurtures and encourages their professional and personal achievement of excellence. Through participation in care of patients and feedback to the faculty, residents also enhance the quality of patient care and education.

The residents of Thomas Jefferson University Hospital and the faculty of Jefferson Medical College strive to foster a patient care and educational environment permeated with the attributes of professionalism – Respect, Compassion, Integrity, Altruism, and Commitment to Excellence.

The faculty of Jefferson Medical College and Thomas Jefferson University Hospital affirm their commitment to create an educational environment in which interns, residents and fellows strive for excellence, and may raise and resolve issues without fear of intimidation or harassment, retaliation, or retribution. Such behavior on the part of any faculty member is unacceptable.

Similarly, Jefferson residents also deport themselves in a fashion that affirms their commitment to a constructive educational environment in which formative and summative feedback and evaluation are accepted in a professional fashion, and the pursuit of excellence is expected. Behaviors such as intimidation or harassment, retaliation, or retribution of other members of the health care and educational team on the part of any resident are unacceptable.

Approved, GMEC 9/99  
Revised, GMEC 12/01

**Institutional Policy**  
**Leave of Absence**

Residents may request time away from the training program for pregnancy, illness, professional development, or for other personal reasons. Institutional policies and practices regarding leaves of absence are set forth in the employee benefit section of the House Staff Agreement, and the Hospital's human resources policies. Residents will be required to complete the requisite training established by the program requirements and institutional policies in order to receive a certificate of successful completion.

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Revised, GMEC 12/01

**Institutional Policy:  
Moonlighting**

Each program must develop a policy concerning moonlighting outside the program that is consistent with program requirements, as well as ACGME guidelines. It is the prerogative of the Chairman and Program Director to determine whether moonlighting is permitted. Programs cannot require residents to moonlight.

Residents may not moonlight until they have received the applicable license. Residents and fellows will adhere to the Moonlighting Policy of the institution and the program. In all instances in which moonlighting is permitted, the permission of the program director must be obtained prior to the initiation of moonlighting.

Professional liability insurance coverage is not provided for any activities outside the scope of the program, and moonlighting residents should arrange for adequate professional liability coverage for their activities. Residents working additional shifts at Thomas Jefferson University Hospitals are insured for professional liability under their current resident policy, provided they meet the eligibility requirements, and are in compliance with procedures established by the Office of Medical Staff Affairs, as well as the specific policy of their program.

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Revised, GMEC 12/01  
Revised, GMEC 11/02

**Institutional Policy  
Graduate Medical Education Programs  
Physician Impairment**

Thomas Jefferson University Hospital and Jefferson Medical College of Thomas Jefferson University are committed to the provision of superior patient care in an educational environment which supports the development of excellence in each resident and fellow. Impairment of ability to function at each individual's highest level of performance is not compatible with the commitment made to our patients, or other members of the health care and educational team.

As caregivers, we are also committed to the healing of those among us who manifest evidence of disorders which impair their ability to function at their highest level of ability.

**Responsibility of the Physician with Illness**

Each physician must recognize in him/herself, or acknowledge when identified by a colleague, any illness or condition which impairs his/her ability to function in the clinical environment. Once recognized, the physician is responsible to:

1. Assure that patient care is continued in an uninterrupted fashion
2. Assure that his/her direct supervisor has approved of the arrangements made to provide uninterrupted patient care
3. Assure that he/she receives appropriate professional care for the illness giving rise to the impairment
4. Return to duty only when able to function at an appropriate level
5. Satisfy any observational or reporting requirements reasonably requested by his/her supervisor or required by Medical Staff bylaws or University Policies and Procedures to assure that the physician is ready to return to patient care responsibilities
6. If unable to function at an appropriate level, report this impairment to his/her supervisor

**Resident Impairment**

Any resident who observes the behavior or performance of another resident which is indicative of impairment, whether physical, mental, or the result of substance abuse, should report, in a confidential manner, such observation to the program director or other appropriate institutional official, such as the Chairman, or Associate Dean of GME.

All residents will abide by the institutional "Drug and Alcohol Policy."

Counseling services available to impaired residents include confidential evaluation and referral, if needed, by a physician in the Department of Psychiatry; the Employee Assistance Program; and the Pennsylvania Medical Society's Physicians' Health Program.

