Please note that throughout this manual, the use of the word “resident” or “residency” is meant to include both residents and fellows, both residencies and fellowships.

Also, please note that at Summa Health System, the System Vice President for Medical Education and Chief Academic Officer (VPME) also serves as the Designated Institutional Official (DIO) for graduate medical education. In this manual, the initials VPME and DIO may be used interchangeably, as they represent the same individual.
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I. INSTITUTIONAL ORGANIZATION AND RESPONSIBILITIES

   A. Administrative Support

      1. Welcome

The Value of Graduate Medical Education in Our Population Health Management Organization

Summa Health has committed itself to becoming a population health management organization, one that can effectively deliver the Triple Aim of better care for individual patients, better care for the populations we serve, and lower total cost of care; that is the direction we have committed to in order to thrive in this period of rapid change.

It is a tremendous change in direction, and an exciting change you will be part of if you choose to get your training at Summa Health.

This change requires a rapid restructuring of our entire organization to a value-based “Accountable Care” approach to the care of the communities and patients we serve. This approach increases focus on the transition from high cost inpatient hospital-based care to coordinated ambulatory-based care involving chronic disease management, disease prevention and wellness, and increased access to care-management of chronically ill patients through patient care teams in a Patient-Centered Medical Home (PCMH) model.

Fundamental to achieving success in this risk-based Accountable Care approach is the necessity to build an infrastructure that provides population management through an emphasis on primary care, behavioral health, geriatrics, women’s health, and care-management. That must all be coordinated with excellence in specialty care that will permit the vast majority of care to be provided within our healthcare system.

Continued investment in Graduate Medical Education in an Accountable Care system is, indeed, an investment in the future of that system. Not only does it continue to attract the highest caliber of physicians to practice within the system, but it assures a steady supply of high quality providers well into the future.

This is exactly why Summa Health will continue its longstanding commitment to Graduate Medical Education. As this is a time of volatility and change across the entire spectrum of healthcare, so it must be for GME. However, the investment in a well-planned strategic rapid transformation of GME emphasizing the principles of population management and Accountable Care, will, indeed, enable GME to support, if not lead, the overall system’s transformation.

As a resident trained at Summa, you will learn to practice in an organization that is at the forefront of change in patient care and patient care systems. You will be exposed to our successful Accountable Care Organization, and learn how to improve efficiency in patient care while maintaining high quality and a patient-centered approach. You will learn how to function in a rapidly changing patient care environment, work with patient care teams, and how to practice in a way that emphasizes value in patient care, not volume of patient care. We welcome you to that journey with us at Summa Health.

Tom Malone, M.D.
President and Chief Executive Officer
Summa Health
2. Statement of Commitment

Summa Health System
Statement of Commitment to Graduate Medical Education

As demonstrated in its vision and strategic plan, Summa Health System is firmly committed to graduate medical education. Maintaining high quality graduate medical education programs is vital to our success in providing the highest quality care to the citizens of our community. This responsibility to provide highly organized education programs includes guidance and supervision of the residents while facilitating their professional and personal development and ensuring safe and appropriate care for patients.

This statement of commitment shall serve as documentation that the board of directors, administration, and medical staff recognize their obligation to graduate medical education, and are willing to invest the educational, financial, and human resources which are necessary to achieve this important mission of maintaining high quality educational programs. This statement shall be renewed periodically, incorporated into the strategic plan of the system, and documented in the Graduate Medical Education Policies and Procedures Manual.

In witness whereof, the seal of Summa Health System and the signatures of the proper officers are hereto affixed.

Vivian E. von Grueningen, M.D.
Chair, Care Delivery Board

Date

Valerie Gibson, R.N., M.S.A, NE-BC
Chief Operating Officer

Date

Erik N. Steele, D.O.
System Vice President, Medical Education
Chief Academic Officer

Date

Joseph P. Maysa, M.D.
Vice President, Medical Affairs

Date

Dale P. Murphy, M.D.
President, Medical Staff

Date
3. Mission of Summa Health

Mission
The mission of Summa Health is to provide the highest quality, compassionate care to our patients and members and to contribute to a healthier community.

Vision
Summa Health will be recognized as one of the finest health care organizations in the United States and will be the preferred provider of health care services in our service area.

Values
Our values provide the framework for each of us to support the mission in our day-to-day work by emphasizing the beliefs and attitudes which govern the operations of the system. They are an affirmation of what is most important for the success of our organization and reflect a belief that success is a personal standard compelling us to strive to reach our highest potential as individuals in service to our community.

- We believe in the highest standards of personal and organizational integrity. Honesty and fairness are expected from all of us.
- We believe in preserving a quality, caring organizational environment. Each of us will take responsibility for continuously improving the quality of care and service he or she provides.
- We believe in excellence in leadership throughout the organization. All who lead must also facilitate the efforts of our employees in best serving our patients, as well as serve in a mentoring and educating role to support all employees in achieving their full potential.
- We believe in valuing one another. Each of us will value the knowledge, experience, and ability of other employees and the contribution that each makes to Summa.
- We believe that we all deserve respect and fair treatment. Each of us will support these fundamental premises by being an example of this positive behavior.
- We believe in open communication. Each of us will continually strive to remove communication barriers. Group participation is encouraged in the resolution of issues.
- We believe in teamwork. We value the participative process and consensus building. It is through cooperation that our greatest successes will be derived.
- We believe in community service. We encourage all of our employees to be good community citizens and seek opportunities of service to others.
- We believe in individuality. We value diversity in experience and perspectives at all levels of our work force. Differing points of view will be sought and respected.
Commitments

Summa will, in partnership with our physicians and other caregivers, dedicate appropriate resources to provide high quality health care services which preserve and enhance the health and well being of the citizens of our community.

Summa will strive to meet the changing medical and social needs of our community by providing or arranging for a full continuum of health care services (including preventive services and health education), improving access, advocating that individuals take responsibility for their own health, and, when in the best interests of the health of our patients or the health of the community, using a collaborative approach with health care related organizations which share our core values.

Summa will develop a strong partnership with its medical staff by involving physicians as active partners in making decisions, supporting a variety of practice arrangements, maintaining the professional values of the private practice of medicine, aligning performance goals for the medical staff and the system, and generating the highest possible levels of physician satisfaction.

Summa will maintain a leadership position for the education of, and research by, physicians and other health professionals - under both the Allopathic and Osteopathic medical models - in collaboration with the Northeast Ohio Medical University (NEOMED), the Centers of Osteopathic Regional Medical Education, and the Ohio University College of Osteopathic Medicine.

Summa will be financially prudent as a steward of community resources by operating in a cost effective fashion, protecting and enhancing existing assets and wisely planning for their future use.

Summa will engage the community in growing the assets available to Summa to support its mission.

Summa will provide a working environment that fosters compassionate, patient-focused care, generates the highest levels of patient and employee satisfaction, allows all employees to share in the rewards of the System's success and encourages all employees to reach their potential as individuals in service to patients and the community.

4. Mission and Purposes of Graduate Medical Education

Medical Education Mission Statement
The mission of medical education at Summa Health System is to train and support highly competent and compassionate physicians.

Medical Education Vision Statement
Medical education is vital to Summa Health commitment to provide the highest quality, compassionate care to its patients and contribute to a healthier community. Through the pursuit of excellence in medical education, Summa Health will:

- be highly respected as an academic health care system,
- attract and maintain a medical staff which consistently demonstrates the highest standards of the profession,
function as a responsive steward for the community's resources and health care needs.

Graduate Medical Education Program Purposes
The purposes of the graduate medical education program at Summa Health are to provide the graduate physician with opportunity for:

- practical application of theoretical knowledge learned in medical school,
- mastery of fundamental clinical skills,
- the development of additional skills and knowledge in specialized fields of medicine,
- development of a high level of ethical and moral character as expected of physicians in practice, and
- experience interacting as a physician member of the health care team, and
- participation in quality improvement endeavors that improve the health of our patients and align with system goals.

5. GME Support Services

The System Vice President for Medical Education and Chief Academic Officer (VPME) serves as the Designated Institutional Official (DIO), and has the authority and responsibility for the oversight and administration of the institution’s accredited programs, and is responsible for assuring compliance with Accreditation Council on Graduate Medical Education (ACGME), AOA and ADA requirements. This individual has overall responsibility for all matters pertaining to graduate, undergraduate, and continuing medical education, and serves as chairman of the system’s Graduate Medical Education Committee.

The VPME serves as the administrator responsible for the system’s and each residency program’s compliance with the requirements for accreditation. In addition, this individual is available to assist residents with any concerns or problems which may arise during their training.

The responsibilities of the VPME include the:

- coordination and oversight of the undergraduate, graduate, and continuing medical education programs,
- support of the process of recruitment and selection of a full complement of house staff,
- provision of supervision and liaison to all house staff and medical students on education matters,
- support of the individual departments’ efforts in the recruitment of full-time faculty for medical education purposes,
- oversight for the education curriculum of all residency programs, and
- support for all medical education related research activities.

As the Designated Institutional Official (DIO) for medical education, the VPME also assumes the following responsibilities as outlined in the ACGME Institutional Requirements:
● reviews and cosigns all program information forms and any correspondence or document submitted by the programs that would have significant impact, including financial, on the program or institution
● presents an annual report to the organized medical staff and the governing bodies of Summa Health which reviews the activities of the Graduate Medical Education Committee during the most recent year, and which focuses specifically on resident supervision, resident responsibilities, resident evaluation, and compliance with duty hours.

The Executive Assistant to the VPME, also located in the Office of Medical Education, is responsible for maintaining the calendar of the VPME, and fields all requests from residents and medical students who may wish to meet with the VPME. Such meetings when requested are managed as priorities. The Executive Assistant can be reached at 330-375-3106.

The Office of Medical Education is located on the ground floor of the Professional Center South, Suite G4. Hours of operation are 8:30 a.m. to 5:00 p.m., Monday through Friday. The phone number for this office is 330-375-3107.

6. Quality Assurance and Improvement Activities for GME

a. Sponsoring Institution
   Summa Health serves as the single sponsoring institution for the Summa Health System’s residency and fellowship programs, and as such, has authority and control over all issues related to training in these programs. That institutional responsibility also extends to resident assignments at all participating training sites.

b. VPME-Residency Director Meetings
   The VPME conducts regular individual meetings with all residency directors throughout the course of each year. These meetings are conducted at least annually, but the frequency of these meetings may be increased at the discretion of a given residency director or the VPME. Any and all issues or concerns related to the residency programs are discussed in those meetings and followed-up as appropriate.

c. ACGME On-Line Survey
   All residents in ACGME-accredited programs are invited annually to complete an on-line survey regarding their residency programs. These on-line surveys cover a broad range of residency issues including duty hour compliance, residency faculty, residency evaluation, program educational content, resources provided to residents, and overall training experience. The Office of Medical Education works with all residency directors to enforce completion of these surveys by 100% of Summa residents. Once completed, the results of these surveys are presented by the respective residency directors at the Graduate Medical Education Committee. Concerns requiring follow-up are discussed and residency directors are expected to report back to the Graduate Medical Education Committee until all concerns are resolved to the satisfaction of that committee.

d. RC Reviews
When a residency program undergoes a site visit by its respective Review Committee (RC) and receives the RC letter notifying the program of the results of that review, the VPME meets with the residency director of that program to review the findings of the RC, and to agree upon an action plan to address any concerns or citations in that notification. A summary of that meeting and action plan is reported to the Graduate Medical Education Committee, and follow-up is brought to that committee until all concerns are resolved to the committee’s satisfaction.

e. Annual Residency Program Reviews
In accordance with ACGME requirements all residency directors are expected to conduct annual comprehensive reviews of their residency programs. Input from residents and faculty are included in these reviews. Information from these reviews is expected to be used to inform continuous quality improvement for all residency programs.

f. House Staff Council
The purpose of the House Staff Council (HSC) is to provide a forum comprised of and directed by residents, for the purpose of problem-solving, project development, and information sharing on issues affecting residents and resident life at Summa Health System. The council is comprised of resident and fellow members elected by their respective program peers for one-year terms. Programs are expected to conduct their member elections in June of each academic year, with newly elected members to begin their one-year terms on July 1. Members will include the house staff president, vice president, and social chairperson as well as the following number of elected representatives:

Two representatives from the following programs:
- Emergency Medicine
- Family Medicine
- Barberton Family Medicine
- Surgery
- Internal Medicine
- Obstetrics/Gynecology
- Ophthalmology
- Orthopedic Surgery
- Pathology
- Plastic Surgery
- Psychiatry
- Urology

One representative from the following programs:
- Addiction Medicine
- Cardiovascular Disease
- Dental
- Geriatrics
- Hospice/Palliative Medicine
- Cytopathology
- Medical Simulation
- Preliminary IM
Sports Medicine
Transitional

Council meetings are also attended by the VPME and Office of Medical Education staff. HSC meets monthly unless a given month’s agenda doesn’t warrant a meeting. Meetings are chaired by the house staff president. If a member is unable to attend a meeting, he or she is expected to arrange attendance by a designee from his/her program. Attendance by HSC members is reported to all residency and fellowship directors and coordinators. In addition, the Office of Medical Education sends meeting reminders and contact members who fail to attend meetings.

The HSC provides the opportunity for resident leaders to discuss issues and develop ideas for improving the educational and life experiences of the residents at Summa. Members are encouraged to bring issues to the council with the intent of working to develop solutions and results which enhance the resident experience. Topics for discussion may include (but are not limited to) safety/security issues, living conditions, resident education, and patient care areas and services.

The HSC is also responsible for assigning resident members to appropriate medical staff and hospital committees, including the assignment of two at-large members to serve on Quality Assurance and Performance Improvement (QAPI) and up to six at-large members to serve on the Graduate Medical Education Committee.

All residency and fellowship programs are expected to place “Report from HSC” on their regular residency business meetings or resident meetings. At those meetings, HSC representatives are expected to surface any issues to be brought as agenda items to HSC. Minutes of HSC meetings will be sent to all residency and fellowship directors and coordinators and to all house staff.

g. Annual House Staff Survey
The Office of Medical Education conducts an annual survey of all Summa residents in the spring of each year and completion of the survey is required of all residents. This survey examines a broad range of issues regarding institutional support for residents, residency program quality, compliance with ACGME requirements, residents’ satisfaction with their programs and with the institution, and numerous other issues. The results of the survey are reported collectively to the Graduate Medical Education Committee. In addition, the reports are collated by specific residency program and shared with the respective residency directors. Any concerns identified in these program specific assessments are expected to be followed-up by the respective residency director with the VPME.

h. VPME Annual GME Report
The VPME is required to present an annual report to the executive committee of the medical staff of Summa Health as well as to the governing board. The expected content of this report is outlined in the Institutional Requirements of the ACGME. Input and feedback is sought from these groups. Any concerns or requests for follow-up that arise from these discussions are reported back to the Graduate Medical Education Committee for resolution.
i. VPME Open Door Policy
The Office of Medical Education and specifically the office of the VPME, is open to assist residents as needed. Residents need only request time with the VPME if needed, and such requests are honored as a priority. In addition, the VPME is available by system pager or by cell phone for urgent resident issues requiring immediate attention. In the absence of the VPME a designee is assigned to be available for such urgent issues and can be contacted through the Office of Medical Education. All residency directors are expected to conduct similar open door policies within their respective residency programs.

7. Disaster or Interruption in Patient Care Response Policy

For the purpose of this policy, a disaster is as defined by the ACGME: an event or set of events that either prevents or significantly disrupts the system’s ability to provide resident education. A disaster can be any event, natural or intentional, that prohibits an individual program or the entire system from treating patients and remaining open.

Following declaration of a disaster, or any event which causes a substantial interruption in patient care, the health system and institutional GME leadership will take appropriate steps to maintain, restructure, and reconstitute elsewhere the educational experience of GME trainees.

If the disaster involves acute clinical needs, then immediate attention will be focused on care of patients and safety of patients and personnel.

As soon as possible, the sponsoring institution will assess its ability to continue to provide adequate educational experiences for its residents. This may require temporary or permanent restructuring of training, and/or reduction or discontinuation of some or all training programs.

The DIO will communicate institutional decisions as quickly as possible to the GMEC, program directors and trainees, and will serve as the primary institutional contact with the ACGME regarding the issues addressed in this policy.

Any necessary restructuring of GME will seek to maintain full compliance with accreditation requirements and minimize any loss of training time, in order to maximize the likelihood that trainees will complete certification requirements within the originally anticipated time frame.

If it is determined that adequate education cannot be provided in one or more programs on a temporary basis, the DIO, working with leadership, will seek to arrange for temporary transfer of the residents to other accredited programs. If it is determined that prolonged or permanent reduction or closure of training programs is necessary, the institution will notify the ACGME and seek to arrange for permanent transfer of residents to other accredited programs. To the extent possible the institution will provide:
- assistance in identifying programs willing to accept trainees,
- transfer of information and documentation to support the transfer and the credentialing process,
• continuation of salary for the period of temporary transfer, or to facilitate transfer to another program that may have educational resources but lacks funding for additional GME positions, and
• an estimate of the necessary duration of relocation.

When warranted and after consultation with the GMEC, the DIO may ask the ACGME Executive Director to make a formal declaration of a disaster for a particular program or the entire institution according to ACGME policies and procedures. This information will be posted on the ACGME website. This formal declaration under ACGME policies creates significant flexibility for trainees to transfer to other institutions.

In the event of a disaster affecting other sponsoring institutions of graduate medical education programs, the DIO (or designee) at Summa Health System will determine the ability of Summa to accept transfer residents from other institutions. This will include the process to request resident complement increases with the ACGME. Programs under a proposed or actual adverse accreditation decision by the ACGME will not be eligible to participate in accepting transfer residents unless a report demonstrating satisfactory progress towards full accreditation is presented and endorsed by the GMEC and has been submitted to the ACGME.

B. Resident Resources

1. Library Services

Medical Library
The Medical Library offers comprehensive facilities and is served by a professional staff of three masters-prepared librarians. The staff is available to assist library users Monday through Friday, 8:00 a.m. to 4:30 p.m. Residents have access to the library 24 hours per day through an ID badge swipe system.

The library houses over 1300 print monographs as well as providing access to thousands of electronic books, many of which are biomedical titles. Additionally, the library owns approximately 400 journal titles available in the print collection, and over 1000 titles available full text online via Summa’s subscriptions.

Residents have access to several biomedical databases, including PubMed, The Cochrane Library, and Web of Science, and are encouraged to conduct their own searches. The librarians are available to provide general assistance on an as needed basis, and also offer more formal instruction which can be scheduled in advance.

Access to the library’s electronic resources is facilitated through the library’s website, which is found at http://medlib.summahealth.org. The website also provides access to these resources even when residents are off campus through a library issued-login.

The library’s computers offer Microsoft Office, Internet access, and access to clinical information systems. Photocopiers and printers are available and may be used free of charge for education-related purposes; other/personal uses are 10 cents per page. Photocopying is the responsibility of each individual and must be performed in compliance
with copyright laws. A computerized video-alarm system provides security for library books and equipment.

The Medical Library is a member of several local, regional, and national consortia, facilitating timely interlibrary loan services for materials not owned by the system.

The phone number is 330-375-3260 and the e-mail address is amedlib@summahealth.org.

Guidelines for Library Use

- Reference books are not to be removed from the library. These books are identified with a “Reference Only” stamp or label.
- Circulating items must be signed out with the library staff through an automated system. The loan period is three weeks. Renewals are allowed if the items are not on hold for someone else.
- Beverages and small snacks are permitted in the library, and all library users are expected to dispose of their trash.

