



GRADUATE MEDICAL EDUCATION

RESIDENT/FELLOW MANUAL 2016-2017 ACADEMIC YEAR

**Office of Graduate Medical Education
University of Arizona College of Medicine
At South Campus
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To Our Residents/Fellows:

Welcome to Banner – University Medical Center South (BUMCS), your primary teaching institution. This year marks a hallmark year in which Banner University Medical Center (BUMC) and The University of Arizona College of Medicine (UACOM) formalize their educational missions. We are pleased that you have chosen our institution to complete your residency training. As you embark on this new phase of your selected career, be assured that our GME leadership, faculty and hospital staff are committed to ensuring the excellence of your experience. You are a very important part of everything we do and we greatly value and appreciate your contribution to patient care and the educational opportunities and experiences we will share.

The GME Office at The University of Arizona College of Medicine at South Campus (UACOMSC), in conjunction with BUMCS has established this House Staff Manual for our residents and fellows. The manual sets forth your duties, responsibilities, rights and privileges. Please read through it carefully.

Your program also has a variety of people who can advise you on the program specific policies and procedures as well as those applicable to the other institutions through which you will be rotating. In addition to your Program Director, Program Coordinator, faculty and chiefs, there are elected resident representatives who are members of the Graduate Medical Education Committee (GMEC) and have a working knowledge of the policies and procedures in Medical Education. As policies and procedures are revised throughout the year, you will be notified by your Program Director.

This Manual is divided into three sections: the first has policies that are unique to residents and fellows; the second section is the Due Process Guidelines & Policies; and the third section has Banner University Medical Group (BUMG) policies.

All of us at UACOMSC and Banner University Medical Center South are excited to have you join us and look forward to sharing a productive and educationally worthwhile 2016-2017 academic year. Please feel free to stop by our office if you have questions or just to introduce yourself. We look forward to an exciting year together.

Sincerely,



Victoria E. Murrain, D.O. Assistant Dean for Graduate Medical Education
Designated Institutional Official (DIO)

TABLE OF CONTENTS

SECTION I – Resident/Fellow Policies

Basic Duties and Responsibilities	6
Certification of Residency or Fellowship Training	6
Closure or Reduction in Graduate Medical Education Resources	7
Disaster Policy	7
Duty Work Hours	8
Education on Stress, Sleep Deprivation, Fatigue and Substance Abuse	10
Eligibility and Selection of Residents	10
Evaluations of Residents and Fellows	11
Family Medical Leave	12
Fingerprint Clearance Cards	12
Housestaff Counselor	12
International Medical Graduates	13
Leave of Absence	13
Malpractice Coverage	13
Meal Policy	14
Moonlighting	14
On-Call and Holidays	15
On-Call for Residents Rotating Between Departments	15
On-Call Rooms	15
Pagers	15
Parking	16
Patient Relationships	16
Paychecks	16
Promotion and Graduation	16
Scrubs	17
Security ID Badges	17
Subpoenas	17
Supervision	17
Transition of Care	18
Vacation Leave	18
Visiting Residents and Fellows	18

SECTION II – Due Process Guidelines & Policies

Due Process Guidelines	20
Non-disciplinary Actions	20
Disciplinary Actions	21
Resident/Fellow Impairment	24
Drug Testing Policy	24
Emergency Suspension Procedure	25
Automatic Suspension	25

SECTION III – Banner University Medical Group (BUMG) Policies

Compliance Education and Training Program	27
Delinquent Records Policy	28
Disability Benefits	29
Documentation for Employment	30
Employee Assistance Program	30
Harassment Policy	30
Health Insurance Benefits for Residents and Families	31
Jury Duty	31
Occupational Health Services Policy and Procedures	31
Patient Photography, Videotaping, and other visual imaging in the clinical setting for treatment or training	32
Reporting and prevention of infection of infectious in health care workers	33
Retirement 401(k) Plan	34
Substance Abuse Policy	34
Tb Skin Test (Mantoux 5TU)	35

SECTION I

RESIDENT/FELLOW POLICIES

BASIC DUTIES AND RESPONSIBILITIES

Residents and Fellows are expected to:

