

Thomas Jefferson University Hospital

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

Table of Contents

Resident Selection

Resident Evaluation and Promotion

Resident Performance Deficiency

Faculty Interaction with Residents

Dispute Resolution Procedure

Leave of Absence

Duty Hours

Moonlighting

Resident Physician Impairment

Prescribing Practices

Residency Closure/Reduction

Transitions of Care

**GRADUATE MEDICAL EDUCATION
POLICIES & PROCEDURES**



Policy No:
Effective Date: 09/30/1999
Revision Date: 11/21/2018

Category: Graduate Medical Education
Title: Resident Selection
Contributors/Contributing Departments: House Staff Affairs Office; Dean's Office/GME Division;
Graduate Medical Education Committee

PURPOSE

The Graduate Medical Education Programs of Thomas Jefferson University Hospital and Sidney Kimmel Medical College have, as their core purpose, the education of compassionate, highly skilled, knowledgeable physicians who are committed to excellence. One attribute of this level of knowledge and commitment is the achievement of Board Certification by the relevant American Board of Medical Specialty (ABMS) Certification Board.

POLICY

- I. All candidates appointed to ACGME-accredited residency positions at TJUH will satisfy, as a requirement for selection, all ABMS Specialty Board related eligibility pre-requisites required to enter training in the related specialty program at Jefferson.
- II. 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.
- III. 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 Sidney Kimmel 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 in his or her ACGME specialty/subspecialty program; or
 3. Graduates of medical schools outside the United States who have completed a Fifth Pathway program provided by an LCME-accredited medical school.

- IV. 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.
- V. Jefferson Graduate Medical Education Programs require that all requisite prior training be successfully completed prior to matriculation.
- VI. All applicants 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**¹. 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.
- VII. Sidney Kimmel Medical College/Thomas Jefferson University Hospital sponsored programs that participate in the National Residency Matching Program will adhere to the rules and regulations of the Match.
- VIII. Offers of employment by the residency or fellowship program director or chairperson, 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.

¹ *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.

Attachment(s):

References and Citations:

Original Issue Date: September 1999

Revision Date(s):

Review Date(s): November 21, 2018

Responsibility for maintenance of policy:

Director, Medical Staff and House Staff
Affairs

(Signature on File)

Approved by:

Richard J. Webster, MSN, RN
President
Thomas Jefferson University Hospitals, Inc.

David L. Paskin, M.D.
Designated Institutional Official
Sidney Kimmel Medical College

**GRADUATE MEDICAL EDUCATION
POLICIES & PROCEDURES**



Policy No:
Effective Date: 09/30/1999
Revision Date: 12/04/2018

Category: Graduate Medical Education
Title: Resident Evaluation and Promotion
Contributors/Contributing Departments: House Staff Affairs Office; Dean's Office/GME Division;
Graduate Medical Education Committee

PURPOSE

To outline the criteria for promotion and renewal of appointment.

POLICY

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 House Staff Affairs Office of TJUH.

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 objective assessment of competence in patient care and procedural skills, medical knowledge, practice based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice based on the specialty specific Milestones such that the resident is deemed proficient 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 to the Office of House Staff Affairs by February 15th 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 notice of intent of non-renewal. . Residents who do not achieve passing results on the USMLE Step 3 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.

References and Citations:

Original Issue Date: September 1999

Revision Date(s): December 04, 2018

Review Date(s):

Responsibility for maintenance of policy:

Director, Medical Staff and House Staff
Affairs

(Signature on File)

Approved by:

Richard J. Webster, MSN, RN
President
Thomas Jefferson University Hospitals, Inc.

David L. Paskin, M.D.
Designated Institutional Official
Sidney Kimmel Medical College

**GRADUATE MEDICAL EDUCATION
POLICIES & PROCEDURES**



Policy No:
Effective Date: 09/30/1999
Revision Date: 11/21/2018

Category: Graduate Medical Education
Title: Resident Performance Deficiency
Contributors/Contributing Departments: House Staff Affairs Office; Dean's Office/GME Division;
Graduate Medical Education Committee

PURPOSE

To outline process for handling resident performance deficiencies up to and including dismissal.

POLICY

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 attempted, and results of remediation efforts 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 after remediation efforts.

Probation

In circumstances where just cause exists, a Residency Program Directors may recommend to the Chairman that a resident be placed on probation. Probationary status is grounds for the resident to invoke the Formal Grievance Process contained in the House Staff Agreement. Probationary Status may only be imposed by the Chairman following consultation with the Vice Dean for GME.