Approved, GMEC  
Revised, GMEC 12/01

## ***Institutional Policy: Prescribing Practices***

House Staff are authorized to generate prescriptions or order drugs only for patients being treated within the framework of the training programs. In the inpatient setting, drugs, including controlled substances, are ordered through Last Word. When the ordering physician is a resident with a graduate training license, Last Word will automatically use the hospital's DEA number for any controlled substances. Residents possessing a training license can write outpatient prescriptions only for non-controlled substances and only for patients whom they are treating at TJUH, affiliates, or sponsored clinics and offices.

Only residents with an unrestricted license and their own individual DEA numbers may prescribe controlled substances in the outpatient setting. In addition, residents should be aware that FOR CONTROLLED SUBSTANCES, THE DEA REQUIRES THAT THE PRESCRIBER HAVE A *BONA FIDE* PHYSICIAN-PATIENT RELATIONSHIP, INCLUDING A WRITTEN RECORD. In other words, a physician (including residents with an unrestricted license) cannot prescribe a controlled substance, unless the relationship with the patient is in a true treatment setting, including creation of an official medical record.

All residents are strongly discouraged from prescribing any drugs for themselves, family members, friends, hospital staff or other persons, unless the recipient individual is a patient within the training program. Rare exceptions can be made, but only for true emergencies or isolated instances when another physician cannot be located or consulted. Self-prescription of sedatives, narcotics, or other controlled substances is strictly prohibited under any and all circumstances.

Residents should also be aware that the malpractice insurance provided by the hospital only covers them for professional activity within the scope of the residency or fellowship training program. Along these lines, residents may encounter circumstances in which family, friends or acquaintances request medication or other care for complaints. Residents are discouraged from engaging in such informal treatment relationships, as they will put themselves at risk for liability if there is an unanticipated outcome, unexpected drug reaction or other adverse event.

Issues related to use of prescriptions are addressed in ethical guidelines published by both the AMA in its code of ethics and the American College of Physicians (ACP) in its ethics manual. All residents are encouraged to become familiar with these documents and to refer to them for questions in this area. In addition, the four resources noted below can be helpful supplements for residents addressing these issues.

<http://www.acponline.org/ethics/ethicman.htm>

<http://www.ama-assn.org/ama/pub/category/8510.html>

- 1.) Christie JD, Rosen IM, Bellini LM, et.al. Prescription drug use and self-prescription among resident physicians. JAMA. 1998; 280:1253-1255.
- 2.) Tenery, Robert M. Self-Prescribing by Physicians-Letters. JAMA. 1999; 281:1488-1490.
- 3.) Hughes PH, Brandenburg N, et.al. Prevalence of substance abuse among US physicians. JAMA. 1992;267:2333-2339
- 4.) American Medical Association Council on Ethics and Judicial Affairs. Opinion 8.19, self-treatment or treatment of immediate family members. In: Code of Medical Ethics: Current Opinions with Annotations. Chicago, Ill: AMA; 1998.

Approved, GMEC 1/06

**Institutional Policy:  
Residency Closure/Reduction**

Should Thomas Jefferson University Hospital find it necessary to reduce the size or close a residency program, residents in the program will be notified of the intended reduction or closure as soon as possible after such decision has been made. In the event of a reduction or closure, TJUH will allow the residents already in the program to complete their education or will assist the residents in enrolling in another ACGME-accredited program in which they can continue their education.

Approved, GMEC 11/02 -

**Institutional Policy:  
Resident Evaluation and Promotion**

Residents will be evaluated in accordance with the requirements of the relevant specialty Program Requirements, certifying board requirements, and ACGME Institutional Requirements. Evaluation of residents will be in writing and maintained on file in the department. Residents may review their files, and append comments to evaluations. Residents may not remove evaluations from the file, copy evaluations, or alter evaluations. Feedback sessions will be held with the program director or designee semi-annually, and written summaries of the sessions will be maintained in the resident's file. The program director will prepare a final written evaluation of the resident's performance at the completion of residency training, which must be maintained indefinitely in the department, with a copy forwarded to the Office of House Staff Affairs of TJUH.

Each program director will complete the annual evaluation of each resident's performance provided by the Associate Dean. Each program director will facilitate the annual confidential evaluation of the faculty by the residents, consistent with institutional procedures established by the Associate Dean and the GMEC. Each program director will facilitate the annual evaluation of the program by the residents as provided by the Associate Dean, and conduct additional evaluations as deemed necessary by the program director to identify strengths and areas for improvement in the program.