1. Develop a personal program of self-study and professional growth with guidance from the teaching staff.
2. Participate in supervised patient care as described by your program which is effective, safe, compassionate and commensurate with your level of training.
3. Take call as set forth by your program.
4. Participate fully in the educational activities of your program and, as required, assume responsibility for teaching and supervising other residents and students.
5. Participate in the programs and activities involving the medical staff and adhere to the established practices, procedures and policies at a Banner – University Medical Center facility and at any other institution through which you may rotate as an approved part of your program.
6. Participate in committees as requested at Banner University Medical Center facility and at any other institution through which you may rotate as an approved part of your program, especially those that relate to patient care review activities.
7. Apply cost containment measures in the provision of patient care.
8. Communicate immediately with your Program Director, Chief Resident or appropriate faculty member, if for any reason, you are sick or will be unable to fulfill your responsibilities. Remember that you will be asked to fill in for your colleagues when they are sick and as much advanced notice of absences as possible is greatly appreciated.

CERTIFICATION OF RESIDENCY OR FELLOWSHIP TRAINING

1. All residents satisfactorily completing their first year's training will receive a certificate of satisfactory completion of such training, if requested by the Program.
2. All residents/fellows will receive a certificate upon leaving The University of Arizona College of Medicine's graduate medical education training that will detail the time they were a resident/fellow in a sponsored residency or fellowship.
3. Receipt of a certificate of satisfactory completion of the above times is contingent upon the recommendation of the Program Director.
4. Receipt of a certificate is also contingent upon completion of the Separation Information Survey through New Innovations upon completion of all responsibilities including:
 - a. completion of all medical records at each institution integrated and/or affiliated with the residency;
 - b. return of all borrowed material to each of the medical libraries;
 - c. return of keys and other assigned material and items to appropriate training program office;
 - d. return of the pager, borrowed scrubs, identification badge and meal card to the training program office;
 - e. completion of all program evaluations; and
 - f. completion of residency/fellowship graduation information on the Separation Form.
5. The Resident/Fellow is responsible for completing the Separation Information Survey in New Innovations from Office of Graduate Medical Education (GME Office), obtaining the necessary clearance signatures, and submitting the form to their respective training program office.
6. Residents/Fellows will receive their certificate by mail at an address provided to the GME Office only after:
 - a. the presence of a Final Summative Evaluation signed by the Program Director; and

- b. a signed, satisfactory Separation Form. In certain circumstances the Program Director may apply for a waiver of these requirements, which may or may not be granted, to allow for receipt of certificates at the graduation ceremony.
 - c. The Program Director will assume the responsibility of assuring that all of the above responsibilities will be fulfilled. Any breach of this responsibility would result in subsequent denial of the waiver.
7. The residency or fellowship program office will respond to queries to verify completion of training for hospital appointments, state licensure, and board certification.

CLOSURE/REDUCTION OF TRAINING PROGRAM

1. In the event of closure of University of Arizona College of Medicine or one of its major affiliates, a residency/fellowship program, or a reduction in the size of a training program sponsored by UACOM, the transition/progression of trainees into other programs will be facilitated by UACOM. UACOM will inform the GMEC, DIO and trainees of a decision to close or reduce the size of a program as soon as possible.
2. Regardless of the reason for closure or reduction, the Graduate Medical Education Committee will have oversight of the process and the following procedures will apply:
 - a. The DIO and/or Program Director will inform the affected trainees as soon as possible.
 - b. The DIO will notify the ACGME in writing of any decision on the part of the sponsoring institution to close or reduce the size of a program.
 - c. Whenever possible, the trainees in the program will be allowed to continue through their program with phased closure of the program or until the end of the academic year.
 - d. There will be no further recruitment into the program.
 - e. If necessary, the Program Director and DIO will work with the trainees and the ACGME to find positions in other accredited programs.
 - f. Reasonable effort will be made to insure that trainees will not lose income through the course of the transfer to another program.
 - g. If necessary, coordination with other programs/departments will be arranged to facilitate scheduling adjustments.
 - h. Neither UACOM nor its programs may require residents to sign a non-competition guarantee.

DISASTER AND EXTREME EMERGENT SITUATIONS POLICY

1. A disaster is an event or series of events that cause significant alteration to the residency/fellowship experience of one or more programs. The ACGME Chief Executive Office, with consultation of the ACGME Executive Committee and the Chair of the ACGME Institutional Committee, will make a declaration of a disaster.
2. In the event of a devastating disaster, UACOM GME has developed a partnership with the University of New Mexico to provide information, support and communications in case such resources become unavailable due to the disaster.

