Table of Contents

I. INSTITUTIONAL ORGANIZATION AND RESPONSIBILITIES ................................................................. 6
   A. Administrative Support .................................................................................................................. 6
      1. Statement of Commitment ....................................................................................................... 6
      2. Mission of Summa Health ...................................................................................................... 7
      3. Mission and Vision of Graduate Medical Education ............................................................... 8
      4. GME Support Services .......................................................................................................... 9
      5. Quality Assurance and Improvement Activities for GME ......................................................... 10
         a. Sponsoring Institution ......................................................................................................... 10
         b. VPME-Residency Director Meetings .................................................................................. 10
         c. ACGME On-Line Survey .................................................................................................... 10
         d. RC Reviews ....................................................................................................................... 10
         e. Annual Program Evaluations ............................................................................................ 10
         f. House Staff Council ........................................................................................................... 10
         g. Annual House Staff Survey ............................................................................................... 12
         h. VPME Annual GME Report ............................................................................................... 12
         i. VPME Open Door Policy .................................................................................................. 12
      6. Disaster or Interruption in Patient Care Response Policy .......................................................... 12
   B. Resident Resources .................................................................................................................... 12
      1. Library Services ..................................................................................................................... 12
      2. Research & Innovation ......................................................................................................... 13
      3. Media Services ..................................................................................................................... 14

II. INSTITUTIONAL RESPONSIBILITIES FOR RESIDENTS ................................................................... 15
   A. Eligibility and Selection .............................................................................................................. 15
   B. Financial Support for Residents ................................................................................................ 15
      1. Stipends ............................................................................................................................... 15
      2. Meals ..................................................................................................................................... 15
      3. Tax-sheltered Annuity Plan ................................................................................................. 16
      4. Relocation Advance ............................................................................................................. 16
      5. Emergency Loan Assistance ............................................................................................... 16
      6. Credit Union ....................................................................................................................... 16
      7. Difficult-To-Recruit Employee Policy ................................................................................... 16
   C. Benefits and Conditions of Appointment .................................................................................. 17
   D. Resident Agreement ................................................................................................................. 17
      1. Financial Support ............................................................................................................... 17
      2. Conditions for Reappointment/Promotion ........................................................................ 17
3. Non-renewal of Contract ................................................................. 17
4. Professional Liability Insurance ..................................................... 17
5. Insurance Benefits ......................................................................... 18
   a. Health/Dental/Vision Insurance .................................................. 18
   b. Disability Insurance .................................................................. 18
   c. Flexible Spending Account ........................................................ 19
   d. Life Insurance ............................................................................ 19
6. Time Off ....................................................................................... 20
7. Duty Hours Policies and Procedures ............................................. 20
8. Moonlighting ................................................................................ 20
9. Counseling .................................................................................... 20
10. Resident Impairment ................................................................. 21
11. Harassment .................................................................................. 21
12. Accommodation for Disabilities .................................................. 21
13. Closures/Reductions of Training Programs ................................. 21
14. Restrictive Covenants .................................................................. 21
15. Other Contracted Benefits .......................................................... 21
   a. Health Club ............................................................................. 21
   b. Laundry .................................................................................... 21
   c. On-Call Quarters ..................................................................... 22
16. Other Non-contracted Benefits .................................................... 22
   a. Parking and Shuttle Services ..................................................... 22
E. Resident Participation in Educational and Professional Activities ... 22
1. Educational Experiences ............................................................... 22
2. Participation on Committees and Councils ................................. 22
3. Education on Impairment ............................................................. 22
4. Resident Policies and Procedures .................................................. 23
   a. Conduct Policies ...................................................................... 23
   b. Fatigue and Sleep Deprivation Policy ....................................... 25
   c. Personal Relationship Policy ................................................... 26
   d. Prescription Writing ................................................................. 26
   e. Incident Reporting ................................................................... 26
   f. Jury Duty Policy ....................................................................... 27
   g. Licensure ................................................................................ 27
   h. Military Service ....................................................................... 27
   i. Outside Rotation Policy ............................................................ 27
j. Resident Files .......................................................................................................................... 28
k. Signing Out .............................................................................................................................. 29
l. Contact Information and Telephone Use................................................................................ 29
m. Training Completion Procedures ........................................................................................ 29
n. GME Vendor Interactions Policy ............................................................................................. 30