2. Research & Innovation

Summa Health is committed to research as an integral component of its academic and clinical environments. Summa’s clinical research and innovation mission is to encourage and support high quality research to improve the overall health of our patients and enhance the care we provide. Research & Innovation promotes and facilitates ethical and scholarly research activities conducted by attending and resident physicians, faculty, staff and students and ensures that all research-related activities are in compliance with federal, state, and local laws and institutional policies governing research. Research & Innovation accomplishes this through the collective efforts of the following offices: Office of Research Administration, the Office of Sponsored Programs and the Office of Technology Management.

Office of Research Administration (ORA)

The ORA should be contacted regarding any questions pertaining to resident research at 330-375-4045 or research@summahealth.org. Research projects need to be reviewed by the Institutional Review Board and be fully compliant with the Health Insurance Portability and Accountability Act. IRB approval must be obtained for qualifying human subject research before any study-related activities can begin. Consultation with ORA staff is available to determine if a resident project is a quality improvement initiative not subject to IRB review or is a research study requiring IRB approval. Residents can contact research@summahealth.org with questions on how to obtain approval for a research or QI project.

Office of Sponsored Programs (OSP)

The OSP is a centralized office created to assist investigators conducting sponsored (externally funded) research or programs throughout the system. OSP is responsible for monitoring all aspects of sponsored research, both before a funding application is submitted and after an application is funded. Residents should contact OSP for assistance at osp@summahealth.org before they consider seeking external funding for projects or programs.
**Office of Technology Management (OTM)**
Residents with innovative ideas generated from work in patient care or research that have the potential to be patented or licensed are encouraged to contact the OTM at innovation@summahealth.org. Summa Health System’s Intellectual Property Policy can be found on the research website.

**Research Resources**

**Summa Center for Preclinical Research and Skills Training (PRST)**
The PRST supports the development and conduct of pre-clinical research studies using animals. IACUC approval is required for all animal studies. Residents considering conducting research with animals should contact research@summahealth.org.

**Educational Programs:** PRST provides educational programs that are focused upon experimental and applied surgery, using both animate and inanimate models. The skills lab hosts a range of skills programs including laparoscopic training, suture/knot tying training, endoscopy and microsurgery training. The PRST is a regional testing site for the Fundamentals in Laparoscopic Surgery.

**Biostatistics Support**
Residents may contact the Office of Research Administration for biostatistics support at research@summahealth.org.

**Explorys**
Summa Health System belongs to the Explorys Network which is a cloud based secure software platform that allows users to aggregate, analyze, manage and conduct research on BIG DATA. Patient data are collected from over 22 health care systems and these de-identified data can be searched to provide answers to clinical questions. Residents who have an idea they would like to explore using Explorys should contact research@summahealth.org.

**Redcap**
[http://www.project-redcap.org/](http://www.project-redcap.org/)
Summa Health System belongs to REDCap, a secure web application for building and managing online surveys and databases. While REDCap can be used to collect virtually any type of data, it is specifically geared to support data capture for research studies. Residents who would like to use REDCap to build data bases or send out surveys for IRB approved studies should contact research@summahealth.org.

3. **Media Services**
The Media Services area, a division of Corporate Communications, is a modern, fully equipped, well staffed facility. Residents in all specialties are welcome to use the department’s resources. Photographic release forms, available on nursing units, must be signed before requesting patient photography. For all other services, residents may visit the area located in the basement of the Professional Center South on the Akron City campus for assistance in planning a presentation. The Media Services area is open weekdays from 8:30 a.m. to 5:00 p.m. and the phone number is 330-375-3675.
II. INSTITUTIONAL RESPONSIBILITIES FOR RESIDENTS

A. Eligibility and Selection of Residents

1. Eligibility and Selection

Applicants with one of the following qualifications are eligible for appointment to programs:

- graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME)
- graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA)
- graduates of dental schools accredited by the Commission on Dental Accreditation
- graduates of medical schools outside the United States and Canada who meet one of the following qualifications:
  - have received a currently valid certificate from the Educational Commission for Foreign Medical Graduates prior to appointment, or have a full and unrestricted license to practice medicine in a U.S. licensing jurisdiction in which they are in training.
  - have completed a Fifth Pathway program provided by an LCME-accredited medical school.

Consideration of Graduates of LCME-Accredited Medical Schools
All Summa Health System accredited programs select from among eligible applicants on the basis of residency-related criteria such as preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity. Applicants are ranked on a fair and equal basis, regardless of gender, age, race, religion, color, national origin, cultural background, disability or any other applicable legally protected status.

Consideration of International Medical Graduates
Only applicants with J-1 visa status will be considered. All applicants must have completed both steps 1 and 2 of the USMLE to be considered. Interviews may only be granted to candidates who have achieved USMLE scores of 80 or above on both Steps 1 and 2. Residency directors may seek an exception to this policy for candidates with passing scores less than 80 if such candidates are being recommended by individuals well known to the respective residency program. Under this circumstance, the residency director and the VPME must agree to allow such an interview, after considering the strength of curriculum vitae, including medical school attended, the strength of recommendation letters, and the strength and currency of clinical experience. Candidates granted interviews must have been graduated from medical school no more than four years prior to the date residency training would potentially commence at Summa Health System. After any interview is granted under such an exception, an offer of a training position or the decision to list on the program’s ranking list must be approved by both the residency director and the VPME.

Consideration of Applicants with Prior Training
Applicants for residency programs who have completed prior residency training will not be considered for residency positions unless they:
have one year or less of prior training,
were previously enrolled in a Summa Health System residency program, or
were graduated from the Northeast Ohio Medical University.

This policy does not apply to years of training which are required for matriculation into a given residency, and will therefore also not apply to programs which require prior training for admission.

Residency directors may seek an exception to this policy for candidates who are being recommended by individuals well known to the respective program. Under this circumstance, the residency director and the VPME must agree to allow such an interview, after considering the strength of curriculum vitae, including medical school attended, the strength of recommendation letters, and the strength and currency of clinical experience. Candidates granted interviews must have been graduated from medical school no more than four years prior to the date residency training would potentially commence at Summa Health System. After any interview is granted under such an exception, an offer of a training position or the decision to list the applicant on the program’s ranking list must be approved by both the residency director and the VPME.

Recruitment Procedures
In general, applicants use the Electronic Residency Application Service (ERAS) to apply for PGY1 resident positions. Students apply to the ERAS system through their medical schools. Exceptions to this policy are applicants for positions in programs not available through the ERAS system.

After the residency director grants an applicant an interview, arrangements for the interview are made through the respective residency programs. Individual interviews are generally one day in length unless otherwise requested by the residency director.

The VPME reviews the final rank order list of each residency program prior to submission to the NRMP or equivalent organizations. All rank order lists are strictly confidential. Notification of the outcomes of the match will occur in accordance with the regulations established by the NRMP or equivalent organization.

2. Pre-employment Requirements

Prior to assuming educational and patient care duties, each resident receives a medical examination from a member of the medical staff. The examination includes a complete physical examination, a TB test, rubella and rubeola titers, screening for illicit drug use, and testing for nicotine product usage. If indicated, additional examination may be repeated periodically.

Prior to assuming educational and patient care duties, each resident undergoes a criminal background check performed through the system Human Resources Department. This check is performed at no cost to the resident. Any issue discovered during this check will be investigated and may have the potential of delaying or preventing system employment. Information uncovered regarding any prior criminal issues or pre-existing physical/mental health issues or substance abuse issues will be followed up and processed on a case by case basis in consultation with relevant professional resources, including legal counsel, as
needed or required. Specific substance abuse concerns will require additional evaluation of the resident by a substance abuse specialist. The system reserves the right to require additional evaluation, data gathering, and/or referral for additional assessment for other pre-existing physical/mental health issues or challenges as deemed necessary.

In addition, for any resident in a residency which is three years or longer, the resident is required to undergo an additional criminal background check during the second half of his/her penultimate training year. Any issue discovered during this check will be investigated and could have implications regarding the resident’s continuation in, and/or ultimate graduation from, the training program.

**B. Financial Support for Residents**

1. **Stipends**

   The rate of resident stipends at Summa Health is established by the GMEC and reviewed annually. Following are the resident salaries for the 2016-2017 academic year.

   
<table>
<thead>
<tr>
<th>Level of Training</th>
<th>Annual Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>PGY1</td>
<td>$52,761</td>
</tr>
<tr>
<td>PGY2</td>
<td>$54,461</td>
</tr>
<tr>
<td>PGY3</td>
<td>$55,609</td>
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<tr>
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<td>PGY5</td>
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</tr>
<tr>
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<td>$60,863</td>
</tr>
<tr>
<td>PGY7</td>
<td>$62,762</td>
</tr>
<tr>
<td>PGY8</td>
<td>$64,582</td>
</tr>
</tbody>
</table>

   Fellow salary levels are established at “PGY” levels based upon the number of years of residency required prior to entry into fellowships. For example, if a three-year residency is required to enter a given fellowship, the fellow’s salary is set at the PGY4 level, even if the fellow has completed more than three years of residency before entering as a fellow.

   The annual resident stipend is divided into 26 equal periods, each covering a two-week period. Summa Health require direct payroll deposit to the bank of the resident’s choice. For further information, contact the Payroll Department at 330-379-5055. Federal, state, and local laws require the following deductions be made from the gross income of residents: federal withholding tax, social security, city of Akron income tax, and state of Ohio income tax.

2. **Meals**

   Meals for residents while on duty are provided in the cafeterias, Virtues, and Starbucks kiosk of Summa Health System. Each resident is provided with a $260 monthly meal allowance. Food is also available in the call rooms for residents on call.

   Reasonable limits are placed on food costs based upon the expectation that the system will provide all meals while on duty, and these limits are agreed upon in consultation with the house staff leadership. The cost of meals is recorded as the resident uses his/her photo ID for payment.
identification badge to swipe out at the cash register. Food and grocery items available in Summa cafeterias and facilities are not to be taken from Summa sites for off-site consumption, as they are not considered as part of the meals benefit to residents.

3. Tax-sheltered Annuity Plan

Summa Health System provides residents the opportunity to participate in a 403b tax-sheltered annuity plan through pre-tax payroll deduction with matched contributions from the system. More information on this plan can be obtained from the Department of Human Resources.

4. Relocation Advance

Should the relocation to Summa Health System involve a financial hardship, incoming residents may request in advance of moving a maximum loan of $1,000, interest free, to assist in covering relocation expenses. Repayment of this loan is accomplished through payroll deduction of $50 per pay during the first year’s stipend. Should a resident leave Summa prior to the completion of a residency program, any outstanding loan balance will become due on the date the resident terminates from the system.

5. Emergency Loan Assistance

Summa Health System residents are eligible for emergency interest free loans of up to $5,000 to assist the resident during times of severe financial hardship. Repayment of these loans is accomplished through payroll deduction. Should a resident leave Summa prior to the completion of the residency program, any outstanding loan balance will become due on the date the resident terminates from the system.

6. Credit Union

Summa Health System offers membership in the MedPro Federal Credit Union (http://www.webcuohio.com/medpro/), a full-service credit union that offers savings accounts, checking accounts, credit/debit cards, loans, Christmas club accounts, and group life insurance. All services are available through convenient payroll deduction. Contact MedPro at 1174 Battles Ave., Akron, Ohio 44314 or 330-848-6066 for additional information.

7. U.S. Savings Bonds

Residents interested in purchasing U.S. Savings Bonds may set up an account with TreasuryDirect at http://www.treasurydirect.gov/. These purchases can be set up using payroll deduction through a TreasuryDirect account. Contact the Payroll Department at 330-996-0360 for more information.

8. Difficult-To-Recruit Employee Policy

Summa Health System recognizes that from time to time there are residency programs which can be difficult to fill for a variety of reasons. Difficult-to-recruit residency programs are determined on a year by year basis and there may be years during which there are no difficult-to-recruit residency programs. If it is anticipated that a residency program will
experience difficulties in recruitment, a difficult-to-recruit incentive may be offered to residents who are successfully recruited into this residency program. This incentive is paid in two installments in equal amounts. The resident understands that if he/she leaves the difficult-to-recruit residency program to join a non-difficult-to-recruit program at any time before graduation, he/she is responsible for repaying the incentive payment on a prorated basis. This prorated basis will be calculated depending on the length of the residency program. For example, a three-year residency program will require one third of the payment to be repaid for every year the resident does not complete. If a resident transfers from one difficult-to-recruit residency to another difficult-to-recruit residency within Summa Health System, no repayment will be required. If a resident transfers from a non-difficult-to-recruit residency to a difficult-to-recruit residency, that resident is not eligible for the difficult-to-recruit incentive payment.

C. Benefits and Conditions of Appointment
All applicants invited to interview for residency programs are informed through directed access to the Summa Health System website of the terms, conditions, and benefits of their prospective appointments, as outlined in the residency agreement, a copy of which is posted on the website. The specific benefits under the agreement, and the policies and procedures pertaining thereto, are outlined in the next section.

D. Resident Agreement
All residents sign annual agreements which outline all of the terms and conditions of the appointment. The agreement includes all of the responsibilities of the system and of the residents. In the following sections are detailed descriptions of the specific items outlined in the resident agreement, and system policies and procedures pertaining thereto. For purposes hereof, the term “Special Notice” shall mean written notice (a) sent by certified mail, return receipt requested; or (b) delivered personally to the addressee with his/her signature as proof of receipt.

1. Financial Support

All aspects of financial support provided to residents are outlined above in section II.B.

2. Conditions for Reappointment/Promotion

Resident Evaluation
In general all residents are evaluated upon the completion of each rotation. The evaluations are performed by the supervising attending and resident physicians. All evaluations are made in writing and forwarded to each resident’s residency director for review and inclusion in that resident’s file. Evaluations are reviewed by the respective residency director and discussed with the residents as appropriate. In addition, at least semiannually, the residency director will provide the resident a documented evaluation of performance with feedback. This evaluation should include an assessment of resident performance in the six ACGME core competencies. Upon completion of this evaluation, the resident will meet with the residency director to discuss the evaluation. Written documentation summarizing this meeting is placed in the resident’s file. If, in the opinion of the residency director, the resident receives an unsatisfactory evaluation, the residency director may take corrective action as provided for in Section II.D.4.
Resident Promotion
Advancement of a resident to the next level of training is the responsibility of the residency director. Advancement will be based upon the evaluations made of the resident’s performance. In addition, the residency director will consult with the faculty concerning the advancement. If the resident has received satisfactory evaluations, has progressed in scholarship and professional growth, and has demonstrated ability to assume increasing responsibility for patient care, the resident should be advanced to the next level of training.

USMLE/COMLEX Passage Requirements
Entering residents must have passed Steps 1 and 2 (not Step 2CS) of the USMLE or Levels 1 and 2 of the COMLEX-USA exam to begin a residency program at Summa Health System. In addition, all residents in programs greater than one year in duration must pass Step 3 USMLE or Level 3 COMLEX-USA in order to be graduated from a residency program at Summa Health System. Those taking USMLE Step 3 are expected to sit for the examination early in the penultimate year of residency training. For the dually accredited family medicine program, residents are required to pass COMLEX Level 3 in order to be promoted to the PGY3 year of that residency.

Non-Renewal of Contract
In those instances where the residency director desires not to renew a resident’s contract, the residency director may make a written recommendation to the VPME that the contract not be renewed. A recommendation of non-renewal will be made in writing, sent to the resident by Special Notice, with a copy placed in the resident’s file. The recommendation will include the residency director’s basis for making the recommendation along with any written documents necessary to support the recommendation. A copy of this recommendation will serve as written notice of intent not to renew the contract, and should be provided by the residency director to the resident no later than four (4) months prior to the end of the resident’s current contract. However, if the primary reason(s) for the non-renewal occur(s) within the four (4) months prior to the end of the contract, the resident is to be provided as much advance written notice of the intent not to renew as circumstances will reasonably allow, prior to the end of the contract. The notice of intent will also include a statement advising the resident of his/her right to implement the grievance procedure (beginning with Step 2) as provided for in Section II.D.3 below. If the resident does not implement the grievance procedure within the required time frame, the VPME shall undertake an independent review of the written documentation supporting the recommendation. In addition, the VPME may make such further inquiries as deemed appropriate to make a decision concerning the recommendation. Within twenty working days of receipt of the residency director’s recommendation, the VPME will render a decision in which he/she will either accept the recommendation and not renew the contract, or reject the recommendation.

If the resident implements the grievance procedure, the notice of intent not to renew shall be held in abeyance until the procedure is completed. If the procedure results in the notice not to renew being upheld, the residency director’s recommendation will then be forwarded to the VPME for final action. In such event, the VPME is not required to undertake any additional review and may rely upon the findings and recommendations of the grievance procedure.
The decision of the VPME shall be made in writing and sent to the residency director, with a copy sent by Special Notice to the resident.

3. Grievance Procedure [Initiated by Resident]

The following procedure has been established for the discussion and resolution of the following types of issues:

- If a resident believes that any personnel policy, practice, or procedure has been denied him/her or has been applied in an inconsistent manner
- If a resident has a serious problem with any individual that cannot be resolved by the usual appropriate means.
- A recommendation of non-renewal of a resident’s contract has been made by the residency director.

The grievance process is not available in the event a resident is dissatisfied with the periodic evaluation process (Section II.D.2.) or the corrective action or appeal process (Section II.D.4). Further, in the event that the issue involves harassment, the resident should follow the harassment process set forth in Section II. D. 14. and not the grievance procedure set forth herein.

Step 1: The grievance should be discussed by the resident with the appropriate senior or chief resident in the appropriate department. It is the resident’s responsibility to initiate these discussions within five (5) working days following the occurrence which gave rise to the grievance. It is the senior or chief resident’s responsibility to reply orally to the resident’s grievance within five (5) working days of the discussion and to document such discussion and response. The response of the senior/chief resident shall be considered final and binding unless the resident advances the grievance to the next step within five (5) working days after receipt of the senior/chief resident’s decision.

Step 2: If the grievance remains unresolved, the issues should be set forth in writing by the resident (with all relevant facts) and presented to the appropriate residency director within five (5) working days. The residency director may review documentation from, or confer with, the senior or chief resident regarding the outcome of Step 1 (if applicable). The residency director shall respond in writing to the resident within five (5) working days of receipt of the written grievance. The response of the residency director shall be considered final and binding unless the resident advances the grievance to the next step within five (5) working days after receipt of the residency director’s decision.

Step 3: In the event that the grievance has not been resolved in the previous steps, the written grievance may be presented by the resident to the VPME. The VPME may appoint an ad hoc committee to investigate the grievance fully and to make recommendations to resolve the grievance. The ad hoc committee will meet and make recommendations to the VPME within twenty (20)
working days of appointment. The VPME is expected to render a final decision on the grievance as expeditiously as possible. Written notice of the VPME’s decision shall be sent to the resident. The VPME’s decision is final and binding on all parties. If the resident so requests, the resident shall have the opportunity to meet with the committee and/or VPME prior to a final decision being rendered.

All grievance procedure time limits may be extended by the GME agent in charge of the applicable step for good cause shown (e.g., vacation, work schedule, illness, or similar absence). If the resident fails to receive a response within the established (or extended) time limit, the resident should promptly notify the VPME (or the Vice President of Legal Services if the VPME is the individual who fails to respond) who is then responsible for arranging for completion of the applicable step.