Dismissal

In the unusual situation where just cause exists, a resident may be dismissed from the program. The dismissal of a resident must only be undertaken after all relevant facts are identified by the Chairman following consultation with the Vice Dean of GME. In accordance with the House Staff Agreement, the resident will receive a letter from the Chairman outlining the performance deficiencies and/or conduct which is the basis for the disciplinary action. In general, there are two categories of performance deficiencies or conduct that may result in consideration of dismissal: academic and non-academic.

Academic Dismissal. Residents may be dismissed from a program by the Chairman in situations where the resident has been unable to meet the performance standards established by the Department, and documented feedback and remediation efforts have been unsuccessful.

Non-Academic Dismissal. Residents may be dismissed from a program by the Chairman for any just cause, including but not limited to serious or repeated infraction of established policies and procedures; failure to adhere to appropriate patient care, academic, 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.

Suspension. In the case where a resident commits an act or threatens action endangering the health, welfare or safety of any patient, visitor, colleague or employee, suspension may be imposed immediately. A decision to suspend a resident is grounds for the resident to invoke the Formal Grievance Process outlined in the House Staff Agreement

Attachment(s):

References and Citations: 1. House Staff Agreement

Original Issue Date: September 1999

Revision Date(s): August 2000

Review Date(s): November 21, 2018

Responsibility for maintenance of policy:

Director, Medical Staff and House Staff
Affairs

(Signature on File)

Approved by:

Richard J. Webster, MSN, RN
President
Thomas Jefferson University Hospitals, Inc.

David L. Paskin, M.D.
Designated Institutional Official
Sidney Kimmel Medical College

**GRADUATE MEDICAL EDUCATION
POLICIES & PROCEDURES**



Policy No:
Effective Date: 09/30/1999
Revision Date: 11/21/2018

Category: Graduate Medical Education
Title: Faculty Interaction with Residents
Contributors/Contributing Departments: House Staff Affairs Office; Dean's Office/GME Division;
Graduate Medical Education Committee

PURPOSE

To provide an educational environment that nurtures and encourages professional and personal achievement of excellence.

I. Definitions

- A. The term “resident” is used to encompass all Graduate Medical Education (GME) program 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.

POLICY

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 faculty and residents of Thomas Jefferson University Hospital and Sidney Kimmel 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 Sidney Kimmel 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.

Original Issue Date: September 1999

Revision Date(s):

Review Date(s): November 21, 2018

Responsibility for maintenance of policy:

Director, Medical Staff and House Staff
Affairs

(Signature on File)

Approved by:

Richard J. Webster, MSN, RN
President
Thomas Jefferson University Hospitals, Inc.

David L. Paskin, M.D.
Designated Institutional Official
Sidney Kimmel Medical Center

**GRADUATE MEDICAL EDUCATION
POLICIES & PROCEDURES**



Policy No:
Effective Date: 09/30/1999
Revision Date: 11/21/2018

Category: Graduate Medical Education
Title: Dispute Resolution
Contributors/Contributing Departments: House Staff Affairs Office; Dean's Office/GME Division;
Graduate Medical Education Committee; Hospital Counsel

PURPOSE

To encourage dispute resolution at the program level.

POLICY

Well-meaning professionals may disagree over dimensions of performance, or interpretation of events or evaluations. It is the intent of the administration and faculty that these issues be handled in a professional fashion, between the involved individuals, with little or no need for administrative intervention.