5. Patient Care Policies.................................................................................................................... 30
a. Procedural Certification Policy ................................................................................................ 30
b. Consults................................................................................................................................... 33
c. Policies on Patient Deaths....................................................................................................... 33
d. Care of the Patient in the Emergency Department ................................................................ 39
e. Patients Leaving Without Authorization ................................................................................. 39
f. Interpreter Services ................................................................................................................ 39
g. Infection Prevention and Control ........................................................................................... 40
h. Emergency Preparedness ........................................................................................................ 41

F. Resident Educational and Work Environment ................................................................................ 42
1. Work Environment...................................................................................................................... 42
a. House Staff Council ................................................................................................................. 42
b. Chain of Command .................................................................................................................. 43
c. Anonymous Hotline ................................................................................................................ 43
d. Resident Concern Link ............................................................................................................. 43
e. ACGME On-Line Survey ........................................................................................................... 43
f. Confidential Evaluation of Faculty and Residency Programs .................................................. 44
g. Summa Resident/Fellow Annual Satisfaction Survey ............................................................. 44
h. VPME Open Door Policy .......................................................................................................... 44
i. Grievance Procedure ................................................................................................................. 44
j. Employee Health ..................................................................................................................... 44
k. Medical Record Completion .................................................................................................... 45

2. Security and Safety ..................................................................................................................... 46
3. Support Services ......................................................................................................................... 47
4. Risk Management and Legal Issues .......................................................................................... 47
5. Resident Responsibility for Education ....................................................................................... 47
6. Supervision and Training of Medical Students ......................................................................... 48
7. Resident Supervision Policy ..................................................................................................... 49

III. GRADUATE MEDICAL EDUCATION COMMITTEE ............................................................................. 49
IV. SPECIAL REVIEW PROCESS ........................................................................................................ 51
I. INSTITUTIONAL ORGANIZATION AND RESPONSIBILITIES

A. Administrative Support

1. Statement of Commitment

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Summa Health
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.

[Signatures and dates]

James McVaine
Chair, Summa Health Board of Directors

T. Clifford Deveny, MD
Interim President and Chief Executive Officer

Cynthia Kelley, DO, FAAFP
Designated Institutional Official
Vice President, Medical Education

John Zorzajakis, MD
President, Medical Staff
2. **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.

**Our Commitments**

**Serve with passion.**
- Appreciate the privilege we have every day to serve the people of our community at some of the most vulnerable times in their lives when they are sick, injured, frightened and in pain. Be the calm in their storm.
- Look for the joy in our work, paying attention to the impact each of us can have on the lives of others.
- Serve with integrity by always following through on commitments, being honest and acting ethically.
- Create a welcoming environment by making eye contact and greeting others we pass in hallways and elevators.
- Recognize and celebrate what is right about Summa Health while always looking for opportunities to make the care we provide even better.
- Go above and beyond.

**Personalize care.**
- Empower patients and family members to be involved in decisions related to their care.
- Communicate openly and effectively with patients and their family members, encouraging them to share their thoughts, concerns and questions.
  - Make eye contact.
  - Encourage patients and family members to share their questions and concerns by asking open-ended questions such as, “How can I help you most right now?”
  - Listen actively and ensure understanding by paraphrasing back what the patient has just told you.
- Always knock and ask patients if it is all right to enter their room.
- Call patients by their preferred name each time you enter their room.
- Introduce yourself by name and explain your role on the care team to patients and family members.
- Improve the continuity of care by always helping patients know and understand what comes next during their visit or stay.

**Value every person.**
- Look for the best in every individual we serve and in those we work with.
- Treat others without bias or judgment; we have not walked in their shoes.
- Respect and celebrate the diversity of the patients we serve and the talented colleagues we work with every day.
- Treat others with courtesy and respect, even when we may disagree with their ideas.
- Recognize the talents of others on our team, expressing thanks for their contributions.
- Offer a friendly ear to colleagues who may be struggling. Be willing to reach out to...
others when you need help or are having a bad day.