4. Corrective Action [Initiated by Residency Director or VPME]

All corrective action processes, including hearing procedures, shall be deemed to constitute a protected peer review activity pursuant to Ohio Revised Code §§2305.25, et seq. to the full extent permitted by law.

a. Initiation of Corrective Action
   If a residency director or the VPME finds the activities, professional conduct, or competence of a resident to be: inconsistent with his/her medical care responsibilities; detrimental to the welfare of any patient or to the public; detrimental to the quality of patient care; disruptive to the order, dignity, business, or harmony of the System and/or the Medical Staff; or, otherwise in violation of the Bylaws or Rules & Regulations of the Medical Staff, department rules and regulations, or this Manual, he/she may initiate corrective action, as warranted. The VPME must be notified in all instances in which corrective action is anticipated and/or imposed by a residency director. The implementation of corrective action is without resort to the appeals process unless such right is specifically provided for with respect to the action being taken.

b. Non-Appealable Corrective Action
   The following types of corrective action do not entitle the resident to exercise the procedural rights set forth in Section II.D.6.

   • Written Reprimand
     A resident may receive a written reprimand for performance failures that are correctable by the resident. The reprimand will be provided to the resident by Special Notice, and a copy will be placed in the resident’s file.

   • Probation
     A resident may be placed on probation when performance failures relating to the resident’s professional conduct or competence are significant enough to warrant special scrutiny but where a remedial program is not clearly indicated. In this event, the resident follows his/her normal program, but is observed with greater scrutiny by his/her residency director. If a probationary period is required, the residency director will meet with the resident and advise him/her of the areas
needing improvement, the requirements that need to be met, the duration of the probationary period, and the consequences of non-performance. Such action may necessitate extension of the resident’s educational program. A written record of the meeting will be created with a copy provided to the resident and a copy placed in the resident’s file. At the end of the probationary period, the residency director will provide the resident with a written evaluation, a copy of which will go into the resident’s file. At that time, the residency director may or may not initiate further corrective action. Nothing in this section prohibits residency director from initiating a summary suspension or from taking further corrective action, as appropriate, for any misconduct or failure of performance on the part of a resident during or following completion of a period of probation.

- Remedial Program

A resident may be placed in a remedial program when the resident has clearly demonstrated serious deficiencies in his/her professional conduct or competence that do not appear to be self-correcting. If a remedial program is required, the residency director will meet with the resident and advise him/her of the deficiencies, the requirements of the remedial program, the duration of the program, and the consequences of non-performance. The remedial program may include some limitations on the amount and level of the resident’s patient care activities. Such action may necessitate extension of the resident’s educational program. A written record of the meeting will be created with a copy provided to the resident, and a copy placed in the resident’s file. At the end of the remedial period the residency director will provide the resident with a written evaluation, and a copy will be entered in his/her file. Nothing shall prohibit a residency director from initiating a summary suspension or from taking further corrective action, as appropriate, for any misconduct or failure of performance on the part of a resident during or following completion of a remedial program.

c. Appealable Corrective Action

The following types of corrective action entitle the resident to exercise the procedural rights set forth in Section I.D.6.

- Suspension or Dismissal

A residency director or the VPME may recommend that a resident be suspended or dismissed from the program subject to the procedural rights set forth in Section II.D.6. A recommendation from a residency director must be submitted to the VPME. A recommendation to suspend or dismiss a resident must be in writing stating the bases for the recommendation together with any written documents necessary to support the recommendation. A copy of the recommendation will be sent to the resident, in writing, by Special Notice with a copy placed in the resident’s file.

The VPME shall thereafter undertake an independent review of the written documentation supporting the recommendation and may make further inquiries as deemed appropriate in order to make a decision. During this period, the resident must fully cooperate in the VPME’s investigation and be available upon request. Any period of unavailability by the resident during the administrative
leave (due to travel or other circumstances) must be pre-approved by the VPME. Within twenty (20) working days of receipt of the issuance of the recommendation, the VPME will render a decision in which he/she will either:

- Request further clarification from the residency director.
- Accept the recommendation to suspend or dismiss the resident.
- Reject the recommendation to suspend or dismiss the resident.
- Modify the recommendation.

In the event that the VPME requests clarification from the residency director, such clarification must be submitted to the VPME, in writing, within ten (10) working days. A decision upon the clarified recommendation shall be rendered by the VPME within twenty (20) working days after receipt of written clarification.

In the event that the VPME independently determines to suspend or dismiss a resident, the VPME must complete the necessary steps as provided above to assure a complete file has been established supporting the VPME’s recommendation.

In the event the VPME independently determines to suspend or dismiss a resident or the VPME upholds a residency director’s recommendation to suspend or dismiss a resident, such decision/recommendation shall be held in abeyance until the resident either exercises or waives the procedural rights set forth in Section II.D.6.

In the event that the VPME rejects the recommendation to suspend or dismiss the resident, the resident will continue in the program as if no such recommendation had been made. In this event, the period of administrative leave shall be recorded as an approved leave of absence.

The decision of the VPME shall be made in writing and shall be sent to the residency director. A copy of the VPME’s decision shall be sent to the resident by Special Notice and shall include a specific statement of the grounds for the decision. If the decision is to suspend or terminate the resident, the written notice shall include a specific reference to the resident’s right of appeal as outlined in Section II.D.6.

In the event of a recommendation for suspension by either the residency director or VPME or a recommendation for dismissal by the residency director, the resident will be placed on administrative leave with pay and benefits as of the date of the recommendation. In the event that the VPME accepts the recommendation of the residency director to dismiss the resident or independently determines to dismiss the resident, the resident will be terminated and will not be entitled to pay or benefits from the date of termination.

A suspension, dismissal, or a limitation of the resident’s scope of practice due to any incident related to professional conduct or competency may be reportable to the Ohio State Medical Board and/or the National Practitioner Data Bank.

- Imposition of Summary Suspension
A residency director, a Department Chair, the VPME, the Medical Staff President, or the hospital President shall have the authority to summarily suspend all or any portion of a resident’s participation in his/her residency program when the resident’s conduct appears to require that immediate action be taken to protect the life or well being of any patient(s) or to reduce the substantial likelihood of present or future injury or damage to the hospital or System or to the health or safety of any patient, employee, Practitioner or other person. A summary suspension shall become effective immediately upon imposition.

Unless the summary suspension is lifted within five (5) business days on the ground that it was not required, an ad hoc review panel shall convene to consider the basis, and need for continuation, or lifting, of the summary suspension. The panel shall be convened within a reasonable period of time, and the panel members shall consist of the following individuals:

- the VPME;
- the resident’s residency director;
- the applicable Department Chair;
- the Medical Staff President or the Medical Staff Vice President;
- the House Staff President or the House Staff Vice President; and
- Hospital legal counsel

A quorum shall be comprised of at least three (3) of the above-identified individuals. The panel shall meet to review the documentation upon which the decision was made to impose the summary suspension. The panel shall also have the authority to interview individuals who participated in the summary suspension process. The resident subject to the summary suspension shall also be invited to appear before the panel.

At the conclusion of its review, the panel shall have the authority to:

- Uphold the summary suspension.
- Uphold the summary suspension and recommend that the resident be suspended or dismissed from the residency program.
- Terminate the summary suspension and return the resident to active duty but recommend that the resident be suspended or dismissed from the residency program.
- Terminate the summary suspension and return the resident to active duty with non-appealable corrective action restrictions.
- Terminate the summary suspension and return the resident to active duty without restrictions.

The resident shall be informed of the panel’s decision, in writing, by Special Notice. If the decision of the review panel is to uphold the summary suspension and/or to recommend that the resident be suspended or dismissed from the residency program, then the written notice to the resident shall include reference to the resident’s procedural due process rights as set forth in Section II.D.6.
5. Automatic Dismissal, Suspension or Limitation

In the following instances, the resident’s permission to practice pursuant to his/her residency program shall be terminated, suspended, or limited as described, and such action shall be final without the procedural rights set forth in Section II.D.6.

Licensure:

**Revocation or Lapse:** Whenever a resident’s license authorizing practice in this state is revoked or lapses, the resident’s authorization to practice pursuant to his/her residency program shall be automatically revoked as of the date such action becomes effective.

**Restrictions:** Whenever a resident’s license authorizing practice in this state is limited or restricted, the resident’s authorization to practice pursuant to his/her residency program, shall be automatically limited or restricted in a similar manner, as of the date such action becomes effective and throughout its term.

**Suspension:** Whenever a resident’s license is suspended, the resident’s authorization to practice pursuant to his/her residency program shall be likewise suspended.

 Controlled Substances

Whenever a resident’s DEA certificate is revoked, limited, or suspended, the resident’s right to prescribe medications covered by the certificate shall be automatically and correspondingly revoked, limited, or suspended, as applicable, as of the date such action becomes effective and throughout its term. The resident shall immediately notify the VPME, in writing, of the revocation, limitation or suspension of the resident’s DEA certificate, and the resident’s use of the Hospital’s DEA certificate will be automatically and correspondingly revoked, limited, or suspended.

If a resident pleads guilty to or is found guilty of a felony or other serious offense that involves (i) violence or abuse upon a person, conversion, embezzlement, or misappropriation of property; (ii) fraud, bribery, evidence tampering, or perjury; or (iii) a drug offense, the resident’s ability to continue in the program shall be immediately and automatically terminated; provided, if the behavior which triggered the conviction is based on Practitioner impairment, then the matter shall be referred to the VPME for consideration and recommendation as to what action should be taken.

6. Resident Appeal Procedure

a. Applicability

Residents’ procedural due process/appeal rights are limited to the provisions set forth in this section. Residents are not entitled to the procedural due process rights as are set forth in the Medical Staff Bylaws.
b. Request for Appeal
Whenever a resident is summarily suspended or a recommendation is made that the resident by suspended or dismissed, the VPME shall notify the resident in writing, by Special Notice, of the action(s). Such notice shall contain a specific statement of the grounds for such action and shall refer to the resident’s right of appeal as herein set forth. The resident shall have thirty (30) working days following the date of the receipt of such notice within which to request an appeal as described in this section. Such a request must be submitted to the VPME, in writing, by Special Notice.

In the event that the resident does not request an appeal within the time and in the manner stated above, he/she shall be deemed to have accepted the action involved and it shall be deemed a final and binding action.

c. Exhaustion of Remedies
If a resident is suspended or dismissed, the resident must exhaust the remedies afforded in this Manual, as applicable, before resorting to legal action. If a resident resorts to legal action as a result of a suspension or dismissal, he/she will be deemed to have waived the procedural rights herein.

d. Time and Place for the Appeal
Within twenty (20) working days after receipt of a request, the VPME shall schedule and arrange for the appeal. The VPME shall give written notice to the resident, by Special Notice of the time, place, and date of the appeal at least thirty (30) calendar days prior to the date of the appeal unless such time requirement is waived, in writing, by the resident. The date of the commencement of the appeal shall not be less than thirty (30) working days nor more than ninety (90) working days from the date the VPME receives the resident’s request for appeal.

- Resident Appeals Committee
When an appeal is requested, the VPME shall appoint a Resident Appeals Committee (“Committee”) consisting of representatives of the Medical Staff, house staff leadership, and Hospital or System administration. If any member of the Committee has a conflict of interest, or has participated in the initiation, investigation, or consideration of the matter at any previous level, the VPME will appoint alternate members to serve on the committee. Knowledge of the matter shall not preclude a member from serving. The members of the Committee shall elect from among themselves a chair who shall preside at all meetings of the Committee. In addition, the VPME may appoint legal counsel to assist the Committee during the appeal process. Legal counsel appointed to assist the Committee shall not act as a prosecuting officer or as an advocate for either side at the appeal proceeding. If requested by the Committee, appointed legal counsel may participate in the deliberation of such body and be a legal advisor to it, but shall not be entitled to vote. Legal counsel to the committee may work with and/or on behalf of the Committee chair (at the Committee’s chair discretion) in addressing pre-hearing matters relative to discovery, witnesses, etc.

- Failure to Appear or Proceed
Under no circumstances shall the appeal proceeding be conducted without the personal presence of the resident requesting the appeal. If the resident does not
testify on his/her own behalf, he/she may be called and examined as if under cross-examination.

Failure, without good cause, of the resident to personally attend and proceed at the appeal in an orderly manner shall constitute a waiver of the resident’s right to appeal the suspension or dismissal and the matter shall thereafter be forwarded to the Committee for final action.

- **Postponement and Extensions**
  Once a request for an appeal is initiated, postponements and extensions of time beyond the times permitted in this section may be permitted by the Committee or its chairperson, only upon a showing of good cause.

- **Documents and Witnesses**
  The resident shall be entitled to copies of all documentation upon which the recommendation to suspension and/or dismiss is based.

  The parties shall cooperate in the exchange of witness lists and exhibits relevant to the issues to be presented at the appeal reasonably in advance of the appeal proceedings. Witness lists shall include the names and addresses of the individuals reasonably known or anticipated to give testimony or evidence in support of a party at the appeal and a brief summary of the nature of the anticipated testimony. Prior to the exchange of any documents, the parties must agree that all such documents will be maintained as confidential peer review documents and not be disclosed or used for any purpose other than the appeal proceeding.

  Each party remains under a continuing obligation to provide to the other party any documents or witnesses identified after the initial exchange which either party intends to introduce at the appeal. The introduction of any documents not provided prior to the appeal, or the admissibility of testimony to be presented by a witness not so listed, shall be at the sole discretion of the Committee and only upon a showing that the party was unable to provide the information prior to the hearing date.

- **Representation**
  Either party may be represented in any phase of the appeal proceedings by an attorney at law. In lieu of representation by an attorney at law, the resident may choose to be accompanied by and represented at the appeal proceeding by a Physician licensed to practice in the state of Ohio. Once selected, each party’s representative shall submit a notice of appearance to the VPME with a copy to the opposing party or his/her representative (if previously identified). Each party shall be responsible for compensating its own legal counsel or representative.

- **Record of Appeal**
  A record of the appeal proceeding shall be made by a court reporter present at the proceeding. The cost of such reporter shall be borne by the Hospital. The Committee may, but shall not be required to, order that oral evidence be taken only on oath or affirmation administered by a person designated by the Committee and entitled to notarize documents in the state of Ohio. Either party
may, but shall not be required to, order a transcript of the appeal proceeding directly from the court reporter, at the party’s sole cost and expense.

• Rights Upon Appeal
  At the appeal proceeding, both parties shall have the following rights, subject to reasonable limits determined by the Committee:
  o To be present and to have representation as provided above.
  o To call, examine, cross-examine, and impeach witnesses on any matter relevant to the issues.
  o To introduce exhibits.
  o To present evidence determined to be relevant by the hearing panel, regardless of its admissibility in a court of law.
  o To rebut any evidence.
  o To submit a written statement prior to, during, and at the close of the hearing.
  o Upon completion of the hearing, to receive a written recommendation of the hearing committee including a statement of the basis for its recommendations.

• Admissibility of Evidence and Peer Review Privilege
  The appeal proceeding shall not be conducted according to rules of law relating to the examination of witnesses or presentation of evidence. Any relevant evidence shall be admitted by the Committee chair if it is the type of evidence on which responsible persons are accustomed to rely in the conduct of serious affairs, regardless of the admissibility of such evidence in a court of law.

  Each party shall have the right to submit a memorandum of legal and/or medical points and authorities, and the Committee may request such a memorandum be filed following the close of the appeal proceeding.

  The Committee may question the witnesses, call additional witnesses, or request additional documentary evidence, as appropriate.

• Basis of Decision
  The decision of the Committee shall be based on all of the evidence produced at the appeal proceeding.

• Order of Presentation/Burden of Proof
The parties may make opening statements at the appeal proceeding. Following the opening statements, the VPME whose recommendation prompted the appeal shall present evidence in support of his/her recommendation. Thereafter, the resident subject to the action shall present evidence in support of his or her position. The VPME may then present rebuttal evidence.

The Committee shall rule against the resident unless it finds that the resident has proved, by clear and convincing evidence, that the decision of the VPME or designee was arbitrary, unreasonable, or not sustained by the evidence.

- **Adjournment and Conclusion**
  The Committee chair may adjourn and reconvene the appeal proceeding at the convenience of the participants without special notice at such times and intervals as may be reasonable and warranted, with due consideration for reaching an expeditious conclusion to the appeal proceeding. Upon conclusion of the presentation of oral and written evidence, receipt of the transcript of proceedings, or written closing statements (whichever occurs last) the appeal proceeding shall be adjourned.

- **Decision of the Resident Appeals Committee**
  The Committee shall conduct deliberations outside the presence of the parties and shall render a written decision that shall be delivered to the VPME and to the resident (by Special Notice). The written decision shall be issued within twenty (20) working days after adjournment of the appeal proceeding.

  In the event the resident is currently under suspension, the time period for the Committee to render its decision shall be reduced to fifteen (15) working days.

  The decision of the committee shall contain a concise statement of the reasons supporting its decision. The decision of the Committee shall be considered final with no further appeal rights available to the resident.

7. **Professional Liability Insurance**

   The System provides professional liability insurance to cover professional acts performed by all residents for the duration of training, and such coverage will provide legal defense and protection against awards from claims reported or filed after the completion of graduate medical education if the alleged acts or omissions of the resident are within the scope of the education program. Residents agree to fully cooperate with the System’s legal team in defending against any such claim, even if the action extends beyond the period of residency training.

8. **Insurance Benefits**

   a. **Health/Dental/Vision Insurance**

      **Group Health Insurance Plan**
Coverage of residents and eligible dependents ceases at the date of termination of employment. However, exiting residents and all previously enrolled dependents (excluding same-gender domestic partner) are eligible to continue coverage at their own expense under Summa Health System’s health plan. Continuation would be under the former group plan, following all guidelines as set forth by the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA). Ceridian, Summa’s third party COBRA administrator, will provide COBRA enrollment information within 45 days after date of termination of employment. COBRA coverage is available for up to 18 months beyond termination of employment.

**Dental Insurance**

Summa offers residents and eligible dependents a selection of three dental plans to meet the residents’ personal and family dental care needs. Residents pay a biweekly pre-tax payroll contribution for selected coverage; dental claims are paid according to provisions of the elected plan. Coverage begins immediately upon employment.

**Vision Care**

The SummaCare medical plans allow for partial reimbursement for the cost of routine vision care for residents and their dependents. See SummaCare Health Plan’s Schedule of Benefits for details. In addition, residents may enroll, through biweekly pre-tax payroll contributions, to the Vision Service Plan (VSP), a national network of optometrists and ophthalmologists. Out-of-network benefits are also available through the VSP plan.

b. **Disability Insurance**

**Long-Term Disability**

Summa provides a long-term disability for residents which becomes effective immediately upon hire. This coverage is designed to provide financial security for you and your family in the event you suffer from a disability lasting longer than 26 weeks.

Benefits begin after you have been out of work for 180 days due to a non-occupational illness or injury and you are determined to be “disabled” under the provisions of the plan. The LTD coverage, which is paid for by Summa Health, will provide you with a benefit of up to 60% of your monthly earnings up to a maximum of $5,000 per month.

c. **Flexible Spending Accounts**

**Dependent Care Flexible Spending Account**

To pay for the care of a dependent while in training, the resident has the opportunity to use pre-tax dollars to pay for the care through enrollment in the Dependent Care Flexible Spending Account. During each plan year the resident decides how much to contribute. Each pay period, the designated pre-tax amount is automatically deducted from the resident’s paycheck. When dependent care expenses are incurred, the
resident submits an itemized bill for provider services along with a dependent care claim form to the plan administrator for reimbursement. Contact Summa’s Benefits Administration at 330-379-9291 for details.