- a. In the case of a disaster requiring evacuation of the UA, but in which services and communication are intact, we will communicate with residents through the GME website with up-to-date postings of information and resources, as well as responses to specific questions via our email network.
 - b. In case of loss of communication systems and evacuation, we will partner with the University of New Mexico (UNM), 505-272-6225 to post information on their GME website and UACOM residents/fellows will temporarily be accommodated in Albuquerque. A connected administrative structure will be set up in Albuquerque at the UNM. Similarly, we would provide similar accommodations to the UNM should a disaster requiring evacuation befall them.
3. Declaration of an extreme emergent situation may be initiated by a Program Director or by the DIO. Declaration of a qualifying local disaster is made by the DIO in collaboration with the affected hospital's CEO or designee, affected Program Directors, and Department Chairs.
 4. After declaration of an extreme emergent situation:
 - a. The Program Director of each affected residency or fellowship program shall meet with the DIO and other university/hospital officials, as appropriate, to determine clinical duties, schedules, and alternate coverage arrangement for each program sponsored by the Institution. ACGME's guidelines for development of these plans should include:
 - i. Residents and fellows must be expected to perform according to the professional expectations of them as physicians, taking into account their degree of competence, level of training and context of specific situation.
 - b. Program Directors will remain in contact with the DIO regarding implementation of action plans and additional resources, if needed.
 - c. The DIO will notify the ACGME Institutional Review Committee Executive Director if the extreme emergent situation causes serious, extended disruption that may affect the Institution's or Program(s)'s ability to remain in substantial compliance with ACGME requirements.
 - d. The DIO and the GMED will meet with affected Program Directors to establish monitoring to ensure the continued safety of residents, fellows and patient through the duration of the situation; to determine that the situation has been resolved; and to assess additional actions needed, if necessary, to restore full compliance with each affected residents' or fellows' completion of their educational program requirements.

DUTY WORK HOURS

All residency and fellowship programs sponsored by University of Arizona College of Medicine Phoenix and Tucson shall be in compliance with the Resident Duty Hour requirements established by the Accreditation Council for Graduate Medical Education (ACGME).

Duty Hours

1. Duty hours are defined as all clinical and academic activities related to the training program: patient care (inpatient and outpatient), administrative duties related to patient care, the

provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours DO NOT include reading and preparation time spent away from the duty site.

2. Duty hours must be limited to 80 hours per week when averaged over a four-week period, inclusive of in-house call activities AND ALL MOONLIGHTING (PGY 1 residents are not permitted to moonlight.)
3. Residents and fellows must be provided with 1 unscheduled day in 7 free from all educational and clinical responsibility, averaged over a 4-week period, inclusive of call. One day is defined as on continuous 24-hour period free from all clinical, educational and administrative activities. Home call cannot be assigned on free days.
4. Duty periods for PGY-1 residents must not exceed 16 hours. Duty periods for PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital. After 24 hours of continuous duty, residents and fellows are limited to up to four additional hours during which his/her activities are limited to participation in didactic activities, transfer of patients care and maintaining continuity of medical and surgical care. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m., is strongly suggested.
5. In some circumstances, residents or fellows may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family. Under these circumstances, the resident or fellow must:
 - a. Appropriately hand over the care of all other patients to the team responsible for their continuing care; and,
 - b. Document the reasons for remaining to care for the patient in questions and submit that documentation in every circumstance to the Program Director.
 - c. The Program Director must review each submission of additional service and track both individual trainee and program-wide episodes of additional duty.
6. PGY-1 residents should have 10 hours, and must have eight hours, free of duty between scheduled duty periods. Intermediate-level residents (as defined by the Review Committee) should have 10 hours free of duty, and must have eight hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.

On-call Activities

1. The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day, when residents are required to be immediately available in the assigned institution.
 - a. PGY-1 residents do not take home call.
 - b. PGY-2 residents and above must be scheduled no more frequently than every third night, for in-house call, average over a 4-week period.
 - i. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident or fellow.

- ii. When residents or fellows are called into the hospital from home, the hours spent in-house are counted toward the 80-hour limit but do not initiate a new “off-duty period.”
 - iii. The Program Director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.
- 2. Any resident or fellow who feels he/she is unsafe to drive himself/herself home after work may arrange for alternate transportation and, if applicable, request reimbursement from the program.
- 3. The GME Office will request action plans from individual programs that are felt to be not in compliance. The GME Office encourages programs to involve residents and/or fellows in the preparation of these plans. The GME Office will request monthly progress reports at the GMEC concerning program’s efforts at compliance.