**Take ownership.**
- Model the actions and qualities that you seek in others.
- Beyond just identifying the problem, be a part of the solution in any situation.
- Even when a solution seems like the right one, continue to evaluate it and make changes to improve the outcome.
- Be aware of your own emotions and the ways they may affect how others react to you.
- Treat others without bias or judgment; we have not walked in their shoes.
- Look for the best in every individual we serve and in those we work with.
- Treat others without bias or judgment; we have not walked in their shoes.
- Respect and celebrate the diversity of the patients we serve and the talented colleagues we work with every day.
- Treat others with courtesy and respect, even when we may disagree with their ideas.
- Recognize the talents of others on our team, expressing thanks for their contributions.
- Offer a friendly ear to colleagues who may be struggling. Be willing to reach out to others when you need help or are having a bad day.

**Work collaboratively.**
- Encourage patients, family members and colleagues to speak up when they have a concern by proactively seeking their ideas and asking good questions.
- Seek the input and ideas of colleagues in decisions to find the best solution and to increase the chances for success.
- Be eager to learn, with an openness to new knowledge that will help the team provide consistently better care.
- Recognize the strength of our teaching programs in providing world-class care for patients today and preparing the next generation of tomorrow’s professionals.
- Speak positively about colleagues and other departments, creating a higher degree of confidence and trust among patients and families.

**Partner with the community.**
- Appreciate that as Summit County’s largest employer, Summa Health plays an important role in keeping our community strong, healthy and successful.
- Look for opportunities to give back to our community through volunteerism, which contributes to the health and vitality of the greater Akron region.
- Recognize that we serve diverse communities through our clinics, special programs and partnerships with other community agencies.

3. **Mission and Vision of Graduate Medical Education**

**Mission of Graduate Medical Education**

The mission of Medical Education is to support and strengthen the foundation for all learners to thrive in a lifelong educational journey.

**Medical Education Vision**

Our vision is to be the place that provides outstanding medical education to our learners to help them succeed in building a healthier community.

- We strive to prepare future healthcare providers of diverse backgrounds to serve our community with care, skill, knowledge, and professionalism.
• We strive to instill the importance of life-long learning of our trainees as an integral part of safe and evidence based care of patients.
• We strive to create an environment that facilitates the ability to teach trainees both personal and professional development while fostering a learning environment which promotes excellence in clinical care, research, and teaching.
• We strive to contribute to an institutional culture of well-being that supports all members of the care delivery team.

4. GME Support Services

The 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 8:00 a.m. to 5:00 p.m., Monday through Friday. The phone number for this office is 330-375-3107.

5. 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 Program Evaluations
In accordance with ACGME requirements, all program 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 used to inform continuous quality improvement for all training 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, social chairperson, M&M coordinator, and recording secretary as well as the following number of elected representatives:

Two representatives from the following programs:
  - Emergency Medicine
  - Family Medicine – Akron Campus
  - Family Medicine – Barberton Campus
  - 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
  - Medical Simulation
  - Preliminary IM
  - Preliminary General Surgery
  - 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 does not 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.

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. In addition, the HSC is expected to identify a quality improvement or community benefit project to complete.

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. HSC members are expected to report back to their respective programs important items from the meetings. The HSC secretary keeps minutes of the meetings.

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.

6. Disaster or Interruption in Patient Care Response Policy
See Summa@Work/Resources/Policies and Procedures/Medical Education/GME Disaster Policy.
http://summaworks/plproc/MedicalEducation/GME%20Disaster%20Policy.docx

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. Photocopiery 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
The Summa Health Scholarly Activity Handbook is available in print in the Medical Education office or online on Summa@Work on the Research Department homepage. This serves as a great resource with checklists, guidance, and contact information to help assist residents and faculty who are looking to conduct research and innovation activities. If you need any assistance, please feel free to reach out to research@summahealth.org for additional assistance.