**Health Care Flexible Spending Account**
Similar to the Dependent Care Flexible Spending Account, the resident decides how much money to set aside for the account through pre-tax payroll deductions. During the Plan Year, the resident can then be reimbursed directly from the health care account with tax-free dollars for those qualified medical/dental expenses that are not covered by insurance. Contact Summa Health System’s Benefit Administration Department at 330-379-9291 for details.

d. **Life Insurance**

**Life Insurance**
Group term life insurance and accidental death and dismemberment insurance, in the amount of one times salary (up to $50,000 each), are provided and fully paid for by Summa effective immediately upon employment. Residents may purchase additional life insurance in the following amounts: $10,000, $25,000, $50,000, $100,000, $150,000, $200,000, or $250,000. The cost of contributory life insurance will be payroll deducted on a pre-tax basis from each stipend check. The cost of the deduction is age-rated.

**Dependent Life Insurance**
Residents may elect to purchase life insurance coverage for a spouse and/or any dependent children. Coverage starts on the first day of employment. Eligible dependent coverage is available in two options:

**Option 1:**
Spouse: $10,000
Child, age 14 days to 19 years (if a full-time student at an accredited college or university up to age 25): $10,000

**Option 2:**
Spouse: $25,000
Child, age 14 days to 19 years (if a full-time student in an accredited college or university up to age 25): $10,000.

Payroll deductions for this coverage are taken on a post-tax basis.

9. **Time Off**

a. **Vacation and Educational Travel**

Summa Health System provides three weeks of vacation per year for each resident. Unused vacation time may not be carried over to the following academic year. Residents are permitted to take vacation or conference time in June and July only as staffing needs allow, and in accordance with the guidelines of the specific department in which the resident is rotating.
Summa Health System usually permits each resident to attend one remote educational conference per year. This decision is based on departmental requirements, and is subject to approval by the residency director. Travel for educational purposes is limited to locations within the continental United States, and exceptions may be made only with the approval of both the residency director and the VPME. Additional conference time may be granted by residency directors. Residents are provided funding for educational conferences based on departmental policies, and are granted five working days as paid time off to attend such conferences.

A week of vacation or conference is considered to be five consecutive weekdays (Monday-Friday), but may also include the weekends as staffing needs allow, and in accordance with the guidelines of the specific department in which the resident is rotating.

Only under special circumstances may a resident take vacation in increments smaller than a five-day block. Such a request must be approved by the residency director, and under this circumstance, only five total days of vacation are assured. That is, accompanying weekend days are not considered to be part of such a vacation arrangement. In general, vacation or conference time may not be taken during ICU or CCU rotations.

Six weeks advance notice is required for all residents requesting vacation or conference time. The resident is required to obtain a “Vacation/Conference Form for House Staff” from the Office of Medical Education or chief resident. The signature of the respective chief resident verifying that the resident is eligible for vacation time, as well as the signature of the chief resident of the department in which the resident will rotate during the vacation/conference time are required.

Specific departments may have additional requirements or place additional restrictions on vacation options, so residents are encouraged to inquire within whichever department vacation is being requested.

b. **End-of-Training Time Off**

For residents in the final year of a Summa residency whose duration is two years or longer, an additional five working days of academic preparation time is provided to facilitate that resident’s departure from Summa Health System. This paid time off must be taken as the final five working days of the month of June during the final year of training.

Residents in programs whose duration is less than two years are permitted to use one of their three weeks of vacation as the final five working days in June should they need this time off to facilitate their departure from Summa Health System.

If a resident has secured a fellowship position that requires him/her to start fellowship training orientation sooner than this policy would allow, written documentation from the fellowship director must be submitted to the respective residency director and VPME. In this instance, unpaid days off may be granted to achieve this request.
c. Leaves of Absence

**Illness**
Residents too ill to work are responsible for notifying the chief resident of the service on which they are rotating and/or the residency director. It is strongly recommended that they also directly notify the attending physician on the service. If direct notification is impossible, the ill resident should immediately notify the appropriate department secretary who will undertake the necessary notification.

**Medical Leave of Absence (includes Maternity Leave)**
Medical leaves are granted only for the period of time during which the resident is unable to work due to a documented medical condition. If an absence exceeds three working days it shall be considered a medical leave, and the resident must provide physician documentation of illness. He/she must also present a physician’s release to return to duty for absences of three days or more. In the event of a leave of absence, the resident’s training period may need to be extended to fulfill the requirements of the residency program, specialty board, or state licensing board. During any period of program extension, the resident will be compensated at the rate of pay which was in effect during the year in which the medical leave occurred. Time for medical leave of absence cannot be carried over from one academic year to another.

**Paid Medical Leave**
All residents are eligible for six weeks (thirty working days) of paid medical leave for non-occupational illness or disability during each academic year. Paid medical leave shall commence on the first working day of continuous disability. All insurance benefits remain in effect during any paid absence and during the first ten weeks (50 working days) of an unpaid medical leave. The Benefits Administration Department will inform the resident of the necessary premiums and procedures, as required, for continuing group life and/or medical insurance benefits. Residents are not required to exhaust their vacation time prior to commencing a medical leave.

**Unpaid Medical Leave**
Summa Health System may grant unpaid medical leaves of absence for an additional ten weeks (50 working days) for a total of sixteen weeks (80 working days) to residents who have exhausted their available paid medical leave time. A resident may choose to draw any remaining vacation time to cover what would otherwise be excused, unpaid medical leave. Benefits will remain in force during an unpaid medical leave.

**Procedure for Applying for a Medical Leave**
When it is determined that a resident is unable to work due to a documented medical condition, a medical leave of absence may be granted. The leave of absence application (Resident Leave Application) is available in the residency director’s office or the Office of Medical Education, and should be completed within fifteen days of the occurrence of an illness or injury, or if the leave is anticipated (e.g., maternity, elective surgery, etc.), at least fifteen days in advance if possible. The application should be submitted to the appropriate residency director and forwarded to Absence Management. A statement from the resident’s physician indicating the reason for the absence and the expected date of return should accompany the application. The period of leave must correspond to the specific medical condition, and the system
reserves the right to request further medical documentation at any time. The system may require an examination by a system physician, and if the resident's physician and the system's physician disagree, the two doctors shall agree upon a third physician to examine the resident.

If a leave can no longer be justified for medical reasons, the resident may request a personal leave of absence if still unable to return to work. Such requests will be considered according to the policy on Personal Leave of Absence (see below). For example, once a resident on a medical leave for maternity is medically able to return to work, she must either return to work or apply for a family medical leave, if eligible, or apply for a personal leave of absence. A resident must remain in communication at least monthly with the residency director during the medical leave of absence regarding status and expected date of return.

Disability Pay
When a resident is disabled for 180 days as defined by the System's Long Term Disability (LTD) Plan, application may be made for eligible payments under the Group Long Term Disability Plan provided by Summa Health System.

Personal Leave of Absence
Summa Health System grants unpaid personal leaves of absence of up to thirteen weeks (65 working days), in accordance with the needs of the resident and the affected department. The resident must have exhausted all vacation benefits in order to be eligible for a personal leave. Benefits are not in force during a personal leave. Time off for personal reasons will be granted only when the resident's absence will not adversely affect operation of the department and only under unusual circumstances. No personal leaves will be granted during prime vacation periods except under the most unusual circumstances. In general, no resident should exceed one personal leave within any three-year period. Whenever possible, a personal leave should be requested at least two weeks in advance. A leave of absence form must be completed by the resident and submitted to the residency director, who will then send it to the VPME. Time off is then tracked by the Absence Management Office. During the period of leave, the resident must remain in contact with the residency director at least monthly regarding status and expected date of return. A resident may not work for another employer while on a personal leave from Summa Health System. Additionally, any leave may necessitate extension of the resident’s training period in order to fulfill the requirements of the department, specialty board, or state licensing board. During any period of program extension, the resident will be compensated at the rate of pay which was in effect during the year in which the leave occurred.

Bereavement Leave
Residents bereaved by the death of a relative will be granted paid time off from work for a total of 24 work hours. Time off will be granted for the death of a spouse, same-gender domestic partner, child, step-child, son-in-law or daughter-in-law, parent, step-parent, mother-in-law or father-in-law, brother, sister, step-brother, step-sister, brother-in-law or sister-in-law, grandparent, grandchild, or any relative who lives in the household.

Family and Medical Leave
Summa Health System policies are consistent with the Family and Medical Leave Act (FMLA) of 1993, a copy of which may be obtained from the Absence Management Office at 330-379-5330. Other reasons for leaves of absence, such as paternity leave, etc., are covered under FMLA policies.

10. Duty Hours Policies and Procedures

Duty hours, as defined by the ACGME, are all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patients, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

Maximum Hours of Work per Week
Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting.

Mandatory Time Free of Duty
Residents must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks). At-home call cannot be assigned on these free days.

Maximum Duty Period Length
Duty periods of PGY1 residents must not exceed 16 hours in duration. Duty periods of PGY2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital.

It is essential for patient safety and resident education that effective transitions in care occur. Residents may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four hours. Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.

In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family. Under those circumstances, the resident must appropriately hand over the care of all other patients to the team responsible for their continuing care; and document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the residency director. The residency director must review each submission of additional service, and track both individual resident and program-wide episodes of additional duty.
Minimum Time Off between Scheduled Duty Periods
PGY1 residents should have ten hours, and must have eight hours, free of duty between scheduled duty periods. Intermediate-level residents (as defined by the respective residency review committee) should have ten hours free of duty, and must have eight hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.

Residents in the final years of education (as defined by the respective residency review committee) must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods. This preparation must occur within the context of the 80-hour, maximum duty period length, and one-day-off-in-seven standards. While it is desirable that residents in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances (as defined by the respective residency review committee) when these residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty. Circumstances of return-to-hospital activities with fewer than eight hours away from the hospital by residents in their final years of education must be monitored by the residency director.

Maximum Frequency of In-Home Night Float
Residents must not be scheduled for more than six consecutive nights of night float.

At-Home Call
Time spent in the hospital by residents on at-home call must count towards the 80-hour maximum weekly hour limit. The frequency of at-home call is not subject to every-third-night limitation, but must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks.

At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.

Residents are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new “off-duty period.”

Maximum In-House On-Call Frequency
PGY2 residents and above must be scheduled for in-house call no more frequently than every-third-night (when averaged over a four-week period).

Monitoring
Systems for monitoring compliance with the duty hour requirements as outlined by the ACGME include the following:

- Each residency program requires residents to track hours utilizing one or a combination of the following:
  - Paper logs
  - Electronic handheld devices
  - Time clocks
  - Internet-based applications
New Innovations software

- Monthly summaries of each program’s duty hour compliance are submitted to the Office of Medical Education.
- Summary data are compiled from these monthly summaries and reported at the monthly Graduate Medical Education Committee meetings.
- The GMEC responds with recommendations or action plans as appropriate to maintain or return a residency program into compliance with the duty hour requirements.

In addition, residents participate in the ACGME on-line survey which is reviewed by the individual residency directors and the Graduate Medical Education Committee. Residents who feel that they have issues around duty hour compliance at Summa Health System may also utilize the Summa Health System Corporate Compliance Hot Line.

11. Moonlighting

Moonlighting is defined as voluntary, compensated, medically-related work performed outside the scope of the residency program. Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program. Time spent by residents in moonlighting must be counted towards the 80-hour maximum weekly hour limit. PGY1 residents are not permitted to moonlight.

Residents are not required to engage in moonlighting. Residents are paid an established stipend by the System, and may not accept any other fee for services rendered as a hospital physician except in accordance with policies related to in-hospital services.

Residents may not conduct a separate practice outside the hospital, nor may they engage in other gainful employment without written permission from their residency director. A copy of the residency director’s acknowledgement and permission is to be kept in the resident’s file, and a copy must be sent to the Office of Medical Education to be kept on file as well. If the resident is granted permission to participate in outside work, the resident does so subject to his own legal responsibility, and is functioning outside the scope of his/her residency program at the System. All residents engaged in moonlighting must be licensed for unsupervised medical practice in the state where the moonlighting occurs. It is the responsibility of the institution hiring the resident to moonlight to determine whether such licensure is in place, that adequate liability coverage is provided, and whether the resident has the appropriate training and skills to carry out assigned duties.

The performance of residents engaged in moonlighting activities will be monitored for the effect of these activities upon performance and any adverse effects may lead to withdrawal of permission. Residents may not use patient information as a hospital physician except in accordance with policies related to hospital services.

12. Counseling

Summa Health System recognizes that graduate medical education places increasing responsibilities on residents and requires sustained intellectual and physical effort which at
times may lead to physical or emotional stress. Residency directors and faculty are aware of and sensitive to the need for the timely provision of counseling and psychological support services to residents. Any resident seeking assistance for emotional, social or psychological problems, chemical dependency, or any other situation for which the resident feels the need for professional assistance, may consult with the residency director or the VPME, who can assist the resident in accessing assistance either through the faculty psychologists within the residency programs, the Summa Employee Assistance Program (EAP), or the system’s behavioral health program (through confidential consultation with the department chairman for psychiatry). Residents seeking such assistance are encouraged if at all possible to seek assistance from providers who are covered under their health insurance plan, but may choose other providers if they desire. If services are provided by a professional who is not designated as a provider under the resident’s health care plan, the resident is responsible for any and all payment for services rendered.

In the event that the resident is having documented performance problems or is demonstrating evidence of potential impairment, and a faculty member and/or residency director determines that the resident needs to obtain professional assessment and treatment as part of the performance corrective action plan, the residency director will notify the VPME and work with the Office of Medical Education to facilitate the process of making arrangements for the resident to obtain the needed assessment and treatment. The resident will be required to sign a medical release form allowing the residency director or VPME to be apprised of the resident’s treatment progress and of any follow-up treatment that may be needed. Any charges for treatment not covered by the resident’s health care plan will be covered by the institution. The resident may be treated at an out-of-panel facility, or by an out-of-panel provider, only if deemed necessary, in consultation with the Office of Medical Education. If out-of-panel treatment is required, the arrangements for the treatment will be made in conjunction with the human resources department of the institution and the Office of Medical Education.

13. Resident Impairment

Impaired Resident Policy
The American Medical Association defines the “impaired practitioner” as “one who is unable to practice medicine with reasonable skill and safety to patients because of a physical or mental illness, including deterioration through the aging process or loss of motor skill, or excessive use or abuse of drugs, including alcohol.”

The overall intent of this Policy is the recognition, treatment, and rehabilitation of the impaired resident with the goal of a return to full and active practice whenever possible. All aspects of this Policy will be carried out with the greatest possible regard to safety, confidentiality, and sensitivity to the needs of all involved, with the ultimate priority being to protect the best interests of patients. This Policy provides the framework within which to address concerns regarding a potentially impaired resident.

In the case of impairment due to age, irreversible medical illness, or other factors not subject to rehabilitation, the sections of this Policy dealing with rehabilitation and reinstatement of the resident are not applicable.

Report and Investigation
If any individual working in the System has a reasonable suspicion that a resident is impaired, the following steps should be taken, either directly or through a supervisor:

- The individual who suspects a resident of being impaired must give a report, preferably in writing, to the appropriate residency director or the VPME (hereinafter referred to as the “Point Person”). In the event the VPME receives the report, he/she will notify the appropriate residency director of the report and may designate the residency director as the Point Person. The report must be factual and shall include a description of the incident(s) that led to the belief that the resident might be impaired. The individual making the report does not need to have proof of the impairment, but must state the facts that led to the suspicions. The identity of the person who filed the initial report, and the contents of that report, shall be kept confidential and shall not be disclosed to the involved resident.

- If, after discussing the concern(s) with the individual who filed the report, the Point Person believes there is not enough information to warrant intervention and/or a review, the information shall be shared with the VPME for confirmation (assuming the VPME is not the Point Person). If the Point Person believes there is enough information to warrant intervention and/or a review, the Point Person shall:
  - First, assess the need for immediate intervention, based upon an analysis of potential harm to patients/families, other individuals, practitioners, employees, the named resident, or the Hospital. If there is a reasonable belief of a potential for immediate harm, immediate action may be taken as provided for in Section II.D.4.c. above. Hospital legal counsel shall be informed after any such action is taken. In such event, the resident shall have those rights as are set forth in Section II.D.5.
  - Second, in consultation with Hospital legal counsel, decide whether a formal review of the concerns is warranted.

- Immediate action may be taken by the Point Person under the circumstances noted above, and may include:
  - Summary restriction and/or suspension of the resident in which case the provisions of Art. Section II.D.5. shall thereafter apply.
  - Request for immediate drug/alcohol testing, and/or
  - Request for clinical evaluation and/or treatment, and/or
  - Request for immediate psychological evaluation.

- If a resident declines to receive immediate drug/alcohol testing or an immediate psychological evaluation, then the resident shall be subject to summary suspension and possible dismissal.

- If the facts are insufficient to make a decision and the resident has otherwise stated that he/she does not believe that he/she suffers from an impairment, a review may be conducted. In such event, the VPME will notify the resident, in writing of the process that will be occurring. It is recommended that the VPME meet with the resident to explain the process that will be followed. The Point Person, in
consultation with the VPME (assuming the VPME is not the Point Person), shall appoint an ad hoc committee to conduct such a review and render a report of its findings. The committee should include at least:

- Hospital legal counsel or designee (non-voting),
- Two (2) physician faculty members
- House Staff President or House Staff Vice President or designee.

The involved resident will be given the opportunity to meet with the ad hoc committee. Such meeting shall not be considered an appeal proceeding as set forth in this Manual and no attorney or other representative may accompany the involved resident to such proceeding without permission of the ad hoc committee which may be withheld at its sole discretion.

The ad hoc committee shall, at all times be acting as a peer review committee as that term is defined in Ohio Revised Code §§2305.25, et seq.

The committee shall reduce its findings and recommendations to a written report and submit the report to the Point Person who will also inform the VPME (unless the VPME is the Point Person). If the review produces sufficient evidence that the resident is impaired, the Point Person shall meet with the resident and advise the resident of the results of the review indicating that the resident may be suffering from an impairment that affects his/her ability to practice.

- Depending upon the severity of the problem and the nature of the impairment, the recommendations of the committee may include any of the following:
  - Require the resident to undertake a rehabilitation program as a condition of continued participation in the residency.
  - Impose appropriate restrictions on the resident's clinical activities within the residency.
  - Require that the resident undergo medical or psychiatric/psychological examination to further evaluate potential impairment.

If an examination is required, the resident may select from two (2) potential evaluating clinicians chosen by the ad hoc committee. The evaluating clinician may or may not be a member of the Summa Health Medical Staff. A refusal to undergo such an examination will constitute grounds for a summary suspension and initiation of the formal corrective action process as provided for in Section II.D.4. If rehabilitation or treatment is recommended or required, Hospital and medical education leadership shall assist the resident in locating a suitable program. The resident shall not be reinstated until it is established to the VPME’s satisfaction that the resident has successfully completed the treatment program.

- Upon completion of the review, the initial report and all subsequent related reports, memoranda, documents, correspondence, and committee minutes (“Review Documents”) generated as part of the process shall be maintained in a confidential sealed envelope.
If the review determined that the resident suffered from an impairment, the Review Documents shall be maintained in the resident’s residency program file with a copy maintained in the resident’s medical education file for review on a need to know basis.

If the review determined that there was no merit to the initial report, the Review Documents shall not be made a part of the resident’s file; rather they shall be maintained as a confidential file in the System Legal Department. If, after four (4) years from the date of the initial report, no further concerns are raised regarding the involved resident, the Review Documents shall be destroyed.