EDUCATION ON STRESS, SLEEP DEPRIVATION, FATIGUE AND SUBSTANCE ABUSE

The UACOM as the sponsoring institution ensures that each program provides effective educational experiences for residents and fellows that lead to measureable achievement of educational outcomes in the specific sub-specialties and in the ACGME competencies with regard to personal health.

Each program must ensure that residents and fellows are educated on a yearly basis in stress, sleep deprivation, fatigue and substance abuse.

ELIGIBILITY AND SELECTION OF RESIDENTS

All ACGME accredited programs in the COM are required to participate and attempt to fill all entry-level positions through the NRMP Match or another national matching program. This policy applies to all programs for which matching services are available.

The selection of U.S. allopathic senior students is ONLY available through the NMRP Match or other national matching programs. When programs select residents from outside the national match, residents will be deemed eligible by the GME Office following eligibility standards as established by the ACGME.

- 1. Applicants are considered eligible if they meet one of the following:
 - a. Graduates of medical schools in the U.S. and Canada accredited by the Liaison Committee on Medical Education (LCME).
 - b. Graduates of colleges of osteopathic medicine in the U.S. accredited by the American Osteopathic Association (AOA).
 - c. Graduates of medical schools outside the U.S. and Canada who meet one of the following qualifications:
 - i. Have received a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) **PRIOR** to appointment, or

- ii. Have a full and unrestricted license to practice medicine in a U.S. licensing jurisdiction in which they are training.
 - d. Graduate of medical schools outside the U.S. who have completed a Fifth Pathway program provided by an LCME-accredited medical school.
 - e. Fellows entering an ACGME accredited fellowship program must be a graduate of an ACGME accredited or ACGME-I accredited residency.
- 2. Visas
 - a. UACOM programs will accept applicants with a J-1 Visa status.
 - b. Requests for other visas will be reviewed on a case by case basis.
- 3. Resident Selection
 - a. All residents and fellows should be appointed only when their documented prior experience and attitudes demonstrate the presence of the abilities necessary to master successfully the clinical knowledge and skills required of all program graduates.
 - b. All residents and fellows must have demonstrated understanding and facility in using the English language.
 - c. UACOM will ensure that its ACGME-accredited programs select from among eligible applicants on the basis of residency program related criteria such as their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity. UACOM programs will not discriminate with regard to sex, race, age, religion, color, national origin, disability, or any other applicable legally protected status.
 - d. If a selected resident or fellow cannot satisfy all eligibility requirements as of the start date of the program, employment will not commence or will be suspended immediately pending proof of eligibility with NO RIGHT TO REVIEW.

EVALUATIONS OF RESIDENTS AND FELLOWS

All residency and fellowship programs must demonstrate that they have an effective plan for assessing resident and fellow performance throughout the program and for utilizing the results to improve resident/fellow performance.

This plan should include:

1. The use of methods that produce an accurate assessment of the trainee's competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
 - a. Mechanisms for providing regular and timely performance feedback to residents and fellows that includes, at a minimum:
 - i. Faculty evaluations of resident/fellow's performance during each rotation or similar educational assignment, and document this evaluation at completion of the assignment.

- ii. Use of multiple evaluators. Appropriate sources of evaluation include faculty, patients, peers, self and other professional staff.
 - iii. Written semi-annual evaluation this is communicated to each resident/fellow in a timely manner.
 - iv. The maintenance of a record of evaluation for each resident/fellow that is accessible to the trainee.
2. The Program Director must provide a final evaluation for each resident/fellow who completes the program. The evaluation must include a review of the trainee's performance during the final period of education and should verify that the individual has demonstrated sufficient competence to enter practice without direct supervision. The final evaluation must be part of the trainee permanent record maintained by the Institution.

FAMILY MEDICAL LEAVE (FMLA)

1. Any resident or fellow is eligible to request a Family Medical Leave if he/she has been a Banner Health employee for at least one year and has worked at least 1250 hours in the 12-month period previous to the FMLA leave request. If eligible, the resident or fellow is entitled to take up to 12 weeks of unpaid leave during any 12-month period for one or more of the following reasons:
- a. The birth of a child,
 - b. The adoption of a child or the placement of a foster child,
 - c. To care for a seriously ill spouse, child or parent, or
 - d. A health condition making it impossible for the resident/fellow to perform his/her job.
2. When a resident or fellow applies for a disability benefit, it will be considered that the resident/fellow also applied for a Family/Medical Leave. The time period for which the resident/fellow is receiving a disability benefit will be counted toward the 12 weeks for which he/she may be eligible under the Family/Medical Leave.