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 South Pavilion 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

See GME Eligibility and Selection of Residents and Fellows Policy at Summa@Work/Resources/Policies and Procedures/Medical Education. http://summaworks/plync/MedicalEducation/GME%20Eligibility%20and%20Selection%20(2-5-19).docx

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 2020-2021 academic year.

<table>
<thead>
<tr>
<th>Level of Training</th>
<th>Annual Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>PGY1</td>
<td>$57,952</td>
</tr>
<tr>
<td>PGY2</td>
<td>$59,820</td>
</tr>
<tr>
<td>PGY3</td>
<td>$61,081</td>
</tr>
<tr>
<td>PGY4</td>
<td>$63,045</td>
</tr>
<tr>
<td>PGY5</td>
<td>$65,252</td>
</tr>
<tr>
<td>PGY6</td>
<td>$66,852</td>
</tr>
<tr>
<td>PGY7</td>
<td>$68,937</td>
</tr>
<tr>
<td>PGY8</td>
<td>$70,922</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 PGY-4 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 requires direct payroll deposit to the bank of the resident’s choice. For further information, contact the Payroll Department at 330-996-0360. 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, Ground Up, and Starbuck’s at 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 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 identification badge to swipe 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 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 Ohio Healthcare Federal Credit Union ([https://www.ohiohealthcarefcu.com/](https://www.ohiohealthcarefcu.com/)), 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. **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

See GME Promotion and Renewal Policy on Summa@Work/Resources/Policies and Procedures/Medical Education.

3. Non-renewal of Contract

See GME Remediation/Non-promotion Policy on Summa@Work/Resources/Policies and Procedures/Medical Education.
http://summaworks/plyproc/MedicalEducation/GME%20Remediation%20%20Non-promotion%20Policy.docx

4. Professional Liability Insurance

See GME Professional Liability Insurance on Summa@Work/Resources/Policies and Procedures/Medical Education.
http://summaworks/plyproc/MedicalEducation/GME%20Professional%20Liability.docx
5. Insurance Benefits

a. Health/Dental/Vision Insurance

Group Health Insurance Plan
Please find detailed information on Summa’s intranet, Summa@Work, under Departments/Human Resources/Benefits.
http://summaworks/Relating%20to%20You/Your%20Benefits0/SitePages/Home.aspx

Coverage of residents and eligible dependents ceases at the date of termination of employment. However, exiting residents and all previously enrolled dependents are eligible to continue coverage at their own expense under Summa Health’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 two 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. Please find detailed information on Summa’s intranet, Summa@Work, under Departments/Human Resources/Benefits.
http://summaworks/Relating%20to%20You/Your%20Benefits0/SitePages/Home.aspx

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. Please find detailed information on Summa’s intranet, Summa@Work, under Departments/Human Resources/Benefits.
http://summaworks/Relating%20to%20You/Your%20Benefits0/SitePages/Home.aspx

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 Account**

**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 234-312-6262 for details.

http://summaworks/Relating%20to%20You/Your%20Benefits0/SitePages/Home.aspx

**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 234-312-6262 for details.

http://summaworks/Relating%20to%20You/Your%20Benefits0/SitePages/Home.aspx

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 6 months to 19 years; or up to age 25 if a full-time student: $10,000

Note: coverage for children 14 days to 6 months is $500.00

**Option 2:** Spouse: $25,000

Child, age 6 months to 19 years; or up to age 25 if a full-time student: $10,000

Note: coverage for children 14 days to 6 months is $500.00

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

See Summa@Work/Resources/Policies and Procedures/Medical Education/GME Vacation and Leaves of Absence.
http://summaworks/plyproc/MedicalEducation/GME%20Vacation%20and%20Leaves%20of%20Absence.docx

7. Duty Hours Policies and Procedures

See Summa@Work/Resources/Policies and Procedures/Medical Education/GME Clinical and Educational Work Hours Policy.
http://summaworks/plyproc/MedicalEducation/GME%20Clinical%20and%20Educational%20Work%20Hours%20Policy.docx