If the review determined that there may be some merit to the initial report, but that there was not enough evidence to warrant immediate action, the Review Documents shall be maintained as a confidential file in the Legal Department, and the resident’s activities and practice shall be monitored until it can be established whether there is an impairment problem. Such monitoring is the responsibility of the VPME.

- The Point Person shall inform the individual who filed the report that appropriate follow-up action was taken, but shall not disclose the specific nature of the ad hoc committee’s recommendation or any action taken.

- Throughout this process, all parties shall avoid speculation, conclusions, and any discussions of this matter with anyone outside those described in this Policy.

- The Point Person shall seek the advice of Hospital legal counsel to determine whether any conduct must be reported to law enforcement authorities or other government agencies, and what further steps must be taken.

- In the event that any separate action is taken by the Ohio State Medical Board with respect to the resident, it shall be the responsibility of the resident to so notify the VPME and to provide the VPME with copies of any settlement agreement. The terms of any such settlement agreement shall be incorporated into any conditions of reinstatement.

Reinstatement
Upon receipt by the VPME on behalf of the Hospital of satisfactory evidence that an impaired resident has successfully completed a rehabilitation program, the VPME, in consultation with the appropriate residency director, will consider reinstating the resident.

- When considering an impaired resident for reinstatement, the Hospital and its medical education leadership must consider patient care interests to be paramount.

- If the impairment is one which leads to the requirement for a specific rehabilitation and treatment program and the Ohio State Medical Board has not taken any action against the resident, the Point Person must first obtain a letter from the physician director of the rehabilitation or treatment program where the resident was treated. The involved resident must authorize the release of this
The letter from the director of the rehabilitation program must, at a minimum, provide the following information:

- Whether the resident is participating in the program.
- Whether the resident is in compliance with all of the terms of the program.
- Whether the resident attends program meetings regularly (if applicable).
- To what extent the resident’s behavior and conduct are monitored.
- Whether, in the opinion of the rehabilitation program director, the resident is rehabilitated.
- Whether an after-care program has been recommended to the resident and, if so, a description of the after-care program.
- Whether, in the rehabilitation program director’s opinion, the resident is capable of resuming medical practice and training and providing continuous, competent care to patients.

The Hospital has the right to require an opinion from other physician consultants of its choice.

- For all other forms of impairment, the involved resident must inform the VPME of the name and address of his/her primary care physician, and must authorize that physician to provide the Hospital with information regarding his or her condition and treatment. The Hospital has the right to require an opinion from other physician consultants of its choice. The Hospital shall request that the primary care physician provide information regarding the precise nature of the resident’s condition; the course of treatment; whether, in the opinion of the primary care physician, the resident is rehabilitated; and whether the resident is capable of resuming medical (or other professional) practice and training and providing continuous, competent care to patients.

- The VPME, the Vice President of Legal Services or his/her designee, and the appropriate residency director will meet to review the submitted documentation, and make a decision regarding reinstatement. Assuming all information the Hospital receives indicates that the resident is rehabilitated and capable of resuming patient care and training, the following additional precautions may be taken as conditions of reinstatement:

  - The resident must identify two (2) physicians who are willing to assume responsibility for the care of the resident’s patients in the event that he or she is unable or unavailable to care for them.
  - The Hospital may require the resident to provide periodic reports from his or her primary care physician for a period of time specified by the Hospital stating that the resident is continuing treatment or therapy, as appropriate, and that his or her ability to treat and care for patients in the Hospital is not impaired.
  - The Hospital may require additional actions or impose further conditions upon the resident as terms of reinstatement. Such actions and conditions must be reasonably related to patient care concerns.
• The VPME shall inform the resident, in writing, of the reinstatement decision. If
the decision is to reinstate, the letter must set forth the conditions of
reinstatement. The residency director shall be responsible for monitoring the
resident’s practice in the System as appropriate.

• All requests for information concerning the impaired resident shall be forwarded
to the Vice President of Legal Services for response.

• Failure of the resident to fully comply with all aspects of a rehabilitation/treatment
program and/or the terms of reinstatement shall constitute grounds for corrective
action as outlined in this Manual (Section II.D.4.).

Voluntary Self Reporting
All residents are urged to voluntarily seek help for any self-recognized impairment. In such
circumstances, the Office of Medical Education and the VPME shall work with the
individual resident and assist in locating appropriate treatment and rehabilitation. Such
intervention and care will be rendered in the most supportive and confidential manner
possible within the framework and intent of this Policy.

14. Harassment

Policies Against Harassment
The System is committed to maintaining a professional and collegial work environment
that is free of discrimination and harassment based on a person’s sex, race, color, age,
religion, disability, ancestry, or national origin, consistent with applicable federal and state
laws. All employees should respect the rights, opinions, and beliefs of others. Harassment
of any person because of sex, race, color, age, religion, disability, ancestry, or national
origin is strictly prohibited, whether directed at an employee, vendor, patient, or visitor.
Any such harassment is prohibited by this policy without regard to whether or not the
conduct also violates any equal employment opportunity laws. This policy applies to all
employees and medical staff, and covers conduct in the workplace, on job assignments out
of the office, at System sponsored functions, and anywhere else.

Sexual Harassment
No one may threaten or imply that an employee’s submission to or rejection of sexual
advances will in any way influence any decision about that employee’s employment,
advancement, duties, compensation, or any other terms or conditions of employment. No
one may take any personnel action based on an employee’s submission to or rejection of
sexual advances. No one may subject another employee to any unwelcome conduct of a
sexual nature. This includes both unwelcome physical conduct, such as touching, making
sexual gestures and the making or displaying sexual drawings or photographs, as well as
unwelcome verbal conduct, such as sexual propositions, slurs, insults, jokes and other
sexual comments. An employee’s conduct will be considered unwelcome and in violation
of this policy when the employee knows or should know it is unwelcome to the person
subjected to it, when it substantially interferes with an individual’s employment, or when it
creates an intimidating, hostile, or offensive work environment.

Other Harassment
No one may harass anyone because of that person’s race, color, age, religion, disability, ancestry, or national origin. Some examples of conduct prohibited by this policy include using racial and ethnic slurs or offensive stereotypes and the making of jokes about these characteristics.

Making Complaints and Reporting Violations
If you believe that you have been subject to harassment, you are encouraged to make a complaint to the chief resident or residency director, the supervisor of the harasser, and/or the Director of Human Resources or the Director of Labor and Employee Relations. You are not required to complain first to the person who is harassing you, but are encouraged to do so. Similarly, if you observe what you believe constitutes harassment of another employee, you are encouraged to report this to one of the persons described above. No reprisal, retaliation, or other adverse action will be taken against any employee for making a good faith complaint or report of harassment, or in good faith assisting in the investigation of any such complaint or report. Any suspected retaliation or intimidation should be reported immediately to one of the persons described above. Any individual found to have retaliated against an individual for making a complaint or report under this policy may be subject to discipline up to and including termination.

Investigation of Complaints and Reports
The System will promptly and thoroughly investigate any complaint or report of a violation of this policy. It is understood that a thorough investigation can, in some cases, take several weeks. During the pendency of the investigation, to the extent possible, measures will be taken to prevent any further contact or interaction between the person who believes he or she has been subject to harassment and the alleged violator of this policy. At any time, the complainant may ask the person to whom the complaint or report was made about the status of the investigation. While it is the intent of the System to attempt to keep any complaints or reports under this policy as confidential as possible, in order to ensure a fair and thorough investigation, complete confidentiality may not be possible. However, all persons with whom the allegations are discussed will be reminded of the confidential nature of the process.

Penalties for Violations
The System will take prompt and appropriate disciplinary and remedial action if its investigation reveals a violation of this policy. Depending on the circumstances, the disciplinary action may range from a warning to a discharge. A complaint or report of a violation of this policy is a serious matter. Dishonest complaints or reports are also against the policy, and the System will take appropriate disciplinary action up to and including termination if its investigation shows that deliberately dishonest and bad faith accusations have been made.

Additional Information
Questions about this policy, or about discrimination or harassment, may be directed to the Director of Human Resources or the Director of Labor and Employee Relations for additional information.
15. Accommodation for Disabilities

Summa Health System abides by the Americans with Disabilities Act (ADA) of 1990 which prohibits discrimination against disabled individuals with regard to employment practices.

16. Closures/Reductions of Training Programs

If the system intends to reduce the size of a residency program or to close a residency program, the residents will be informed as soon as possible after the intent is known. In the event of such a reduction or closure, the system will allow residents already enrolled in that program to complete their education, or will assist them in enrolling in an ACGME-accredited program in which they can continue their education.

17. Restrictive Covenants

Residents at Summa Health System are not asked nor are they required to sign a non-competition guarantee. No such expectations exist in the resident agreement, or in any other written or implied agreement between the system and the resident.

18. Other Contracted Benefits

a. Health Club

Residents are provided financial support for participation in a health club designated by the system at the resident’s request. More information may be obtained in the Office of Medical Education.

b. Laundry

Summa Health System furnishes three white coats for each resident each year. No new replacement coats will be ordered after January 1st of the resident’s final year of training. Contact the Office of Medical Education at 330-375-3106 or bowersl@summahealth.org to order.

The Laundry Department is located in the basement of the ACH campus. Hours are 5:00 a.m. - 1:30 p.m. The phone number for the Uniform Room is 330-375-6303. Soiled coats can be dropped off in Laundry anytime. Coats are sent out for cleaning, and clean coats are returned to Summa, on Tuesdays and Thursdays. Personal laundry is the responsibility of each resident.

c. On-Call Quarters

On-call quarters are provided on each campus for use by residents for nights of scheduled duty in the system. A lounge and recreation area are also available. It is expected that residents will assist in maintaining this area by removing personal belongings, clothing, and food upon leaving.
19. Other Non-Contracted Benefits

a. Parking and Shuttle Services

Parking
Free parking is provided on the Akron Campus, St. Thomas Campus, and Barberton Campus. All are accessible by using the photo identification badge to swipe into and out of the assigned lots.

Shuttle Services
Two shuttle buses provide door-to-door service between Akron City Hospital and St. Thomas Hospital (approximately a five-minute ride). Shuttle service is available Monday-Friday, with departures from ACH campus (Circle Drive) 5:30 a.m. to 5:30 p.m. and STH campus (Main Entrance) 5:45 a.m. to 5:45 p.m. All shuttles are equipped with telephones.

E. Resident Participation in Educational and Professional Activities

1. Educational Experiences

Residents are assigned to their duties and responsibilities by their respective residency programs in accordance with their educational and duty hour requirements. Annually, prior to the start of the new academic year, a schedule of clinical rotations is prepared for each resident. The rotation schedules may be adjusted somewhat to meet individual needs or desires providing that the residency program requirements are met.

2. Participation on Committees and Councils

Resident/Fellow committee service is an expectation of Summa Health and the ACGME. The Office of Medical Education maintains a list of medical staff and departmental committees on which residents are invited to serve. Each year the newly elected president of the house staff works with the resident leadership and the House Staff Council to solicit resident volunteers with interest in committee service. Once assigned, residents are expected to make every effort to attend the meetings of the committees to which they are assigned. Residents who have an interest in serving on specific committees shall contact the Office of Medical Education to report their interest, and this information will be passed along to the house staff leadership.

3. Education on Impairment

In accordance with ACGME requirements, all residents receive formal education on physician impairment, including substance abuse and sleep deprivation.

4. Resident Policies and Procedures

a. Conduct Policies

Manner and Appearance
Residents are expected to conduct themselves in a professional and courteous manner with patients, visitors, staff, and co-workers and to maintain appropriate appearance
and professional behavior at all times. Summa Health considers appropriate attire for residents on duty to include a 3/4 length white coat and identification badge(s). Some departments have additional or different requirements, as does Children’s Hospital Medical Center of Akron where some residents occasionally serve. Residents on duty in the surgery or delivery areas or during night call are expected to wear appropriate scrub attire. Otherwise, scrubs are not considered appropriate attire for residents engaged in patient care. *Please see Dress Code on Summa’s intranet, Summa@Work, under Resources/Policies and Procedures/Human Resources/Manual/Chapter I: Disciplinary Process, Rules, Grievance/9.7

Identification Badge
Each resident is issued a photo identification badge. The badge is to be worn and visible above the waist at all times while on duty.

Alcohol and Drugs
Alcoholic beverages or illicit or illegal drugs may not be kept or used on Summa Health System premises. A resident under the influence of alcohol or other substances may not attend patients. Any employee may report suspicion of alcohol or drug use or impairment to prompt an investigation.

Smoking
Smoking is prohibited in all Summa Health System buildings and outside all public entrances. The tobacco-free policy applies to all persons, including patients, visitors, employees, volunteers, and physicians. More information on the policy is available in the Human Resources Policy and Procedure Manual (9.10 Tobacco Free Policy) on Summa@Work.

Code of Business Ethics

All Summa Health System Employees are expected to comply with these policies as outlined in the Summa Health System Code of Conduct Policy. This can be accessed here: http://summaworks/Documents/Code%20of%20Conduct/A%20Code%20of%20Business%20Ethics/Corporate%20Compliance%20Code%20of%20Conduct%202011.pdf

Code of Conduct Policy

In support of our mission, values, and vision, it is the policy of Summa Health to strive to attain the highest standards of conduct in the course of its operations in the community it serves. Accordingly, all medical staff and house staff members are expected to conduct their personal and professional affairs in a manner that does not discredit or adversely affect the reputation of Summa Health.

The Medical Executive Committee endorses the Summa Health System “Standards of Behavior” and all practitioners, as members of the medical staff or house staff, agree to abide by the following principles:
All members of the medical staff and house staff shall treat others with respect, courtesy, and dignity and conduct themselves in a professional and cooperative manner.

Members of the medical staff and house staff agree to refrain from engaging in any behavior that may impair the ability of the health care team to provide quality care and/or otherwise create a hostile or intimidating work environment.

In dealing with all incidents of inappropriate conduct, the protection of patients, employees, physicians, and others in the hospital and the orderly operation of the medical staff and hospital are of paramount concern.

Definition of Disruptive Behavior
Includes but is not limited to the following:
• Use of oral, written, or gestured language that may include disparaging or derogatory terms directed to another person. Examples: threats of harm, comments intending to frighten a person, any derogatory statements relating to an individual’s age, race, color, religion, national origin, sex, marital status, sexual orientation, or disability status.
• Engaging in harassment of any employee, patient, physician, visitor, volunteer, or other person on the basis of the individual’s race, sex, color, national origin, religion, age, marital status, sexual orientation, disability status or otherwise, including verbal harassment, non-consensual or unwelcome physical contact.
• Non-constructive criticism addressed to an individual in such a tone or content so as to intimidate, undermine confidence, belittle, or imply stupidity or incompetence, or disparage the name and reputation of a person.
• Blatant profanity or similarly offensive language while in the hospital and/or while speaking with nurses or other hospital personnel.
• Derogatory comments or other criticism about the quality of care being provided by the hospital, another physician, or any other individual that is made outside of appropriate medical staff and/or administrative channels.
• Inappropriate medical record entries concerning the quality of care being provided by the hospital or any other individual or otherwise critical of the hospital, other physicians or personnel.

Any violation of the acceptable standards of behavior warrants the initiation of the complaint process.

Disruptive Behavior Complaint Process
• A complaint of disruptive behavior involving any resident will require written documentation of such incident and shall be submitted to either the residency director or the VPME.
• Complaints should include the date and time of the incident, names of persons involved, description of events/behaviors, and names of any witnesses.
• The recipient of the complaint (the residency director or VPME, as applicable) shall review the information provided. If the recipient of the complaint is the residency director, he/she may either address the complaint directly with the resident, or refer the matter to the VPME. If the recipient of the complaint is the
VPME, he/she may refer the matter to the residency director or to the Conduct Review Board (CRB).

**Conduct Review Board**

In the event the complaint is referred to the CRB for follow-up the following process shall occur:

- When a matter is referred to the CRB an initial meeting of the CRB will be scheduled as soon as possible. The CRB will undertake an initial investigation that includes interviewing the involved resident, complainant, witnesses, or others that may supply pertinent information.

- The members of the CRB shall consist of the following individuals: the appropriate residency director; the President or Vice President of the Medical Staff; the President or Vice President of House Staff; and a non-voting representative from hospital legal department (for advice and counsel). The CRB may appoint other appropriate voting/non-voting representatives as deemed necessary. In the event that a designated member of the CRB cannot attend, has a conflict of interest, or is the subject of the complaint, the remaining CRB members will appoint another residency director chair, medical staff officer or member of the house staff to serve in their place.

- Following the initial CRB investigation and evaluation, the CRB may:
  
  i. Refer the matter to the appropriate residency director for informal action. This action requires a unanimous decision by the voting members of the CRB. Informal action may include the formulation of a Plan of Correction (POC) including identification of the disruptive behavior, performance expectations/standards of conduct, a method and specific timetable for monitoring performance improvement and access to counseling and/or training (may be required as part of the POC at resident's expense). Prior to implementation, a plan of correction will be reviewed by the other members of the CRB for their input and suggestions. The residency director will report the results and effectiveness of the plan to the VPME for review and further action as needed.

  ii. Refer the matter to the VPME for corrective action, and/or suspension, or dismissal, if the gravity of the actions forms a basis for possible suspension, or dismissal, or if the actions of the individual resident constitute a recurrence of similar documented disruptive behavior.

- Once addressed, it is the responsibility of the person who addressed the complaint to document the resolution in the resident’s program file with a copy to the resident’s medical education file, including what actions were taken, or that no further action was deemed necessary.

b. **Fatigue and Sleep Deprivation Policy (updated 3/30/16)**
c. Personal Relationship Policy

Personal relationships between trainees and teachers (e.g., medical student with resident or attending physician, resident with attending physician) are strongly discouraged. Should such a relationship develop, the participants are obligated to disclose their relationship to their clerkship or residency director. These directors must make every effort to ensure that said teacher never functions in a supervising or evaluative role with said trainee. To avoid conflicts of interest, for all close personal relationships, including married and parent-child relationships, the faculty member or supervisor shall remove himself or herself from evaluative or supervisory decisions that involve the other individual.

d. Prescription Writing

According to the State Board of Pharmacy Rule on Prescribers, physicians pursuing approved residency training are only authorized to write prescriptions within the scope of their residency training. Prescribing drugs outside the physician-patient relationship is not covered in the scope of a resident’s training program. Furthermore, the requirement of an established physician-patient relationship mandates in-office visits and medical record documentation of such visits, as well as documentation of all prescription orders. In addition, prescribing or administering drugs outside the scope of the physician-patient relationship may result in criminal felony charges under Chapter 2929 of the Revised Code, entitled, “Drugs and Drug Trafficking.” Under no circumstances should residents be prescribing medications for Summa employees, family members, friends, fellow residents, or other individuals not considered to be patients under their care.