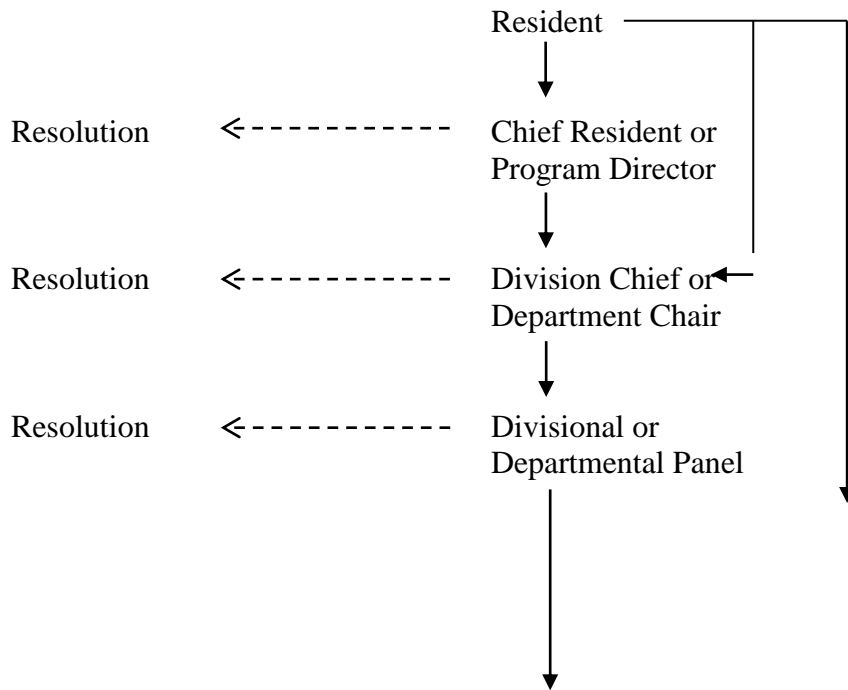
Thus, disputes concerning performance, professionalism or other deficiencies are best resolved at the program level. With the intention of providing residents with the opportunity to rapidly address concerns, the institution requires each program to develop a policy, and establish procedures which provide the resident with the opportunity to resolve disagreements rapidly, and in a fair and equitable fashion.

In situations where the resident is unable to utilize the departmental approach to problem resolution, the Assistant 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 Assistant Dean will facilitate the resolution of the conflict through the chair of the department, or other channels if more appropriate, based on the circumstances involved.

All Departmental Policies and Procedures for grievances or conflict resolution must be consistent with these institutional policies and procedures, and approved by the GME Committee (GMEC).

PROCEDURE

Graphic representation of procedures for resolution of disagreement or conflict



Original Issue Date: September 1999

Revision Date(s):

Review Date(s): April 22, 2016

Responsibility for maintenance of policy:

Director, Medical Staff and House Staff Affairs

(Signature on File)

Approved by:

President
Thomas Jefferson University Hospitals, Inc.

Designated Institutional Official
Sidney Kimmel Medical College

**GRADUATE MEDICAL EDUCATION
POLICIES & PROCEDURES**



Policy No:
Effective Date: 09/30/1999
Revision Date: 04/24/2018

Category: Graduate Medical Education
Title: Leave of Absence
Contributors/Contributing Departments: House Staff Affairs Office; Dean's Office/GME Division;
Graduate Medical Education Committee

PURPOSE

Residents may require time away from training for pregnancy, illness, or other life stresses. This policy outlines the effect such requests.

POLICY

Institutional policies regarding paid versus unpaid leaves of absence are contained in the employee benefit section of the House Staff Agreement.

Notwithstanding compensation, residents of Thomas Jefferson University Hospital will be issued certificates of successful completion of training only upon successful completion of the required number of months of education, and other requirements for completion of training. Months of education will be calculated in accordance with the policies and procedures of the relevant specialty board requirements and the state of Pennsylvania, and the published Jefferson program policies and procedures. Residents may not forego vacation in order to acquire the requisite number of months of education in a more expeditious fashion.

References and Citations: **1) Hospital Policy #200.49 - Leave of Absence Policy**
 2) Hospital Policy #200.63 - Family and Medical Leave/Health
 Families Leave

Original Issue Date: September 1999

Revision Date(s): April 24, 2018

Review Date(s):

Responsibility for maintenance of policy: Director, Medical Staff and House Staff
Affairs

(Signature on File)

Approved by:

President
Thomas Jefferson University Hospitals, Inc.

Designated Institutional Official
Sidney Kimmel Medical College

**GRADUATE MEDICAL EDUCATION
POLICIES & PROCEDURES**



Policy No:
Effective Date: 09/30/1999
Revision Date: 04/24/2018

Category: Graduate Medical Education
Title: Duty Hours
Contributors/Contributing Departments: House Staff Affairs Office; Dean's Office/GME Division;
Graduate Medical Education Committee

PURPOSE

To ensure residency programs provide residents with educational and clinical experience opportunities that provide reasonable opportunities for rest and personal activities.

POLICY

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 ACGME Common and Specialty Specific Program Requirements that apply to each program.

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.

Original Issue Date: September 1999

Revision Date(s): April 24, 2018

Review Date(s):

Responsibility for maintenance of policy:

Director, Medical Staff and House Staff
Affairs

(Signature on File)

Approved by:

President
Thomas Jefferson University Hospitals, Inc.