FINGERPRINT CLEARANCE CARDS

1. All residents and fellows must obtain a valid fingerprint clearance card, in accordance with A.R.S. §15-1881 and provide a copy of such card to the GME Office prior to the start of their training program.
2. Any resident or fellow who is unable to obtain a fingerprint clearance card will be ineligible for participation in the training program.
3. Individuals apply for fingerprint clearance cards through the Department of Public Safety (applications available in the GME Office).
4. The UACOM does not reimburse for the expenses related to applying for or maintaining fingerprint clearance cards.

HOUSESTAFF COUNSELOR

1. Access to confidential counseling and psychological support services are offered to all residents/fellows and their families.
 - a. The Housestaff Counselor is available through flexible office hours and pager service. Contact receptionist at (520) 325-9176, please identify yourself as a resident or fellow.

INTERNATIONAL MEDICAL GRADUATES

1. An international medical graduate (IMG) is defined as any physician who received his/her medical degree from a medical school located outside the U.S. or Canada. The location of the medical school, not the citizenship of the physician, determines whether the graduate is an IMG.
2. Certification by the ECFMG is required for all IMGs to participate in any UACOM residency or fellowship program. A copy of the resident's or fellow's valid ECFMG certificate must be provided PRIOR to starting a training program.
3. Any resident or fellow who is not a U.S. citizen is responsible for supplying documentation demonstrating their ability to work legally in the U.S. Employment will not commence or will cease immediately with NO RIGHT TO REVIEW should the individual's visa expire or should he/she be unable to document his/her ability to work legally in the United States

LEAVES OF ABSENCE

Leave of Absence

1. Leaves of absence must be approved by the Program Director and will be granted in accordance with Banner Health policy. Because of each specialty board's requirements, sick time, vacation time and combined leave should not exceed the cumulative time allowed by the specific specialty. Should the allowed cumulative leave time be exceeded, the resident or fellow will be required to extend the length of his/her training program.
2. The Program Director shall specify the make-up period, the educational goals and the requirements of the relevant Board. The curriculum agreed upon by the Program Director and resident or fellow will be documented in the trainee's file.
3. During any extension period, the resident/fellow shall receive appropriate salary and benefits for the level of training.
4. A compelling personal issue may prompt the resident or fellow to request an extended Personal Leave of Absence, which the Program Director may approve. Sixty days is the maximum time a Program Director may approve for this type of leave. Medical, dental and life insurance may continue if the resident/fellow pays the full cost.
5. A resident or fellow may qualify for leave under the Family Medical Leave Act (FMLA) to address their own medical issue or the medical issue of an immediate family member. The resident or fellow should discuss eligibility for this type of leave with the GME Office.

MALPRACTICE (PROFESSIONAL LIABILITY COVERAGE)

1. Banner Health provides professional liability coverage for residents/fellows. Such coverage extends to professional acts occurring in the course of resident/fellow's responsibilities under participation in the Training Program. This insurance provides coverage on an "occurrence" basis, or if claims made it will include unlimited extended claims reporting coverage (tail).

This insurance does not cover resident/fellow for any activities performed outside the scope of the training program responsibilities. (e.g. "Moonlighting"). Any resident/fellow exceptions must have prior approval from Banner Health's Risk Management.

2. The resident/fellow must contact Banner Health's Risk Management department as well as their Program Director whenever they become aware of an event that may lead to a claim or if they receive a subpoena or claim. Risk Management is available 24 hours a day at 602-747-4799.
3. If a resident or fellow receives a subpoena, contact Jorge Erives Grijalva at (602) 747-4507. He will direct the follow-up.

MEAL POLICY

1. Per ACGME requirements, all Banner – University Medical Center (BUMC) facilities offer residents and fellows access to food 24 hours a day while on call.
2. Residents and fellows will be given meal cards with a preset amount. The dollar amount is determined by the individual Program according to their call schedule. There is a \$10 fee if a meal card is lost or destroyed. The meal cards are renewed at the beginning of each academic year.
3. The amount programmed for each resident or fellow is provided to cover those meals while on required call. It is not intended to provide meals or snacks for other workers or family members nor is it intended to provide for meals for those days when the resident/fellow is not on call.