**Promotion.** Residents must develop the knowledge, skills, attitudes, behaviors and judgement to assume responsibility for independent practice at the completion of their education. This process involves the sequential assumption of progressive responsibility, and requires assessment of proficiency and fitness to move to the next level of training (promotion) or completion of the educational program. Individual programs must develop policies and procedures for the appointment and promotion of residents that are specific to their discipline.

All residents are expected to complete 12 months at each level of training, and shall satisfy the Pennsylvania Board of Medical Licensure requirements for promotion. Residents must provide evidence of successful completion of USMLE Step 3 or COMLEX III, as applicable, to the Office of House Staff Affairs by February 15<sup>th</sup> of the PGY 2 year in order to be promoted beyond the PGY 2 level. Residents who do not achieve a successful score by this date will be given a notice of non-renewal. Residents who do not achieve passing results on the USMLE Step 3 or COMLEX III, will not be permitted to repeat the PGY 2 level. Residents must complete the minimum number of months of training required by their certifying board for eligibility for certification as a component of successful completion of residency or fellowship training at Jefferson.

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Revised, GMEC 8/00  
Revised, GMEC 12/01

**Institutional Policy:  
Resident Performance Deficiency**

Residents who fail to meet the performance standards required for promotion must receive formative as well as summative feedback concerning their performance, and be provided with the opportunity to correct or improve the deficiencies identified. Programs must articulate the performance standards required to be demonstrated at each level of training, and evaluate the competency of each resident at each level. Written documentation of these evaluations must be maintained by the Program. Remediation efforts must be evaluated and documented in writing. The Program must develop criteria for discipline, up to and including dismissal, of residents who fail to demonstrate adequate performance following remediation efforts.

**Probation**

In circumstances where just cause exists, a residency program director may recommend to the chairman that a resident be placed on probation. Probationary Status may only be imposed by the chairman following consultation with the Associate Dean for GME. If probationary status is imposed, the chairman shall provide written notice of probationary status and its duration to the resident. Such correspondence shall be reviewed with Hospital Counsel, and forwarded to the Office of House Staff Affairs for inclusion in the resident's file. Probationary status is grounds for the resident to invoke the Formal Grievance Process outlined in the House Staff Agreement.

**Suspension**

In circumstances where just cause exists, the program director may recommend to the department chairman that the resident be suspended. Suspension may only be imposed by the chairman following consultation with the Associate Dean for GME. In situations where the resident's actions threaten the health, welfare or safety of any patient, visitor, colleague or employee, or where a resident's license has been suspended or revoked, suspension may be imposed immediately by the program director or chairman. If suspension is imposed, the chairman shall provide written notice of suspension and its duration to the resident. Such correspondence shall be reviewed with Hospital Counsel and forwarded to the Office of House Staff Affairs for inclusion in the resident's file. A decision to suspend a resident is grounds for the resident to invoke the Formal Grievance Process outlined in the House Staff Agreement.

**Non-renewal**

In situations where just cause exists, the program director may recommend to the chairman that the resident's appointment not be renewed for the following year of training. The decision not to reappoint a resident may only be imposed following consultation with the Associate Dean for GME. If a resident is not reappointed, the chairman shall provide written notice of non-renewal to the resident at least four (4) months prior to the expiration of the current House Staff Agreement. However, if the cause for non-renewal arises within that four (4) month period, then the written notice of non-renewal shall be provided as soon as reasonable under the circumstances. Such correspondence shall be reviewed with Hospital Counsel and forwarded to

the Office of House Staff Affairs for inclusion in the resident's file. A decision not to reappoint a resident is grounds for the resident to invoke the Formal Grievance Process outlined in the House Staff Agreement. Non-renewal resulting from a resident's failure to pass USMLE Step 3 by the required date shall not be grounds for invoking the Formal Grievance Process.