8. Moonlighting

See Summa@Work/Resources/Policies and Procedures/Medical Education/Moonlighting.
http://summaworks/plyproc/MedicalEducation/GME%20Moonlighting.docx

9. 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
10. **Resident Impairment**

See Summa@Work/Resources/Policies and Procedures/Medical Education/GME Physician Impairment.  
[http://summaworks/plyproc/MedicalEducation/GME%20Physician%20Impairment.docx](http://summaworks/plyproc/MedicalEducation/GME%20Physician%20Impairment.docx)

11. **Harassment**

See Summa@Work/Resources/Policies and Procedures/Medical Education/GME Harassment.  
[http://summaworks/plyproc/MedicalEducation/GME%20Harassment.docx](http://summaworks/plyproc/MedicalEducation/GME%20Harassment.docx)

12. **Accommodation for Disabilities**

See Summa@Work/Resources/Policies and Procedures/Medical Education/GME Disabilities.  
[http://summaworks/plyproc/MedicalEducation/GME%20Disabilities.docx](http://summaworks/plyproc/MedicalEducation/GME%20Disabilities.docx)

13. **Closures/Reductions of Training Programs**

See Summa@Work/Resources/Policies and Procedures/Medical Education/GME Closures and Reductions of Training Programs.  
[http://summaworks/plyproc/MedicalEducation/GME%20Closures%20and%20Reductions%20of%20Training%20Programs.docx](http://summaworks/plyproc/MedicalEducation/GME%20Closures%20and%20Reductions%20of%20Training%20Programs.docx)

14. **Restrictive Covenants**

See Summa@Work/Resources/Policies and Procedures/Medical Education/GME Non-competition.  
[http://summaworks/plyproc/MedicalEducation/GME%20Non-competition.docx](http://summaworks/plyproc/MedicalEducation/GME%20Non-competition.docx)

15. **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.

16. **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 lots/decks 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. http://summaworks/plyproc/HumanResources/9.7%20Policy%20Dress%20Code%20Policy.docx

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. http://summaworks/plyproc/HumanResources/9.10%20Tobacco%20Free%20Policy.docx

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: SUH-17-30972-CodeofConduct Booklet

Code of Conduct Policy
SUH-17-30972-CodeofConduct Booklet

In support of our mission, vision, and commitments, 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, 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

It is the expectation of Summa Health that all residents have enough time without clinical responsibilities to stay well rested and not be fatigued when on duty. All residents are provided education in the recognition of impairment, including illness and fatigue, in themselves and in their peers. It is each individual learner’s responsibility to take advantage of time away from work to maintain wellness and good sleep hygiene. If a resident appears to be too fatigued to work, he/she will be encouraged to request a place to sleep or a ride home, which will be provided by the
system. For a ride home, the resident should call 330-375-3277 and if necessary, Chief Keith Blough can be contacted at 330-375-4077. If a resident feels he/she is getting too fatigued to safely care for patients or actively engage in learning, he/she should contact the immediate supervisor or the residency director immediately. The first priority will be to relieve the resident of clinical responsibilities and arrange for that resident’s work to be transferred to other qualified and rested providers. Second, the residency director or designee is responsible for evaluating the circumstances which led to excessive fatigue and seek opportunities to mitigate recurrence.

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/](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.F.1.i. of this manual.

http://summaworks/plyproc/MedicalEducation/GME%20Grievance%204-2019.docx

The Department of Human Resources maintains a data file on each resident. Residents are responsible for notifying the Office of Medical Education and updating any change of name, address, or telephone number in Lawson 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 Office of Medical Education and the system telephone operator, as well as update this information as necessary in Lawson.

All residents are provided a Summa email address which will be the only email address used for Summa communications to the resident. The residents are expected to manage their Summa email inbox routinely to ensure timely email communication delivery.

Use of system telephones is limited to patient care purposes. It is understood that occasional short duration calls for non-business purposes may be necessary, but each resident is expected to use their personal cell phone for these calls as well as use appropriate judgment and integrity in making these calls while on duty.