Designated Institutional Official
Sidney Kimmel Medical Center

**GRADUATE MEDICAL EDUCATION
POLICIES & PROCEDURES**



Policy No:
Effective Date: 09/30/1999
Revision Date: 04/24/2018

Category: Graduate Medical Education
Title: Moonlighting
Contributors/Contributing Departments: House Staff Affairs Office; Dean's Office/GME Division;
Graduate Medical Education Committee

PURPOSE

To define the circumstances in which moonlighting is permitted.

POLICY

Recognizing that the principal focus of effort of residents is the development of the knowledge, skills, attitudes, and behaviors required to become a specialist or sub-specialist while not subjecting the resident to excessive duty hours or service demands, the institution requires that the Program and Program Director develop policies concerning moonlighting outside the program which are consistent with the specialty Program Requirements, and the following general policy.

Interns may not moonlight. Residents and fellows will adhere to the Moonlighting Policy of the institution and the sponsoring department of their educational 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 educational/training program. Residents working additional shifts at Thomas Jefferson University Hospitals are extended professional liability insurance coverage provided they have met the eligibility requirements and are in compliance with the procedures established by the Medical Staff Bylaws and the Office of House Staff Affairs, as well as the specific policy of their educational program.

Original Issue Date: September 1999

Revision Date(s): April 24, 2018

Review Date(s):

Responsibility for maintenance of policy:

Director, Medical Staff and House Staff
Affairs

(Signature on File)

Approved by:

President
Thomas Jefferson University Hospitals, Inc.

Designated Institutional Official
Sidney Kimmel Medical College

**GRADUATE MEDICAL EDUCATION
POLICIES & PROCEDURES**



Policy No:
Effective Date: 09/30/1999
Revision Date: 11/21/2018

Category:	Graduate Medical Education
Title:	Resident Physician Impairment
Contributors/Contributing Departments:	House Staff Affairs Office; Dean's Office/GME Division; Graduate Medical Education Committee; University Health Services; Hospital Counsel

PURPOSE

To outline the responsibilities of each member of the graduate medical education enterprise relevant to physician impairment.

POLICY

Thomas Jefferson University Hospital and Sidney Kimmel 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 are manifest evidence of disorders which impair their ability to function at their highest level of ability.

With this philosophy in mind, the following policies and procedures govern the responsibilities of each member of the graduate medical education enterprise.

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 by a colleague with similar expertise and ability
2. Assure that his/her direct supervisor is aware of the arrangements made in provision of uninterrupted patient care
3. Assure that he/she receives appropriate professional care to rectify the disorder which precipitated his/her illness
4. Return to duty only when able to function at an appropriate level
5. Satisfy any observational or reporting requirements reasonably requested by their supervisor or required by Hospital Medical Staff 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, to report these facts to his/her supervisor

Responsibility of the Physician Observing Another Physician with Illness

As a member of a community committed to excellence in patient care and education, we are responsible to assure that each member of the health care team is able to provide services at the highest level of their ability. Each member of the health care team who observes behavior or performance which is indicative of impairment in a colleague must discuss that observation with the physician in question, or with the supervisor of the physician in question.

The Physician with Illness Related to Substance Abuse

The maintenance of a safe, healthy, and secure environment for patients, students, residents, fellows, faculty and staff of Thomas Jefferson University Hospital and Sidney Kimmel Medical College of Thomas Jefferson University is of paramount importance. Consistent with its role as a provider of quality health care, superior education, and a leader in the advancement of medical science, Thomas Jefferson University Hospital and Sidney Kimmel Medical College of Thomas Jefferson University have a compelling interest in providing an environment free of drug and alcohol abuse.

In this regard all residents, fellows, and faculty will be governed by the Thomas Jefferson University Administrative Policy, "Drug and Alcohol Policy."

References and Citations: 1) Policy 200.75 - Drug and Alcohol Policy

Original Issue Date: September 1999

Revision Date(s):

Review Date(s): November 21, 2018

Responsibility for maintenance of policy:

Director, Medical Staff and House Staff
Affairs

(Signature on File)

Approved by:

Richard J. Webster, MSN, RN
President
Thomas Jefferson University Hospitals, Inc.