Each resident is issued a hospital DEA number for the prescription of medications until he/she applies for a permanent DEA number. All medication orders are reviewed by the pharmacist on duty for appropriateness, and the attending physician reviews medication orders as well. All prescriptions for controlled substances must be
documented in the respective patient’s medical record. Prescriptions for non-controlled drugs must be handwritten or typewritten with no more than three prescription orders per prescription form. Prescriptions for controlled drugs may only contain one prescription order per prescription form. The medication quantity must be written both numerically and alphabetically. If preprinted, only one drug and strength combination may be printed on the form.

e. Incident Reporting

If a resident sees or is called to the scene of an accident or injury involving a visitor, or any other safety incident, the nursing department supervisor should be immediately notified, regardless of the hour. The nursing supervisor contacts the nearest patient care area, notifies the emergency department of the impending arrival of a patient, and returns to the site to assist the physician and the patient. Protective Services can be called for assistance if necessary.

f. Jury Duty Policy

Residents may be summoned for jury duty at any time. Immediately upon receiving notice of jury duty, the resident should notify the residency director and the Office of Medical Education. The resident is to arrange for coverage for the expected jury duty duration. Residents who are told to report for jury duty and are then dismissed when they arrive are expected to return to work for that day. Residents must submit to their residency directors documentation from the court for jury duty time served. The residency director must then submit this documentation to the Office of Medical Education. Residents serving jury duty continue to be compensated by Summa Health System at the resident’s current salary rate provided documentation from the court verifying attendance at jury duty has been submitted.

g. Licensure

The State Medical Board of Ohio (SMBO) requires that all residents obtain a training certificate prior to the beginning of their residencies. This certificate must be renewed prior to the beginning of each academic year of residency unless or until the resident obtains a permanent license or graduates. The state medical board site does not allow Summa to make the application request on the residents’ behalf.

The SMBO also requires all residents eligible for permanent licensure in the state of Ohio to personally request the application for permanent licensure and provide the necessary information and documentation. Eligibility for state licensure occurs after the resident successfully completes and passes Step 3 of USMLE or Level 3 of COMLEX. Even though Summa is unable to make the application request on the resident’s behalf, the Office of Medical Education can assist with the request letter, which will require the resident’s signature.

The SMBO may be contacted at 30 E. Broad Street, 3rd Floor, Columbus, Ohio 43215, phone 614-466-3934, website http://med.ohio.gov/.

h. Military Service
Reserve units representing all branches of the armed forces are located in the greater Akron area. Residents obligated to military reserve duty are urged to contact their respective services to locate a suitable unit as soon as possible. Up to two weeks spent on active duty for reserve training are not counted against vacation time. However, the system will not issue paychecks covering the time of such leaves of absence. Residents reporting for military assignment should notify the Office of Medical Education one month in advance so that early paychecks can be requested and absence can be noted on the monthly rotation schedule.

i. Outside Rotation Policy

An outside rotation opportunity is defined as a one-month educational experience which enhances the professional goals of the resident or is necessary for the completion of a resident’s training, and is not available within the Summa Health System. All outside rotations must be approved by the respective residency director and the VPME. The residency director reserves the right to consider the staffing needs of the affected department(s) in deciding whether a given rotation can be approved. All outside rotations must have written goals and objectives which are approved by the residency director prior to the start of the rotation. A formal system for evaluating both the completion of the goals and objectives by the resident and the value of the rotation will be tracked by the residency director.

Each resident may participate in the following maximum number of outside rotations during his/her residency:
- One outside rotation per one or two year residency period
- Two outside rotations per three or four year residency period
- Three outside rotations per five year residency period or greater
- For residents in three year or longer programs, no more than one outside rotation may be taken in a given academic year.

Outside rotations are limited to assignments within the continental United States. Exceptions to this rule will be made on a case by case basis with input from both the residency director and the VPME.

This policy does not apply to outside rotations at institutions with which inter-institutional agreements exist that stipulate partial repayment of resident costs to their home institution.

j. Resident Files

A personnel file is maintained on each resident in the Office of Medical Education. This file includes the application, a copy of the agreement with the system, a copy of the original medical school diploma (or original certified translation if the diploma is not in English), ECFMG certificate if the resident graduated from a foreign medical school, and a recent photograph. Additional information may be kept in the residency director’s office. Residents may review the material in their personnel files. Files may be accessed only upon request, and items may neither be added nor removed. Any of the material may be copied by the Office of Medical Education staff on request. If a resident is not a permanent United States resident/citizen, a separate file will be
maintained in the Department of Human Resources for all information relating to the resident’s visa status.

Resident evaluations of performance are maintained within the appropriate residency program. Residents may gain access to their educational program files by submitting a request to the residency director. Residents may examine and obtain copies of their educational files but may not remove original materials. Residents desiring explanations or interpretations of their educational records may inquire directly to the residency director. If a dispute concerning educational records cannot be resolved through informal discussion, the resident has the option of utilizing the Grievance Procedure outlined in Section II.D.3. of this manual.

The Department of Human Resources maintains a data file on each resident. Residents are responsible for notifying the Office of Medical Education and the Department of Human Resources of any change of name, address, or telephone number so the data file may be kept up to date.

Employee Health maintains a medical file on all residents which includes the results of the resident’s pre-employment history and physical, immunization records and a record of any on the job injury sustained by the resident during training. Residents may gain access to their own health files by submitting a request to the Employee Health Department.

k. Signing Out

The following procedure should be followed for leaving the hospital during duty hours. The resident must:

- obtain permission of the supervising resident,
- arrange for another resident of equal or greater seniority to provide coverage,
- inform the appropriate staff of who is accepting the calls, and approximate time of expected return, and
- sign in and notify the supervising resident, the covering resident, and the appropriate staff upon return.

It is preferable for a resident who is leaving during duty hours to leave his or her pager with the covering resident until returning for duty.

The above policies are provided as general guidelines. Residents should refer questions to their chief residents for individual department guidelines.

l. Contact Information and Telephone Use

All residents must be routinely available to Summa Health System by telephone. Residents must report their telephone numbers, and any changes, to the Department of Human Resources, the Office of Medical Education, and the system telephone operator.
All residents are required to provide a current, accurate e-mail address to the Office of Medical Education for communication purposes and must update this address as needed. Resident e-mail addresses will not be shared outside the educational program, and will only be utilized for communication between the residency program, the Office of Medical Education, and the resident.

Long distance telephone use within the system is limited to patient care purposes. It is understood that occasional short duration long distance calls for non-business purposes may be necessary, but each resident is expected to use appropriate judgment and integrity in the use of long distance phone service for personal reasons.

International phone calls may be placed only with permission and equipment provided in the Office of Medical Education.

m. Training Completion Procedures

Upon program completion, each resident is required to complete a termination and clearance procedure. This is accomplished by obtaining a clearance procedure form from the Office of Medical Education or on Summa@Work under Resources/Medical Education, and visiting the departments and service areas indicated on the form to obtain signature verification that all departmental work has been completed by the resident. Once completed, this form is returned to the Office of Medical Education for final sign off.

A diploma documenting successful completion of the specified residency program is awarded to each resident who has fulfilled the program requirements and completed the termination and clearance procedure. The diploma is prepared after recommendations are received from the residency director to the Office of Medical Education, and includes signatures from the residency director, the VPME, the President and CEO of the system, and the Chairperson of the Summa Health Board of Directors.

n. GME Vendor Interactions Policy

Purpose
This policy addresses resident behavior and relationships with vendors representing pharmaceutical, nutritional, and medical device companies and any other medical care industry vendors. The purpose of this policy is to ensure that GME activities at Summa Health System and its affiliated sites are not compromised through industry influence, collectively or through individual interactions. The goal of this policy is to further the professional accountability of residents to their patients, colleagues, and profession.

Guidelines
- Residents may not accept gifts of any value from vendors. This includes but is not limited to food, beverages, cash, educational materials, clinical tools or devices, or office supplies.
- Residents may not accept samples of any product from vendors for personal or family use.
• Residents may not accept financial support from vendors or any other industry representatives for the purpose of subsidizing travel to conferences or meetings.
• Vendors may not page or otherwise contact residents directly while on Summa facilities unless arranged in advance for patient care purposes by the resident’s program or department. All vendor contact with residents must be arranged through the Office of Medical Education or through the office of a residency director, and in accordance with Department of Pharmacy policies.
• Residency programs should offer curricular content to educate residents about the effects, risks, and benefits of interactions with industry representatives, and where possible, align these educational offerings with the ACGME Competencies.
• Vendors or vendor companies may not sponsor speakers or events that are considered to be part of the mandatory or formal curriculum of any residency program. In addition, all speakers who present as part of the mandatory or formal curriculum of any residency program are required to disclose all relevant ties to industry, either as part of such presentations or through an annual disclosure documentation process within the residency program.
• While Summa Health System cannot restrict resident behavior outside of its facilities and outside the scope of residency training, this policy recommends that residents consider this GME Vendor Interaction Policy as a guide in their interactions with vendors under such circumstances.
• Residency faculty are expected to consider this policy as a guide in their own interactions with vendors or any other industry representatives.

5. Patient Care Policies

a. Procedural Certification Policy

A. For all trainees who desire or are required to obtain training in particular invasive procedures, the requirements to perform any such procedure on a patient include successful completion of didactic sessions, patient simulation, and bedside procedural training. All requirements must be completed in the following sequence:

1. Step 1: Didactic Requirement
   a) View and review the Healthstream and any additional instructional videos and/or formal written didactic materials (e.g., New England Journal of Medicine Videos and handouts) provided by the simulation staff for the individual procedure.
   b) Complete and pass (80% correct) the written test in the computer simulation lab covering the didactic/video material. If a passing score is not obtained, the trainee will have an additional opportunity to review the material and re-take the written test.
   c) The trainee may not perform any invasive procedure at the completion of this step, even under the direct supervision of an attending physician.

2. Step 2: Simulation Lab Requirement
   a) The trainee will be provided with an internal Summa Health System checklist for each procedure by the simulation staff.
b) Scheduled practice of the invasive procedure on a simulator/task trainer must be documented.

c) The trainee should spend adequate time gaining proficiency for each procedure.

d) When the trainee feels he/she is proficient at performing a given procedure, a proficiency video will be scheduled and completed in the simulation lab for review by a physician evaluator.

e) The physician evaluator(s) will be appointed by the residency director of the appropriate residency program for the trainee.

f) The scoring of the proficiency video will follow the established simulation lab checklists for the individual procedure. An overall score of 80% on the checklist is necessary for completion of the simulation lab requirement, keeping in mind that several steps on the checklist are deemed “critical actions.” If any one of these critical actions is not performed or is incorrectly performed, the trainee will not pass the simulation portion of the requirement and will be required to schedule a subsequent video session (even if the overall score is above 80%).

g) Should the trainee fail the Step 2 requirement, they will be required to schedule additional practice time in the lab before being allowed to re-test for certification.

h) After successful completion of Step 2 the trainee Resident Procedure Card will be punched indicating that they are now allowed to perform the individual procedure under the direct supervision of a credentialed physician/practitioner.

i) Successful completion of Step 2 is needed to proceed to Step 3.

j) The trainee will be provided a Procedure Log Form to be used to complete Step 3.

3. Step 3: Bedside Procedure Training Requirement

a) After successful completion of Step 2, the trainee may now perform the procedure under direct supervision by an attending physician or certified individual credentialed in that procedure.

i. Note: Direct supervision is defined by the ACGME: “The supervising physician is physically present with the resident and patient.” Indirect supervision (“physician not physically present or within the confines of the patient site”) is not an acceptable form of supervision and is in violation of this policy. At no time can a non-credentialed trainee be supervised in this “indirect” fashion.

b) The trainee will be provided with a Procedures Log Form to now start logging procedures under direct supervision with the goal of completing the pre-determined number of procedures, leading them to the completion of Step 3 (full credentialing for the individual procedure).

i. A patient sticker must be attached to the Procedure Log Form and the procedure is logged (procedure name, date, supervising physician)

ii. A credentialed supervisor must provide a signature for each successfully completed procedure on the Procedure Log Form.
c) Supervising physicians/practitioners should only sign-off on **successfully** performed procedures. An unsuccessful attempt **may not** count towards the number required for independent practice.

d) Upon completion of the required number of supervised procedures, the resident will present the log to the simulation staff. The simulation staff will then inform the residency director of his/her residency program that the trainee is credentialed in that individual procedure.

e) The trainee will have the badge backer punched (“Full credentials granted, Step 3) indicating permission to perform and supervise that procedure independently.

f) All residents that utilize New Innovations® to log procedures are expected to continue to log their procedures in a parallel fashion.

B. Procedures requiring certification with the accompanying number of procedures required for full credentialing:

1. Central Line
   a) Internal Jugular - 8
   b) Subclavian - 8
   c) Femoral - 5

2. Endotracheal intubation – 10

3. Chest Tube (tube thoracostomy) – 10

4. Arterial Line – 5

5. Paracentesis – 5

6. Thoracentesis – 5

7. Lumbar puncture – 5

8. Other procedure requirements to be defined by Medical Education.

C. Special considerations:

1. Medical students, physician assistant students, advanced practice nursing students:
   a) Students **may not** perform any invasive procedures, **even under direct supervision of an attending physician, without first completing BOTH the didactic and simulation lab (Steps 1 and 2) requirements** of all residents.

   b) Once the student completes Steps 1 and 2, they can then be supervised by a credentialed practitioner. Students will not have the ability to gain any credentialing or certification on any invasive procedure, regardless of the number of procedures performed. Therefore, Step 3 does not apply to medical/PA/nursing students and students will not be allowed to do any procedures independently at any time. It is suggested that students starting a new clerkship be directed to the simulation lab for completion of Steps 1 and 2 for procedures they may get an opportunity to perform procedures during that time period.

2. Nurse Practitioner’s (NP) and Physician Assistant’s (PA):
   a) NP’s and PA’s will follow the same steps to credentialing as resident physicians. Special consideration and/or review will be made depending on the procedures to be performed. The department head/residency director or PA/NP supervising physician must sign off on the ability of
these practitioners to perform these procedures independently after completing Steps 1-3.

b) Completion of all three steps does not guarantee that these practitioners will be given permission to perform procedures independently.

3. Certified Individuals/Trainees:
   a) Trainees that have finished Steps 1-3 and have been certified must still get permission from the listed attending physician (for the patient) before performing any invasive procedure, except in emergency situations. A certified trainee, at any time, can have their ability to perform or supervise invasive procedures revoked by the program director should they be deemed incapable of independently performing or supervising the individual procedure safely.
   b) Certified individuals (attending physicians, senior residents) do not have permission to allow non-credentialed trainees to perform invasive procedures, even under very close supervision. The only exception to this rule would be if, in a life-threatening emergency, the supervising practitioner deems that the risks of the procedure done by a non-certified trainee are outweighed by the risks of not having the procedure performed.

4. Departmental Authority
   Any department may make any of the above policies more stringent to meet departmental expectations.

5. Rotating Trainees
   All rotators from outside institutions are required to adhere to these policies while on rotation at any Summa facility or campus.

D. Procedures not listed:
   1. Some procedures, because of their scope and nature, will never be allowed to be performed independently without an attending physician. Procedures not listed should be performed under direct supervision. Individual procedures can be reviewed on a case-by-case basis and discussed for inclusion in the existing list of procedures for which trainees can be credentialed.

E. Resident Procedure Card (aka “Badge Backer”):
   a. Badge Backers will be used to identify (to all medical and nursing staff) the capacity of the trainee to perform procedures under supervision. Trainees should expect that nursing staff will ask them to demonstrate that (at least) Step 2 has been punched on the “Resident Procedure Card” before they are allowed to be supervised to perform a procedure. Any trainee who attempts to perform a procedure independently without proper authorization is in direct violation of this policy. Violation of this policy may result in corrective action in accordance with the Graduate Medical Education Policies and Procedures.
   b. Any trainee who attempts to manipulate their badge (punching out a procedure themselves indicating permission to perform a step that they have yet to complete) will result in an immediate suspension of all procedural privileges and an immediate audience with the VP of Medical Education and the respective residency director.
   c. The Badge Backer must be worn at all times.
b. **Consults**

Inpatient consultation orders placed in the EMR by a house staff member must be called directly to the consulting physician at the time of the order during the hours of 6:00 a.m. to 10:00 p.m. After discussing with the physician an order will then be placed by the resident in the EMR under "Notification of consult" stating who the consult was discussed with and when. During the hours of 10:00 p.m. to 6:00 a.m. the notification can wait until the hours noted above, except in cases of an emergency.

If unable to reach the consulting physician it must be documented in the EMR when and to whom the attempt was made. The resident will then document a follow-up plan within the "Notification of consult" order.

It is acceptable to call the resident that is on that service during weekday hours of 8:00 a.m. to 5:00 p.m. Preferably, the consult would be called to the senior resident on that service. This should also be documented in Plato as above.

c. **Policies on Patient Deaths**

**Deaths**

Any death occurring within the system must be reported immediately to the attending physician and for teaching cases, to the resident on the service or the resident on call. If the deceased had more than one attending physician, each one should be notified. Death certificates for private cases are to be signed by the patient’s attending physician. The death certification for teaching cases may be signed by the resident on the teaching service, providing he/she has a permanent Ohio license, or by the patient’s attending physician.

Pronouncement of death is the responsibility of the resident for all teaching cases, and is referred to hospital personnel for non-teaching cases in accordance with medical staff rules. For teaching cases, notation on the patient’s chart, completion of the appropriate forms, speaking with any family members, and notifying the attending physician are all responsibilities of the resident, who is responsible for responding promptly and expeditiously.

**Post-Mortem Examinations (Autopsies)**

All post-mortem examinations are performed on the Akron City campus. The attending physician or resident requesting the post-mortem examination must contact the on-call pathology resident at pager #0082 in order to notify the department of the request. The following information must be provided: patient name, medical record number, admitting physician, time of death, admitting diagnosis, brief synopsis of clinical course and reason for the request, type of post-mortem examination requested, and person or people signing the consent form. If the death occurs on another Summa hospital campus, transportation of the body to the Akron City campus will be arranged by the on-call pathology resident. The hospital chart and signed permit must accompany the body and all evidence of recent hospital therapy (ET tube, IV lines, etc.) must remain intact with the body. Preliminary anatomic diagnoses and cause of
death will be rendered within 48 hours. Uncomplicated cases will be finalized within six weeks and complicated cases in twelve weeks.

Viewing a post-mortem examination by attending or resident physicians is encouraged, and all materials are available for review, teaching, and conferences. Information regarding post-mortem examinations or questions should be directed to the Pathology Department on the Akron City campus, 330-375-3678.

Criteria for Post-Mortem Examination
The performance of a post-mortem examination serves several functions in current medical practice. Post-mortem examinations remain a valuable measure of quality assurance with regard to accuracy of clinical diagnosis and evaluation of new medical technologies and therapies. They can be crucial to the identification and definition of new diseases, especially those related to infectious, environmental, or occupational causes. Education of physicians and the general public is accomplished as well as compilation of vital statistics and procurement of organs for transplantation and research. Post-mortem examination permission should be strongly pursued in the following cases:

- cases with the potential for unknown or unanticipated medical complications
- cases where the cause of death is not certain
- cases where post-mortem results might help to allay family or public concerns regarding the death
- patients who had participated in clinical trials
- all obstetric deaths
- all pediatric and neonatal deaths
- cases which might divulge a known or suspected illness that would affect survivors or recipients of transplanted organs
- deaths due to known or suspected environmental or occupational hazards
- sudden, unexpected, or unexplained deaths seemingly of natural causes and not of forensic jurisdiction.

Guidelines and Consent
The Medical Executive Committee has set forth the following guidelines on post-mortem examinations:

- The attending physician should be notified by the interviewing resident or nurse prior to the time that the next of kin leaves the hospital. This will allow the attending physician to assist in the effort to obtain the post-mortem examination. Also, this call will enable the resident or nurse to inform the attending physician of the scheduled time of the post-mortem examination.
- Attendance at post-mortem examinations by residents is encouraged as an excellent learning opportunity.
- The pathology resident on call and staff pathologists are familiar with the legal requirements of post-mortem examinations and should be contacted for any questions concerning proper procedure.