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 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

See Summa@Work/Resources/Policies and Procedures/Medical Education/GME Vendor Interactions. http://summaworks/plyproc/MedicalEducation/GME%20Vendor%20Interactions.docx

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”)
   1. 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.
   2. 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.
   3. 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 CarePath 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 postmortem 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/Resources/Policies and Procedures/Infection Prevention.

h. Emergency Preparedness

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

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<th>Code Yellow</th>
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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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<th>Code Red</th>
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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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<th>Code Black</th>
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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. |

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<th>Code Blue</th>
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<td>Someone in the hospital is in need of resuscitation. The express team should</td>
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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.6.f. 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, but not limited to, the assignment of two at-large members to serve on Quality Assurance and Performance Improvement Committee 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.

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. Resident Concern Link

The Resident Concern link is a tool on Summa@Work that is available to all residents/fellows to report concerns. This can be done anonymously if the resident/fellow so chooses.

e. ACGME On-Line Survey

All residents in ACGME-accredited programs are required annually to complete an online 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.

f. 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.

g. Summa Resident/Fellow Annual Satisfaction Survey

The Summa Resident/Fellow Annual Satisfaction Survey is another tool to provide feedback about the learning environment.

h. 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.

i. Grievance Procedure

See Summa@Work/Resources/Policies and Procedures/Medical Education/GME Grievance.  
http://summaworks/plyproc/MedicalEducation/GME%20Grievance%204-2019.docx

j. 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, workplace health 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 it 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
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.

**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:

- 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
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.

2. 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.
3. **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.

4. **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.

5. **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.

6. 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.

7. **Resident Supervision Policy**

See Summa@Work/Resources/Policies and Procedures/Medical Education/GME Resident Supervision.

http://summaworks/plyproc/MedicalEducation/GME%20Resident%20Supervision.doc

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 composed of the following voting members:
- Vice President, Medical Education/DIO
- Osteopathic Director of Medical Education
- Program Director for each residency program
- Program 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 (peer-selected) with two (2) of these PGY1s named mid-year for a one-year term (January to December)
Senior Clinical Quality Project Manager (Quality Improvement/Patient Safety Officer)

Non-voting members include:
- President and CEO, Summa Health
- Vice President, Research, Sponsored Programs, and Innovation
- Associate Dean for Clinical Affairs, NEOMED
- Director, Medical Education
- Minority Affairs Physician Liaison

CHAIRPERSON
The Vice President, Medical Education 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, when residency or fellowship directors are unable to attend, they are expected to send a faculty designee.

COMMITTEE FUNCTIONS/RESPONSIBILITIES
Oversight of:
1. The ACGME accreditation status of the Sponsoring Institution (SI) and each of its ACGME-accredited programs,
2. The quality of the GME learning and working environment within the SI, each of its ACGME-accredited programs, and its participating sites,
3. The quality of educational experiences in each ACGME-accredited program that lead to measurable achievement of educational outcomes as identified in the ACGME Common and specialty-subspecialty-specific Program Requirements,
4. The ACGME-accredited programs’ annual evaluation and improvement activities,
5. All processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the SI.

Review and approval of:
1. Institutional GME policies and procedures,
2. Annual recommendations to the SI’s administration regarding resident/fellow stipends and benefits,
3. Applications for ACGME accreditation of new programs,
4. Requests for permanent changes in resident/fellow complement,
5. Major changes in each of its ACGME-accredited programs’ structure or duration of education,
6. Additions and deletions of each of its ACGME-accredited programs’ participating sites,
7. Appointment of new program directors,
8. Progress reports requested by a Review committee,
9. Responses to Clinical Learning Environment Review (CLER) reports,
10. Requests for exceptions to duty hour requirements,
11. Voluntary withdrawal of ACGME program accreditation,
12. Requests for appeal of an adverse action by a Review Committee,
13. Appeal presentations to an ACGME appeals panel.

The GME must demonstrate effective oversight of the SI’s accreditation through an
Annual Institutional Review (AIR).

The GMEC must demonstrate effective oversight of underperforming programs through a Special Review process.

REPORTING
As a committee of the 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 Vice President, Medical Education 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.