MOONLIGHTING

1. Any resident/fellow who wishes to engage in professional activities outside the educational program for remuneration ("Moonlighting") must obtain prior written approval from the Program Director of his/her training program and the Institutional DIO, if applicable. This statement of permission will be included in the resident/fellow's file. Residents and fellows will not be required to engage in Moonlighting.
 - a. Moonlighting must not interfere with the ability of the resident/fellow to achieve the goals and objectives of the educational program.
 - b. Time spent in Internal and External Moonlighting must be counted towards the 80-hour Maximum Weekly Hour Limit.
 - c. PGY-1 residents are not permitted to moonlight.
2. The Program Director will:
 - a. Require a prospective, written request to moonlight.
 - b. Monitor the resident/fellow's performance to assure that the duty hour limits are not violated. Program Directors are also responsible for making sure that resident/fellow fatigue is not contributing to diminished learning, or performance, or interfering with patient safety. If duty hours are exceeded, or resident/fellow's performance is noted to be suboptimal, the Program Director has the authority to revoke the resident/fellow's Moonlighting privileges.
 - c. The resident/fellow will acknowledge by signature that, if required, he/she:
 - i. Has an independent medical license to participate in such activity

- ii. Has the necessary DEA number (independent of the hospital's DEA number) to prescribe controlled substances, if applicable
 - iii. Has the necessary professional liability coverage separate and apart from the training program coverage, and
 - iv. Will not depend upon hospital personnel, supplies, equipment, e.g., hospital operators, secretaries, etc for providing assistance in fulfilling the duties and responsibilities of such activities.
- 3. Professional activities for which resident/fellow receives remuneration over and above his/her usual stipend may be considered part of the residency curriculum, thereby qualifying the resident and supervisors for Banner professional liability coverage, as long as:
 - a. There is qualified supervision
 - b. The experience provided would be difficult to obtain otherwise
 - c. The experience is preapproved for curricular credit on an individual basis by the Program Director and DIO, if applicable.
 - d. An evaluation is completed by the supervising physician(s) based upon the objectives of the experience
- 4. Each residency or fellowship program may add to the requirements or restrict moonlighting as it sees fit so long as the above basic elements are met.**

ON-CALL AND HOLIDAYS

Holidays are treated as weekend days. Resident/fellow can be expected to be on call for some and off for others as determined by their program. Some holidays at the VA are not considered holidays at Banner Health.

ON-CALL FOR RESIDENTS ROTATING BETWEEN DEPARTMENTS

In order to ensure that residents do not have back-to-back call nights when rotating from one department to the next, the involved programs will coordinate the call schedules.

ON-CALL ROOMS

Residents, fellows, and medical students will have access to on-call rooms. Each training program has specified sleep rooms. Please respect their assignments

PAGERS

1. Resident/fellow will be issued a pager. Pagers are one of the major means by which people in the Medical Center communicate with each other. Resident/fellow is expected to keep the pager functional and turned on during work and on-call hours (including electives).
2. Resident/fellow is expected to respond to a pager call in an appropriate time frame.
3. Should a pager not work due to normal wear and tear it will be replaced at no charge by the resident/fellow's program. If the pager is stolen, lost or damaged, the resident/fellow will be

charged a \$25 replacement fee. The resident/fellow will be provided a new pager once the fee is received.

PARKING

Resident/fellow will be issued a name badge that will provide access to a designated parking area.

PATIENT RELATIONSHIPS

1. Resident/fellow should introduce themselves by name and ensure that the patient and family knows them by name. This is one of the more common errors of omission that occurs.
2. Resident/fellow should explain their role in the care of each patient they attend.
3. It is appropriate to address patients by their surname preceded by Mr., Ms., Dr., etc. Resident/fellow is encouraged to ask patients how they wish to be addressed.
4. It is essential to take time to explain to patients what is happening to them, what is recommended for them, and what the benefits and risks of your recommendations are.

PAYCHECKS

1. The first paycheck for residents and fellows will be issued on the first payday following start date. Paychecks will be distributed every two weeks thereafter.
2. Direct or automatic deposit of your paycheck is available through Banner Health. After signing up for the program, it takes one to two pay periods for the direct deposit to begin. Resident/fellow can receive a receipt of deposit to verify that the money was transferred to their account through the Banner Health MyHR/EMSS. Resident/fellow should contact their program coordinator for more information.