Following are suggestions for obtaining permission for post-mortem examinations:

- As a quality control function, the Department of Pathology performs the post-mortem examination at no charge to the family.
• The value of an exact diagnosis should be emphasized to the family. This might never be known unless there is a post-mortem examination. The importance to the physician and family of learning whether any undiagnosed conditions are present (e.g., tuberculosis, malignancy, familial or genetic diseases, etc.) should be emphasized.

• It should be explained that the procedure is done in a scientific and dignified manner, i.e., that an incision is made, the organs examined and the incision sutured closed. The entire procedure is comparable to a surgical operation. The term “post-mortem examination” is preferred to “autopsy”.

• At the time of death, relatives may feel that there is no reason to know more about the illness, but they may later wish that exact information could have been obtained post-mortem.

• Post-mortem examination findings may have an important bearing on settlement of estates and insurance policies.

• It should be emphasized that medical science can progress through such examination.

• Possible objections to post-mortem examination related to religious beliefs should be discussed.

• It should be explained that a report of post-mortem examination findings will be sent to the attending physician by the pathologist. The family may contact the attending physician for all information. Under no circumstances should a copy of the post-mortem examination findings be promised to the family.

• A limited or restricted examination may preclude accurate pathologic diagnosis and will be acceptable only if it is determined that a complete post-mortem examination cannot be obtained.

Toxicology studies are not included as part of the post-mortem examination services performed at Summa Health System.

According to current Ohio law, the following conditions must be met for legal authorization:

• The individual giving authorization must be at least eighteen (18) years of age and of sound mind.

• Power of attorney expires when death of the patient occurs, therefore, the person with power of attorney may not necessarily be the legal next of kin. Please refer to the list below for accurate determination of the next of kin.

Individuals who may consent to a post-mortem examination include the following, who must be asked in the order shown:

• current spouse
• adult child/children, collectively
• parent(s)
• sibling(s), collectively, whether whole or half blood
• grandparent(s)
• grandchild/grandchildren, collectively
• lineal descendent of grandparents
• appointed guardian of deceased
• another person willing to accept the disposition of the body in absence of above
• representative/officer of political subdivision responsible for arranging final disposition of the body

If collective consent is required, all family members present must sign the form.

Telephone permission may be legally valid only if the telephone call is witnessed by two system representatives (e.g., physician and nurse) and both sign the permit as witnesses.

If any restrictions or limitations have been placed upon the examination, these must be noted in writing on both copies of the post-mortem examination permit (e.g., “no head examination” or “examination limited to abdomen”). Contact the pathologist on call with any question regarding who may legally sign the post-mortem examination permit. When permission for a post-mortem examination has been obtained, two copies of the post-mortem examination permit should be completed, including the signature of the next of kin, a witness, and the resident who obtained the authorization for the post-mortem examination. The pathology resident on call should be contacted.

**Precautions for Creutzfeldt-Jakob Disease (CJD)**

Any case of dementia or neurodegenerative disease of less than two years duration, of unknown duration, or of uncertain diagnosis should be treated as a potential CJD case. The highly infectious nature of this disease requires that special precautions be taken. Before the post-mortem examination, a careful clinical history must be obtained in cases of dementia and other neurodegenerative diseases. History taking should focus on the presence or absence of specific neurologic manifestations and laboratory findings that may suggest CJD or some other neurodegenerative disease. Other important aspects of the clinical history are progressive deterioration and the duration of illness. CJD is progressive and, with extremely rare exceptions, fatal within one to two years. Post-mortem examinations of such cases should be done following specially outlined procedures. It is therefore essential that the pathology resident on call be made aware of this vital clinical information before the post-mortem examination has begun. It is the responsibility of the resident or attending physician to notify the Pathology Department to relay this information, and to make the family aware that due to the potential infectious nature of the case, it may be elected to limit the post-mortem examination to examination of the brain only to limit exposure of personnel.

**Medical Examiner Cases**

The Revised Code of the State of Ohio states that “any person who dies as a result of criminal or other violent means, or by casualty, suicide, or suddenly when in apparent good health, or in any suspicious or unusual manner, the case must be reported to the Coroner’s Office.” Summit County has elected to replace the Coroner’s Office with the Medical Examiner’s Office. Summa Health System requires that the following types of death are to be reported to the Medical Examiner’s Office:

• accidental deaths of all forms, including deaths from industrial accidents and deaths on the operating room table
• abortions, whether criminal or self-induced
• homicidal deaths
• suicidal deaths
• anyone who has had an operative procedure during a hospital admission and subsequently expires during that admission
- any individual who has had an invasive diagnostic procedure such as a cardiac catheterization during the hospitalization, patients who had invasive procedures requiring a consent to perform, or patients who have had other major invasive procedures
- any individual who has inadvertently received a drug which exceeds normal therapeutic dose and subsequently dies as a direct or indirect cause of error
- any individual who dies as a result of or related to an allergic reaction to a medication, dye, etc.
- any individual who dies suddenly and unexpectedly, and there is no known cause of death
- anyone who dies within the first twenty-four hours after admission to the hospital

If there is any question as to whether a case is reportable, it should be reported.

The telephone number of the Summit County Medical Examiner’s Office is 330-643-2101. Upon calling this number, it may be requested to telephone the Medical Examiner’s Office Investigator, whose telephone number will be provided. Before placing the call, the physician should be in possession of information pertaining to the case such as name, address, age, marital status, race, and occupation of the deceased; time of accident, place, mode of injury; place and time of death, and the name of the physician who pronounced the patient dead. Note that the Medical Examiner’s permission must be obtained before the deceased may be moved when a death has been designated a Medical Examiner’s case. The following information needs to be included in the death note summary on the physician’s progress record:
- date and time the Medical Examiner’s office was notified
- the name of the individual placing the call to the Medical Examiner’s office
- the explanation given to the Medical Examiner’s office regarding the patient
- the individual’s name at the Medical Examiner’s office taking the call
- whether or not the patient was accepted by the Medical Examiner

The Medical Examiner’s official report form must be completed before the deceased is released from the hospital to the Medical Examiner’s Office. The Medical Examiner’s Office cautions against writing reports casually or incompletely as well as divulging information of any kind except to fully authorized persons possessing proof of such authority. Any suspicions a physician might have may not be ultimately verified. No direct or indirect pressure is to be placed upon people in order to obtain permission for a post-mortem examination in cases that are not Medical Examiner’s cases. Statements used to coerce an examination, such as “we will make this a Medical Examiner’s case,” are morally wrong and are prohibited by Summa Health System. The Medical Examiner refuses to approve the use of his authority in an improper manner.

The Medical Examiner has four options concerning a reported case:

**Designation as an official Medical Examiner’s case**
All bodies ordered to the Medical Examiner’s Office morgue must be accompanied by the completed Medical Examiner’s Office Form 7-68, copies of which are available at the hospital.
Relinquishment of jurisdiction with release of the case to the hospital
This must be documented in the patient’s progress notes on the chart. If the legal next-of-kin has signed a permit, the post-mortem examination may then be scheduled as usual with the pathology resident on call.

Retained jurisdiction, but release of the body to the hospital for post-mortem examination
If this option is chosen, an Authorization Form from the Medical Examiner’s Office documenting permission to perform the post-mortem examination must be requested. In addition, the legal next-of-kin must sign a permit before the post-mortem examination can be performed at the hospital. Again, the post-mortem examination must be scheduled with the pathology resident on call, and the circumstances of the permission discussed. Also, this Medical Examiner’s permission for post-mortem examination must be documented in the patient’s progress notes on the chart.

Retained jurisdiction and completion of death certificate based upon records review only
In this instance, the cause of death is issued based on chart review, and no post-mortem examination is performed.

Organ Donation
All potential donors of internal organs must meet brain death or cardiac death criteria. All potential donors of internal organs must be maintaining a heartbeat. Age and health status requirements differ depending on the organs targeted for recovery. For example, potential kidney and pancreas donors must be between 3 and 70 years of age. Potential donors of tissue (e.g., bones, eyes, skin) do not need to be maintaining a heartbeat but must meet other specified criteria. The currently available protocol from LifeBanc may be consulted for current procedures and requirements.

LifeBanc will determine patient donor status based upon a search of the Ohio Bureau of Motor Vehicles database. Research shows that the discussion of brain death and the request for organs should occur at two different times, and never in the same conversation. LifeBanc is available, and prefers to talk to families and obtain consent for organs. If the patient is a registered organ donor or the family agrees to organ donation, LifeBanc will assume medical management from that point on. The Nursing Associate Director or Area Supervisor is able to provide direction at all stages of the organ donation process. The phone number for LifeBanc is 1-800-791-LIFE.

Donation of eye tissue is processed by the Cleveland Eye Bank. Information sheets are available on all floors regarding medical criteria for eye bank donation. This also includes instructions for the procedure for donor management immediately after death until the enucleating technician arrives. Answers to any questions can be obtained from the 24 hour service number 216-791-9700. The caller should identify the hospital from which the call is made.

d. Care of the Patient in the Emergency Department

Emergency Department (ED) Coverage by Residents
Resident coverage in the ED is assigned within each department. Residents are generally expected to answer emergency pages within 20 minutes and evaluate patients in a prompt fashion. If a resident is occupied with other patient care duties, it is that resident’s responsibility to notify the ED of the delay. If a significant delay in patient evaluation is anticipated, the resident should notify the attending physician for that service so other arrangements can be made to assure prompt care of the patient.

**ED Patient Care and Decision-Making**

All residents are to evaluate patients as requested by the emergency attending physician. If there is a request for further testing prior to assessment, that should be discussed with the emergency department attending physician. If it is agreeable to both parties, further testing should be requested by the resident consultant. If there is controversy over what testing should be pursued, the resident must evaluate the patient and perform a history and physical examination before further testing. The resident’s assigned attending physician is to be called upon completion of the resident evaluation. The emergency attending physician is to be notified about all dispositions and decisions made by the resident staff after consultation with their attending staff on all emergency patients.

**ED Procedures**

Except for procedures necessitated by extreme or life-threatening emergencies, no procedures are to be performed in the ED unless the emergency attending physician has been notified of the procedure to be performed. In life-threatening emergencies, the expectation is that the procedure will be done, but that every effort will be made to have the emergency department attending physician notified.

e. **Patients Leaving Without Authorization**

Occasionally, a patient insists on leaving the hospital against the advice of the attending physician. In this case, a signed release must be obtained and witnessed by the resident. Forms are available on each patient unit. This release is filed in the patient’s chart. Details of the patient’s actions should be accurately recorded in the progress notes of the chart.

f. **Interpreter Services**

Summa Health System provides a language interpreter service for patients or families with limited English proficiency (LEP). Summa’s policy for providing interpreters is based upon best practices for providing competent interpretation following guidance from the Office of Civil Rights (OCR). The OCR includes several factors for an organization to determine whether an interpreter is competent, including language skills, training in ethics, conflict of interest, and patient confidentiality. Interpreters must demonstrate proficiency in and ability to communicate information accurately in both English and in the other language and identify and employ the appropriate mode of interpreting (e.g., consecutive, simultaneous, summarization, and sight translation). Thus, competency requires more than self-identification as bilingual. For these reasons, residents may not provide interpreter service, even if fluent in a specific patient’s native language, unless determined by the system to be suitably competent in accordance with OCR guidelines.
To obtain an interpreter or to direct any questions or concerns, contact the hospital operator for the telephone number of the service utilized for interpretation.

g. **Infection Prevention and Control**

**Blood-borne Pathogen and TB/Respiratory Safety Standards**

Annually, all residents are required to complete a Mandatory Organizational Education (MOE) Self Learning Packet concerning Blood-borne Pathogen and Respiratory safety standards including a review of Infection Prevention and Control. Personal safety is each individual’s responsibility with assistance from Summa Health System resources. Each year, new cases of pulmonary TB are diagnosed across the United States. Additionally, there are some patients with a multiple drug resistant strain of TB. These changes in TB in the population warrant increased awareness of patients with the potential for tuberculosis transmission. If patients are at high risk for TB, appropriate studies should be ordered and patients should be placed in airborne isolation. High filtration masks are to be worn with confirmed or “rule out” TB cases.

**Sharps/Exposure Injuries Follow-Up**

An exposure is defined as a contaminated sharp object injury or splash to mucous membranes or exposure of non-intact skin to blood or other body substances. For exposures, hospital policy directs all employees to the Employee Health Center for evaluation and appropriate follow-up during business hours Monday through Friday. After hours, weekends and holidays, exposed individuals go to the Emergency Department for initial evaluation and follow-up with the Employee Health Center as directed.

**Barrier System/Stop-Sign Notification**

Standard Precautions are used for all patients. Hand washing is required before and after all patient contact. Personal protective equipment (PPE) is available in all patient rooms. STOP sign notification is posted at each patient room requiring contact, droplet or airborne precautions.

**Restricting Infectious Employees**

Attending physicians, residents, and medical students who have transmissible infections must be restricted from patient care and certain work situations. Trainees with potentially transmissible infections or disease must report to Employee Health and obtain a release to work.

**Reportable Diseases**

The policy describing the State of Ohio requirements for reportable diseases is in the Infection Prevention Manual. Lab confirmed tests are reported to the Health Department. Please report physician diagnosed infections of inpatients to the Infection Control Department Pager 330-971-4010.

**Multi-Drug Resistant Organisms (MDRO)**

Multi-drug resistant organisms (MDRO) such as MRSA, VRE, and certain gram-negative bacilli have increased in prevalence in U.S. hospitals over the last three decades and have important implications for patient safety. A primary reason for concern about the multi-drug resistant organisms (MDRO) is that options for treating
patients with these infections are often extremely limited and MDRO infections are associated with increased lengths of stay, costs, and mortality. Many of these traits have also been observed for Clostridium difficile associated disease (CDAD). Clostridium difficile is responsible for a spectrum of infections (CDI) including uncomplicated diarrhea, pseudomembranous colitis, and toxic megacolon which can, in some instances, lead to sepsis and even death. The approaches to prevention and control of these pathogens must be tailored to the specific needs of each population and individual institution. Patients vulnerable to colonization and infection include those with severe disease especially those with compromised host defenses from underlying medical conditions, recent surgery, or indwelling medical devices (e.g., urinary catheters or endotracheal tubes).

Preventing infections will reduce the burden of MDRO in health care settings. Adherence to these preventative practices includes a multifaceted evidence-based approach with three parallel strategies to infection prevention: accurate and prompt diagnosis and treatment, prudent use of antimicrobials, and prevention of transmission. Prevention of transmission includes improvements in hand hygiene, use of contact precautions until patients are culture-negative for a target MDRO/CDI, active surveillance cultures, education, enhanced environmental cleaning, and improvements in communication about patients with MDRO within and between health care facilities. The Infection control staff requests that all practitioners teach by example, and serve as role models to other Summa employees. All practitioners should wash their hands before and after any patient contact. Appropriate orders should be written for isolation precautions whenever a transmissible MDRO or CDI is suspected. The Infection Control department is available for assistance.

The complete Infection Prevention Manual is available on Summa@Work at this link: http://summaworks/Documents/Infection%20Control%20Manual/Forms/Home%20View.aspx

h. Emergency Preparedness

The following procedures have been developed in the event of an emergency:

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| A disaster situation has occurred in the area and the hospital can expect to admit more than 10 casualties for evaluation and treatment.  
**Resident Responsibility:** Each resident has been given a specific responsibility from his/her residency program and should report to his/her assigned area. |

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| A smoke alarm or fire alarm has been triggered.  
**Resident Responsibility:** Each resident should continue in his or her area and if needed, assist with closing doors and windows. |

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| A bomb threat has been received and a search of the system is to begin.  
**Resident Responsibility:** Residents should continue in their areas but must turn off all electrical and battery-operated devices such as pagers that might interfere with the... |
transmission of radio waves. If any suspicious object is seen, call the hospital operator to contact a member of the search team to investigate.

**Code Blue**

Someone in the hospital is in need of resuscitation. The express team should report immediately for duty to the named location.  
**Resident Responsibility:** The express team is comprised of residents and other hospital staff, and the designated residents should report to the named area to assist in the care of the patient.

**Code Adam**

There has been a suspected unauthorized removal of an infant from the system.  
**Resident Responsibility:** Residents are responsible for observing their areas for suspicious activity and reporting any activity to security.

**Code Violet**

A code violet is called when a patient’s or visitor’s behavior is physically threatening, uncontrollable or poses a real or potential threat to the safety of staff or others.  
**Resident Responsibility:** Residents are responsible for observing their areas for potentially threatening behavior and reporting this activity to security.

**Code Brown**

A patient is reported missing.  
**Resident Responsibility:** Upon finding the “missing patient”, ask him/her to please return to the hospital or unit with you. Notify Protective Services and Nursing Supervisor that the patient has been located.  
If the “missing” patient is uncooperative/combative, etc., dial 757 and request Protective Services, and the Nursing Supervisor to state your location.

**Code Silver**

There is a report of a hostage situation, a person with a weapon, or active shooter.  
**Resident Responsibility:** Dial 53277 to report the situation to Protective Services.  
Give as much information as you can. If possible, direct guests, patients and physicians in the area to a safe location.

**Severe Weather Emergency Conditions**

Under this plan, the page operator will page the same warning announced by the National Weather Service over the weather alert radio.

**Hazardous Materials: Chemical Spill/Release**

A hazardous material has been released from its protective container inappropriately.  
**Resident Responsibility:** If a small amount of hazardous material is spilled or released, contain and clean the spill and dispose of it in the regular trash. If a large amount of hazardous material is spilled or released, evacuate the area and notify Protective Services at extension 53277.

F. Resident Educational and Work Environment

1. **Work Environment**
   
   Summa Health System provides an educational environment in which residents may raise and resolve issues without fear of intimidation or retaliation. Mechanisms and services in place to assure such an environment include:
a. House Staff Council

The purpose of the House Staff Council is to provide a forum comprised of and directed by residents, for the purpose of problem-solving, project development, and information sharing of issues affecting residents and resident life at Summa Health System. The council is comprised of resident and fellow members elected by their respective program peers for one-year terms. Programs are expected to conduct their member elections in June of each academic year, with newly elected members to begin their one-year terms on July 1. Members include the house staff president, vice president, and social chairperson as well as elected representatives from every residency and fellowship program, as described more fully in section I.A.5.g. above.

The HSC provides the opportunity for resident leaders to discuss issues and develop ideas for improving the educational and life experiences of the residents at Summa Health System. Members are encouraged to bring issues to the council with the intent of working to develop solutions and results which enhance the resident experience. Topics for discussion may include (but are not limited to) safety/security issues, living conditions, resident education, and patient care areas and services.

The HSC is responsible for assigning resident members to appropriate medical staff and hospital committees including the assignment of two at-large members to serve on Performance Council and up to six at-large members to serve on the Graduate Medical Education Committee.