### **Dismissal**

In the unusual situation where just cause exists, the program director may recommend to the chairman that a resident be dismissed from the program. Academic dismissal may be warranted where the resident has been unable to meet performance standards established by the program, and remediation efforts have been unsuccessful. Non-academic dismissal may be warranted for any just cause, including, but not limited to, serious or repeated infraction of established policies or procedures, failure to adhere to appropriate patient care ethical or professional standards, failure to perform required work duties properly, or any action threatening the health, welfare or safety of any patient, visitor, colleague or employee. The dismissal of a resident may only be undertaken following consultation with the Associate Dean of GME. In accordance with the House Staff Agreement, the resident will receive a letter from the Chairman outlining the grounds for dismissal. A decision to dismiss a resident is grounds for the resident to invoke the Formal Grievance Process outlined in the House Staff Agreement.

Approved, GMEC 12/01

**Institutional Policy:  
Resident Selection**

**Resident Selection.** The Graduate Medical Education Programs of Thomas Jefferson University Hospital and Jefferson Medical College have, as their core purpose, the education of compassionate, highly skilled, knowledgeable physicians who are committed to excellence and the achievement of Board Certification by the relevant American Board of Medical Specialty (ABMS) Certification Board. Thus, all candidates appointed to an ACGME-accredited residency position at TJUH will satisfy, as a requirement for selection, all ABMS Specialty Board-related eligibility prerequisites required to enter training in the related specialty program at Jefferson.

Further, all candidates must satisfy the requirements of the State of Pennsylvania Board of Medical Licensure for appointment at the specific level of training for which the position is offered.

Residents must be selected based on qualifications that meet or exceed the standards outlined below.

Applicants with one of the following qualifications are eligible to be considered for appointment to residency programs of Thomas Jefferson University Hospital and Jefferson Medical College:

- a. Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME.)
- b. Graduates of colleges of osteopathic medicine in the United States 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 or
  - (2) Have a full and unrestricted license to practice medicine in a U.S. licensing jurisdiction.
- d. Graduates of medical schools outside the United States who have completed a Fifth Pathway program provided by an LCME-accredited medical school.

Residency programs will select only from among the pool of eligible applicants, evaluating each applicant on the basis of their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation, honesty and integrity. Programs must not discriminate with regard to sex, race, age, religion, color, national origin, disability, sexual orientation, or veteran status.

Jefferson Graduate Medical Education Programs require that all requisite prior training be successfully completed prior to matriculation. Each resident accepted into a training program must receive the appropriate stipend as listed in the annual House Staff Stipend Schedule. Under

no circumstances should an individual be accepted into a training program without the appropriate stipend support.

All applicants that are granted interviews will be interviewed in person, or if extenuating circumstances make that impossible, by telephone. Program directors evaluating the fitness of residents attempting to transfer from other educational programs (prior to completion of training offered in that discipline in that institution) will speak directly with the referring program director or chairman to assess the educational qualifications of the resident **prior to making any offer of employment**<sup>1</sup> A final letter of evaluation and recommendation must be obtained from the referring program director for all residents entering programs at TJUH after completing some phase of training in another institution. This must be obtained prior to the GMEC evaluation of the application for appointment.

Whenever Thomas Jefferson University Hospital-sponsored programs participate in the National Residency Matching Program, they will adhere to the rules and regulations of the Match.

Offers of employment by the residency or fellowship program director or chairman must be contingent upon approval of the GMEC, licensure and satisfactory completion of training in an ACGME-approved program, or, when applicable, an AOA-accredited program. Residents entering their first year of training are required to have passed USMLE Steps I and II (or the COMLEX I and II) in order to qualify for appointment. All applicants selected for hire must demonstrate the appropriate qualifications as outlined above, and demonstrate to the GMEC that they have the knowledge, skills, attitudes, behaviors and ethical deportment befitting a physician at Thomas Jefferson University Hospital. Actions available to the GMEC include requests for additional information prior to rendering a decision, placing of limitations or stipulations on the appointment of a resident, full appointment of the resident, or refusal to appoint.

Residency programs shall not require residents to sign a non-competition guarantee.

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<sup>1</sup> **Transferring Residents** - Residents leaving a program prior to completion of training would include, for example, a resident completing two years of Internal Medicine, transferring to either the Internal Medicine program or Radiology program at TJUH. A resident completing required prerequisite training for certain specialties is not deemed to be a transferring resident. Thus, the program director need not call the resident's prerequisite year program director, but must obtain a letter of evaluation and recommendation from that program director prior to submission of the application to the GMEC for appointment to the subsequent Jefferson program.

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Revised, GMEC 11/02