PROMOTION AND GRADUATION

1. Resident/fellow should be advanced to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth.
2. Program Directors must provide annual letters of promotion and Summative Letters to the GME Office.
3. Each Program Director must prepare a summative evaluation for reach resident/fellow upon completion of his/her training program. This evaluation must document the trainee's performance during the final period of education, become part of the trainee's permanent record and, must be accessible for review by the resident/fellow.
4. The summative evaluation must assess to what extent the resident/fellow has mastered each component of clinical competence, including:
 - a. Patient care
 - b. Medical knowledge
 - c. Practice-based learning and improvement
 - d. Interpersonal and communication skills
 - e. Professionalism; and
 - f. Systems-based practice

5. In addition, the summative evaluation should verify that the resident has demonstrated sufficient competence to enter practice without direct supervision.

SCRUBS

1. All residents and fellows will have access to ScrubEx vending machines in the hospital facility.
2. A preset number of scrubs will be available as determined by the individual programs. Once that preset number has been dispensed, scrubs will need to be returned before another set is available. Should you encounter any problems please contact your Program Coordinator.
3. Scrubs at BUMCS will be stocked by the various call rooms.

SECURITY ID BADGES

1. Residents and fellows must wear their issued Banner Health ID badge while on duty in a visible, conspicuous place with name and picture unobstructed.
2. If the hospital is on lock-down, access to the facility will require an ID Badge.

SUBPOENAS

1. The resident/fellow must contact Banner Health's Risk Management department as well as their Program Director whenever they become aware of an event that may lead to a claim or if they receive a subpoena or claim. Risk Management is available 24 hours a day at 602-747-4799.
2. If a resident or fellow receives a subpoena, contact Jorge Erives Grijalva at (602) 747-4507. He will direct the follow-up.

SUPERVISION

1. The Faculty have an ethical and legal responsibility for the overall care of their patients and for the supervision of students, residents and fellows involved in the care of their patients. A chain of command that allows for graduated authority and increasing responsibility as clinical experience is gained is essential for trainees. Judgements regarding this delegation of responsibility must be made by the faculty member based upon their direct observation and knowledge of each trainee's skill and ability according to the requirements of the program's Residency Review Committee.
2. All residents and fellows should be appropriately supervised, consistent with proper patient care, the educational needs of the trainees, and the applicable RRC requirements.
3. The amount of supervision required for each resident/fellow shall vary according to the critical nature of each patient and be commensurate with the level of training, education and experience of the resident/fellow that is involved with the patient's care.
4. Each Program Director shall establish detailed, written policies for supervision in his/her respective program. Program supervision policies must include any and all ACGME specialty-specific program requirements related to resident/fellow supervision.
5. Programs are responsible to provide up-to-date supervision policies to the GME Office.

TRANSITION OF CARE

1. Each program will create its own method to accomplish transition of care that is based upon the needs of the patient, resident or fellow, and faculty that is safe, effective/efficient and protective of the patient's privacy.
2. Programs must design clinical assignments to minimize the number of transitions in patient care.
3. Programs must ensure that residents/fellows are competent in communicating with team members in the hand-over process.
4. There must be the availability of schedules that inform all members of the health care team of attending physicians and residents/fellows currently responsible for each patient's care.

VACATION LEAVE

1. A resident or fellow may use personal leave for any purpose at the discretion of the trainee with the Program Director's approval and subject to the staffing needs of the program.
2. Residents and fellows are provided four one-week periods of personal leave each academic year, to be used upon a mutually agreed upon time by the resident or fellow and Program Director.
3. Vacation leave cannot be carried over from one academic year to the next.
4. Residents and fellows do not participate in Banner Health's Paid Time Off (PTO) plan.

VISITING RESIDENTS/FELLOWS

1. All visiting residents/fellows interested in participating in elective rotations at the UACOM must complete the Visiting Resident Application (available at <http://medicine.arizona.edu/education/graduate/graduate-medical-education/university/applicants/visiting>).
2. Participation in any elective rotation will be allowed on a space-available basis. Selection dates must have final approval from host Program Director.
3. The UACOM requires a completed Program Letter of Agreement (PLA) with the Home Institution prior to participation in UACOM program.
4. All visiting residents/fellows will check in with the GME Office at the start of their rotation.