All residency and fellowship programs are expected to place “Report from HSC” on their regular residency business meetings or resident meetings. At those meetings, HSC representatives are expected to surface any issues to be brought as agenda items to HSC. Minutes of HSC meetings will be sent to all residency and fellowship directors and coordinators and to all house staff.

b. Chain of Command

In every instance where a resident has a concern, it is recommended that the concern be addressed if at all possible through the chain of command for medical education. That is, the resident is encouraged to speak to more senior level residents to resolve the concern. If the concern remains unresolved, the resident should proceed to a chief resident, then to the residency director, then to the VPME, and finally if still unresolved to the president of the hospitals.

c. Anonymous Hotline

Summa Health is committed to the highest standards for personal and organizational integrity. Compliance with the laws regulating health care activities is mandatory for all members of the System. A toll free, anonymous, hot line has been established to allow confidential reporting of suspected inappropriate health care practices. This number is 1-800-421-0925 and may be utilized by any resident who observes or suspects possible violations of health care regulations or any concern regarding legal or ethical behavior, or any concerns regarding the residency program and institution. This line may also be used to anonymously report violation of ACGME requirements.
d. ACGME On-Line Survey

All residents in ACGME-accredited programs are invited annually to complete an on-line survey regarding their residency programs. These on-line surveys cover a broad range of residency issues including duty hour compliance, residency faculty, residency evaluation, program educational content, resources provided to residents, and overall training experience. The Office of Medical Education works with all residency directors to enforce completion of these surveys by 100% of Summa residents. Once completed, the results of these surveys are presented by the respective residency directors at the Graduate Medical Education Committee. Concerns requiring follow-up are discussed and residency directors are expected to report back to the Graduate Medical Education Committee until all concerns are resolved to the satisfaction of that committee.

e. Confidential Evaluation of Faculty and Residency Programs

All residents are expected to submit to the residency director at least annually, confidential written evaluations of the faculty, their educational experiences, and their residency program. These evaluations are conducted within each respective residency program.

f. VPME Open Door Policy

The Office of Medical Education and specifically the office of the VPME, is open to assist residents as needed. Residents need only request time with the VPME if needed, and such requests are honored as a priority. In addition, the VPME is available by system pager or by cell phone for urgent resident issues requiring immediate attention. In the absence of the VPME a designee is assigned to be available for such urgent issues and can be contacted through the Office of Medical Education. All residency directors are expected to conduct similar open door policies within their respective residency programs.

g. Grievance Procedure

The resident grievance procedure is described in detail in Section II. D. 3. above, entitled “Grievance Procedure.”

2. Employee Health

Center for Corporate Health/Employee Health Services

The Center for Corporate Health/Employee Health Services provides occupational health services such as employment screening, assessment of episodic illnesses, assessment of exposures to communicable diseases, and treatment of on-the-job injuries including blood or body substance exposures. Employee Health also actively promotes a healthy work environment through health education, immunization programs, work environment assessments, and occupational health surveillance. Any required employment health screening can be completed in Employee Health. If a resident is injured while on the job, including sustaining an exposure to blood or body substance, the resident should complete an Employee Accident Report and report to Employee Health. Akron City’s Employee
Health hours are 7:00 a.m. to 3:00 p.m., Monday through Friday. At St. Thomas Hospital, the Center for Corporate Health/Employee Health hours are 8:00 a.m. to 4:00 p.m., Monday through Friday. The Corporate Health Center at Green is open Monday – Friday 7:30 a.m. to 4:00 p.m. If an injury requires immediate treatment and Employee Health is closed, the resident may be referred to the emergency department for treatment.

On-the-Job Injury
Should a resident sustain a job-related injury at Summa Health System, he/she is protected by provisions of the Workers’ Compensation Law. Any work-related illness or injury which occurs on the job should always be reported to one’s supervisor immediately.

3. Medical Record Completion

The purpose of a hospital medical record is to provide a systematic method of recording and preserving all pertinent information regarding the patient. The medical record is an essential instrument, serving as a means of communication among the attending physicians, nurses, and other personnel. It provides a permanent written record of professional observations and care, a record of past medical history, and a source of data for medical research. Medical records are one measure used by the Joint Commission and the ACGME, AOA, and ADA to determine the quality of care provided. Residents should observe the following general rules concerning patient medical records:

- When documenting in a patient’s chart, all house staff members will be required to use the provided stamp that clearly states their name, department and pager number under their signature. This includes but is not limited to History and Physical’s, Assessment and Plans, daily progress notes, consult forms, T-sheets. All duplicate sheets must be stamped on all carbon copies as well. If the stamp is lost, the house staff member will be required to replace it within a month at their own cost through the medical education office.
- Every entry (progress notes and orders) should include the date, time, and signature.
- Each time a resident signs an order or progress note, he/she should also record the last four digits of his/her pager number with the signature, to facilitate communication and good patient care.
- A complete history and physical form must be recorded within 24 hours of admission and prior to surgery and must include the reason for admission to a hospital level of care. If the patient is re-admitted within 30 days of a previous discharge (6 months for an oncology patient) for the same or like diagnosis, a photocopy of the original history and physical may be placed in the new chart and an interval history and physical form must be completed. The notation “see previous record” is not acceptable.
- The medical record has potential medical/legal connotations. Medical records can become public property if subpoenaed. Accurate, precise, and detailed written records can prevent personal, professional, and system embarrassment and financial loss.
- All writing and signatures must be legible.
- Names, incidents, and observations should be recorded specifically and accurately, including the circumstances relative to the situation, as well as the location, hours, and date of the event and the recording.
• The medical record should be made totally self-explanatory to any impartial and unfamiliar observer who might read it.
• Only those abbreviations which have been approved by the Medical Records Committee and included in the approved Abbreviations Manual may be used.
• Slang, criticisms of staff, editorial comments, and expressions of personal feelings are to be avoided.
• Questions to the attending physician should not appear in the chart. A removable note with questions may be clipped to the chart.
• Medical records are not to be removed from nursing floors or from the Medical Records Department without permission.
• Medical records are not to be removed from system premises under any circumstances.

Progress Notes
Progress notes are to be written in a manner that any physician, even if unfamiliar with the case, can be informed rapidly and accurately of the patient’s condition. A progress note must be written at least once daily for all critically ill patients, and at least every second day for chronically ill patients. Ideally, a progress note should be recorded daily for every patient.

Discharge Notes
A note written upon discharge should include these items:
• course in hospital includes treatment, response, disposition, reconciliation of admission and discharge diagnosis, medications, and pertinent laboratory information,
• condition on discharge, including home going medications and subsequent treatment plans,
• final diagnoses which are to be signed out in conformity with the current International Classification of Diseases, and
• signature and date.

The diagnostic summary or cover sheet must be completed at the time of patient discharge to expedite reimbursement under the prospective payment system mandated by the federal government. Please note that specific departments may have special requirements regarding progress notes.

Medical Record Completion
Residents have 30 days from the date of discharge to complete the patient’s medical record. The residency director is notified monthly of those residents who have records pending more than 30 days.

4. Security and Safety

The Protective Services Department is a 24-hour, in-house department which serves the security needs of the system. Among the regular patrol and crime deterrence responsibilities, the department provides:
• intervention with combative/violent patients and/or visitors
• 24 hour escort service to vehicles in the decks and parking lots
• after-hours access to offices, departments, on-call rooms, etc.
• battery boost and “e-z key” service when keys are locked inside a vehicle

As in all large institutions, theft of personal property can be a problem when employees are not aware of the potential for such activity. For this reason, the following suggestions should be noted.
• Secure all personal property under lock and key.
• Do not leave pagers unattended.
• Keep anything of value out of plain sight in vehicles (put GPS, radar detectors, cellular phones, etc. in the trunk or under a seat).
• Lock the on-call room doors when you leave them.
• Request escorts to your vehicles when you are leaving the complex at odd hours of the day or night. In the event that you are involved in a theft incident, or in the event of any unusual or suspicious occurrence/activity, please contact the Protective Services Department at extension 53277.
• Never prop open doors that are to be kept locked.

5. Support Services

Summa Health System provides intravenous line placement services, phlebotomy and laboratory services, and messenger and transport services through the use of non-resident personnel, so that in no instance does any of these routine tasks become the responsibility of the resident. The system ensures that appropriate support services, personnel, and facilities are available through the monitoring efforts of the Graduate Medical Education Committee and its review of all accreditation letters for each residency program, and the periodic internal review process for each residency program.

The system also provides a high quality medical records system with 24-hour access to records, instantaneous on-line access to laboratory and radiology results and other diagnostic reports, remote access dictation systems, “listen lines” for rapid radiologic results reporting, on-line access to patient demographic data, and well-staffed medical records offices to assist in chart retrieval.

6. Risk Management and Legal Issues

Risk Management

The Department of Risk Management receives notice when malpractice suits are filed and acts as liaison with defense attorneys. The Director of Risk Management is responsible for overseeing the Risk Management Program. The Director is responsible for the development and execution of an operating plan that provides for evaluation and control of the system’s exposure to financial loss in the areas of professional and general liability. The department is open from 8:30 a.m. to 5:00 p.m. Monday through Friday, and is located at the Summa Center building (168 E. Market Street) on the second floor. The phone number is 330-996-8686. If necessary, the director can be contacted after hours through the telephone operator.

If a resident receives any notice of legal action or potential legal action, including 180-day letters, Risk Management should be immediately notified and a copy of such notices should be provided to the Risk Management staff. All communication between residents
and outside attorneys should be arranged and overseen through the Department of Risk Management.

**Depositions**

The Director of Risk Management reviews cases with physicians who are called to testify at a deposition, and will attempt to schedule the deposition at a time convenient to the physician.

**Unusual Occurrence Reports**

Whenever an unusual occurrence takes place which involves patients, visitors, or employees, an unusual occurrence report is to be completed. The physician is responsible for completion of the physician’s section of the form. The form is sent to Risk Management for review, follow-up, and corrective action when indicated. The unusual occurrence report should never be placed in the medical record nor should there be any reference in discussion with patients or families that an unusual occurrence report was completed.

7. **Resident Responsibility for Education**

Summa Health provides a suitable environment for a medical education program that meets the standards and requirements of the ACGME. In this environment, residents take responsibility for their education by participating in these opportunities to:

- participate in safe, effective, compassionate patient care, under supervision, commensurate with their level of advancement and responsibility,
- participate fully in the educational and scholarly activities of their programs and, as required, assume responsibility for teaching and supervising other residents and students,
- participate in institutional programs and activities involving the medical staff, and adhere to established practices, procedures, and policies of the institution,
- participate in institutional committees and councils, especially those that relate to patient care activities,
- participate in evaluation of the quality of education provided by the system,
- develop an understanding of ethical, socioeconomic, and medical/legal issues in medicine, and learn how to apply cost containment measures in the provision of patient care, and
- participate in an educational program regarding physician impairment, including substance abuse and fatigue.

In addition, each residency program defines, in accordance with its program requirements, the specific knowledge, skills, attitudes, and educational experiences required in order for their residents to demonstrate the following:

- patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health,
- medical knowledge about established and evolving biomedical clinical and cognitive (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care,
- practice-based learning and improvement that involves investigation and evaluation of their own patient care,
• interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and other health professionals,
• professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population, and
• systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system resources to provide care that is of optimal value.

8. Supervision and Training of Medical Students

Summa Health System hosts medical students for clinical rotations from medical schools around the country, and is specifically affiliated with the Northeast Ohio Medical University (NEOMED) and its Colleges of Medicine and Pharmacy. As part of this affiliation, medical students use the facilities of the system to varying degrees during their final three years of the NEOMED program. M2 students attend sessions taught by attending physicians, residents and nurses. M3 students complete core clerkships in internal medicine, general surgery, obstetrics and gynecology, psychiatry, and family medicine. M4 students undertake electives in multiple departments.

The following policies have been adopted by the system and NEOMED with regard to medical students, and these policies are enforced for all medical students rotating at Summa.

• Patient Charts. Medical student histories and physicals may not serve as the official H&P on the medical record, though they may be retained as part of the patient’s permanent record. They must be countersigned by an attending or resident physician. Medical students are permitted to make entries on the progress notes section of a patient’s permanent record, but must obtain appropriate countersignature. Students are permitted to write or enter orders on patients they are following, but these orders may not be enacted by a nurse until they are countersigned or verified by either an attending or resident physician. It is the responsibility of the medical student to obtain these verifications.

• Dictation Equipment. Medical students are permitted to use system dictation equipment, provided such use meets requirements specific to the given departments in which such dictation occurs.

• Procedures. Any procedure performed by a medical student must be directly supervised by the attending physician or resident. Only a medical student who has demonstrated the ability to perform a procedure without direct supervision will be permitted to do so. The supervising physician must notify the appropriate personnel on any given nursing unit that a particular student is to perform a specific procedure without supervision. Without specific notification, the procedure must be supervised.

• Benefits. Medical students will be provided access to employee parking lots, and are provided meals in accordance with the policies of the Office of Medical Education. They have access to the system libraries, and are provided on-call quarters. Medical students are also able to obtain lockers for storage of their personal property while on duty.
Concerns regarding medical students should be referred to the appropriate course or clerkship director or the VPME, or brought to the attention of the Office of Medical Education.

9. Resident Supervision Policy

Each patient under the care of a resident must have an identifiable, appropriately credentialed and privileged attending physician (or licensed independent practitioner as approved by a specific program’s residency review committee [RRC]) who is ultimately responsible for that patient’s care. This information must be available to residents, faculty, and patients. Resident’s and faculty members are expected to inform patients of their respective roles in each patient’s care.

Each residency program is responsible for ensuring that the appropriate level of supervision is in place for all residents who care for patients. Supervision may be exercised through a variety of methods:

- Some activities require the physical presence of the supervising faculty member.
- For many aspects of patient care, the supervising physician may be a more advanced resident or fellow.
- Other portions of care can be adequately supervised by the immediate availability of the supervising faculty member or resident, either in the institution, or by means of telephonic and/or electronic modalities.
- In some circumstances supervision may include post-hoc review of resident-delivered care with feedback as to the appropriateness of that care.

Levels of Supervision

To ensure oversight of resident supervision and graded authority and responsibility, residency programs are expected to use the following classification of supervision:

- **Direct Supervision**: the supervising physician is physically present with the resident and patient.
- **Indirect Supervision with direct supervision immediately available**: the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.
- **Indirect Supervision with direct supervision available**: the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.
- **Oversight**: the supervising physician is available to provide review of procedures or encounters with feedback provided after care is delivered.

Progressive Authority and Responsibility

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty. The program director is expected to evaluate each resident’s abilities based on specific criteria, and when available, evaluations should be guided by specific national standards-based criteria.

Faculty members functioning as supervising physicians should delegate portions of care to residents based upon the needs of the particular patient and the skills of the residents.
Senior residents or fellows should serve in a supervisory role over junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual residents or fellows.

**Resident Communication in Patient Care**
Residency programs must have guidelines in place for circumstances and events in which residents must communicate with appropriate supervising faculty members, such as the transfer of a patient to a critical care setting, end-of-life decisions, or patient deaths.

Each resident is expected to know the limits of his or her scope of authority, and the circumstances under which he or she is permitted to act with conditional independence. In particular, PGY 1 residents should be supervised either directly or indirectly with direct supervision immediately available. The achieved competencies under which PGY 1 residents may progress to be indirectly supervised with direct supervision available are determined by each program’s respective RRC.

**Faculty Supervision Assignments**
Faculty supervision arrangements should be of sufficient duration as to allow effective assessment of the knowledge and skills of each resident, and effective delegation of the appropriate level of patient care authority and responsibility to each resident.

### III. GRADUATE MEDICAL EDUCATION COMMITTEE

**Purpose**
The purpose of the Graduate Medical Education Committee is to monitor and advise on all aspects of residency and fellowship education, as well as undergraduate medical education and continuing medical education activities of Summa Health.

**Committee Composition**
The Graduate Medical Education Committee is comprised of the following voting members:
- System Vice President, Medical Education/Chief Academic Officer (VPME and DIO)
- Associate Director of Medical Education
- Residency Director for each residency program
- Fellowship Director for each fellowship program
- Chairperson of the Continuing Medical Education Committee
- House Staff President
- House Staff Vice-President
- Up to six (6) at-large resident representatives

Non-voting members include:
- Summa Health Chief Medical Officer
- Vice-President, Clinical Research and Innovation
- Associate Dean for Community Partnerships, NEOMED
- Director of Medical Education, Summa Barberton Hospital
- President of Summa Foundation
- Manager of Medical Education

**Chairperson**
The VPME/DIO serves as Chairperson of the Graduate Medical Education Committee.
Meetings
The Graduate Medical Education Committee meets at least quarterly.

Meeting Attendees
Residency and fellowship coordinators are welcome to attend at any time as guests. In addition, if a residency or fellowship director is unable to attend, he or she is expected to send a faculty designee.

Committee Functions/Responsibilities
The Graduate Medical Education Committee
- establishes and implements policies and procedures regarding the quality of education and the work environment in all residency and fellowship programs
- reviews annually and makes recommendations to the institution on resident and fellow stipends, benefits, and funding for resident positions to assure that these are reasonable and fair
- establishes and maintains appropriate oversight of and liaison with residency and fellowship directors, and assures that residency and fellowship directors establish and maintain proper oversight of and liaison with appropriate personnel of other institutions participating in all residency and fellowship programs sponsored by the institution
- establishes and implements formal written policies and procedures governing resident duty hours in compliance with the institutional and program requirements of the accrediting organizations
- assures that all residency and fellowship programs provide appropriate supervision for residents and fellows that is consistent with proper patient care, the educational needs of residents and fellows, and the applicable institutional and program requirements of the accrediting organizations
- assures that each program provides a curriculum and an evaluation system to ensure that residents and fellows demonstrate competence in the areas of patient care, medical knowledge, practice-based learning and improvement, interpersonal skills and communication, professionalism, systems-based practice, and other specific areas as defined in each set of program requirements
- assures the establishment and implementation of formal written policies for the selection, evaluation, promotion and dismissal of residents and fellows in compliance with the institutional and program requirements of the accrediting organizations
- regularly reviews all ACGME program accreditation letters and monitors action plans for the correction of concerns and areas of noncompliance
- regularly reviews the institution’s Letter of Report from the Institutional Review Committee of the ACGME, and develops and monitors action plans for the correction of concerns and areas of noncompliance
- reviews and approves, prior to submission to the ACGME:
  - all applications for ACGME accreditation for new programs
  - changes in resident and fellow complement
  - major changes in program structure or length of training
  - additions and deletions of participating institutions used in program
  - appointments of new residency and fellowship directors
  - progress reports requested by any Residency Review Committee
  - responses to all proposed adverse actions
  - requests for increases or any change in resident/fellow duty hours
requests for “inactive status” or to reactivate a program
- voluntary withdrawals of ACGME-accredited programs
- requests for an appeal of an adverse action
- appeal presentations to a Board of Appeal or the ACGME

- conducts internal reviews of all residency programs to assess their compliance with the institutional and program requirements of the accrediting organizations
- assures an educational environment in which residents and fellows are free to raise and resolve issues without fear of intimidation or retaliation
- addresses local and national issues facing medical education, reviews proposals and reports from the Continuing Medical Education Subcommittee, and oversees all undergraduate medical education activities

Reporting
As a committee of the Summa Health’s medical staff, the Graduate Medical Education Committee reports to the Medical Executive Committee (MEC) on a monthly basis through minutes reporting. Issues for action and information shall be summarized as to conclusions, recommendations, and proposed action. In addition, the VPME serves as a voting member of the MEC.

Confidentiality
The reports, conclusions, recommendations, and actions taken are confidential and used for purposes of internal peer review and quality assurance. All information generated by and reported to this committee is protected from discoverability under state and federal regulations.

IV. SPECIAL REVIEW PROCESS

The goal of the residency program special review process is to assess training programs meeting specific criteria as part of ACGME’s and Summa’s continuous improvement efforts. When a program meets special review criteria, a Graduate Medical Education Committee ad hoc committee will be assembled to analyze the program and bring recommendations back to the Graduate Medical Education Committee.
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