David L. Paskin, M.D.
Designated Institutional Official
Sidney Kimmel Medical College

**GRADUATE MEDICAL EDUCATION
POLICIES & PROCEDURES**



Policy No:
Effective Date: 01/30/2006
Revision Date: 11/21/2018

Category: Graduate Medical Education
Title: Prescribing Practices
Contributors/Contributing Departments: House Staff Affairs Office; Dean's Office/GME Division;
Graduate Medical Education Committee

PURPOSE

To provide residents with guidance for appropriate prescribing practices.

POLICY

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 Epic. When the ordering physician is a resident with a graduate training license, Epic 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>

References and Citations:

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.

Original Issue Date: January 2006
Revision Date(s): November 21, 2018
Review Date(s):
Responsibility for maintenance of policy:

Director, Medical Staff and House Staff
Affairs

(Signature on File)

Approved by:

Richard J. Webster, MSN, RN
President
Thomas Jefferson University Hospitals, Inc.

David L. Paskin, M.D.
Designated Institutional Official
Sidney Kimmel Medical College

**GRADUATE MEDICAL EDUCATION
POLICIES & PROCEDURES**



Policy No:
Effective Date:
Revision Date: 04/25/2018

Category: Graduate Medical Education
Title: Residency Closure/Reduction
Contributors/Contributing Departments: House Staff Affairs Office; Dean's Office/GME Division;
Graduate Medical Education Committee

PURPOSE

To describe the notification process for closure or reduction of a residency training program.

POLICY

Should Thomas Jefferson University Hospital find it necessary to reduce the size of 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.

Original Issue Date:

Revision Date(s): April 24, 2018

Review Date(s):

Responsibility for maintenance of policy:

Director, Medical Staff and House Staff
Affairs

(Signature on File)

Approved by:

President
Thomas Jefferson University Hospitals, Inc.

Designated Institutional Official
Sidney Kimmel Medical College

**GRADUATE MEDICAL EDUCATION
POLICIES & PROCEDURES**



Policy No:
Effective Date: April 25, 2017
Revision Date: November 21, 2018

Category: Graduate Medical Education
Title: Transitions of Care
Contributors/Contributing Departments: House Staff Affairs Office; Dean's Office/GME Division;
Graduate Medical Education Committee

PURPOSE

To establish protocol and standards within the GME programs sponsored by SKMC to ensure the quality and safety of patient care when transfer of responsibility occurs during shift changes and other scheduled or unexpected circumstances.

POLICY

The Accreditation Council for Graduate Medical Education (ACGME) requires that sponsoring institutions and resident/fellowship programs ensure and monitor Transitions of Care as described in the Common Program Requirements.

DEFINITIONS

1. Transition of Care (“handoff”, hand-over”, “sign out”) is an interactive communication process of passing specific, essential patient information from one caregiver to another. Transitions of care include the following:
 - a. Change in providers (start and end of a shift)
 - b. Change in level of patient care – including but not limited to ED to inpatient transfers, transfers in and out of intensive care units, transfers to another specialty service
 - c. Temporary transfer of care to other health professionals within procedure or diagnostic areas

GUIDELINES

Optimal transitions of care require active interventions at the program level to ensure that transitions are sufficient in content, timely and delivered in standard fashion. These interventions must include training, ensuring adequate locations exist, evaluation and monitoring processes. Accordingly, all programs **MUST**:

1. Have a standardized training program for all trainees to ensure they understand and can perform the basic processes of a safe and effective transition of care;
2. Select an ideal location or locations for these transitions to occur;
3. Evaluate trainees to ensure they are following established guidelines and procedures;
4. Institute a monitoring process to ensure that the formal transition of care processes and locations agreed upon are sustained by the trainees of the program;
5. Electronic support of transitions of care is required, using the institutionally developed “Portal” with the EPIC EHR platform.

NOTES

1. Trainees' participation in the institutionally sponsored training programs for transitions of care will fulfill Guideline 1.
2. Advanced training programs (i.e. subspecialty fellowships) can evaluate trainees upon matriculation to ensure that they are competent in local guidelines for transitions of care, and if so, these trainees do not require a full training program.

Attachment(s):

References and Citations:

Original Issue Date: April 25, 2017

Revision Date(s): November 21, 2018

Review Date(s):

Responsibility for maintenance of policy:

Director, Medical Staff and House Staff
Affairs

(Signatures on File)

Approved by:

Richard J. Webster, MSN, RN
President
Thomas Jefferson University Hospitals, Inc.

David L. Paskin, MD
Designated Institutional Official
Sidney Kimmel Medical College