SECTION II

DUE PROCESS GUIDELINES and POLICIES

DUE PROCESS FOR RESIDENTS and FELLOWS

I. Purpose/Expected Outcome:

- A. The procedures described below govern the nondisciplinary and disciplinary actions that can be taken against residents and fellows (collectively referred to herein as “residents”). Residents are physicians under contract in an accredited/nonaccredited graduate medical education program who have privileges to practice medicine under specified conditions for a designated, limited period of time. While performing their duties as a resident during the time specified in the contract, they are afforded procedural rights as described below. Residents are not entitled to procedural rights afforded under the Banner University Medical Staff Bylaws, the Human Resources policies of Banner University Medical Center or of Banner University Medical Group, nor the Human Resources policies of the University of Arizona.
- B. Disciplinary action is any action imposed on a resident because he or she fails to meet established standards. It is categorized into three major areas: Below Standard Performance, Professional Misconduct, and Impairment.
1. Below Standard Performance is when a resident does not demonstrate the requisite breadth or depth of skills, attendant knowledge, or judgment needed to address clinical matters expected for a resident at that level of education in that specialty.
 2. Physician Misconduct is when a resident fails to fulfill the ethical, moral, and/or legal requirements that are set forth by appropriate professional organizations and legal jurisdictions as well as Banner, Banner University Medical Group and/or University of Arizona policies. Specific mention of physician misconduct is also found under the sections on Guidelines for relating with Other Hospital Staff, Discrimination/Harassment policy and Sexual Harassment. Residents should be familiar with, and abide by, the codes, rules and regulations of the American Medical Association, American Osteopathic Association, applicable specialty boards, Arizona Medical Board (AMB), the Osteopathic Board of Examiners (OBEX) and other licensing agencies, including those pertaining to professional conduct.
 3. Impairment is when a resident has a physical or mental illness, including substance abuse, which may affect the resident’s performance.
- C. Incident reports, regular evaluations, and other routine information gathered in the course of the evaluation of a resident do not constitute a request for non-disciplinary or disciplinary action, but these findings may result in the initiation of investigations.
- D. This policy does not deal with delinquent medical records, which is covered under a separate policy. However, disciplinary action may be taken if records are repeatedly delinquent.
- E. Notice of any action or decision under these due process procedures shall be made in writing and delivered to the affected resident via his or her employee email address or the resident’s designated preferred email. All deadlines will be calculated beginning the calendar day after the date of the email.

The University of Arizona College of Medicine Phoenix and College of Medicine Tucson, as the sponsoring institutions, will make the final determination with regard to a resident’s participation or advancement in a residency program.

II. Non-disciplinary Action

- A. Whenever the performance or conduct of a resident suggests the need for intervention or improvement short of disciplinary action, the residency Program Director or designated faculty member (referred to herein as “Program Director”) shall investigate the matter, discuss it with the involved resident and determine the next steps.

- B. If, in the judgment of the Program Director, the matter warrants non-disciplinary action, he/she will take such action and subsequently advise the program's Clinical Competency Committee (CCC).
- C. The Program Director may take any non-disciplinary action deemed appropriate, including placing the resident on leave or on Emergency Suspension pending an investigation into allegations of Below Standard Performance, Physician Misconduct, or Impairment.
- D. Non-disciplinary actions are not considered a formal disciplinary action. The resident has no right of appeal of a non-disciplinary action. However, if the resident believes the action was not warranted, he/she may submit documentation of such belief to the CCC. The CCC may, in its sole discretion, review the submission and decide whether to take action.
- E. The Program Director may take any non-disciplinary action deemed appropriate, including but not limited to:
 - 1. Issue a letter of concern;
 - 2. Allow a leave of absence for personal reasons;
 - 3. Require that a resident obtain an assessment to determine possible substance impairment;
 - 4. Refer the resident to Occupational Health where impairment relates to job performance;
 - 5. Require the resident to repeat one or more rotations if such rotation(s) do not extend the program;
 - 6. Require the resident to complete training in the Banner Simulation Center;
 - 7. Require the resident to submit a formal action plan, which may include a variety of actions such as required readings and tests;
 - 8. Require the resident to establish mentor relationships with identified members of the faculty or senior residents;
 - 9. Require the resident to meet on a scheduled basis with identified members of the faculty or senior residents;
- F. **The Program Director may begin Disciplinary Action (below) without having first utilized a Non-Disciplinary Action.**

III. Disciplinary Action

- A. Whenever the performance or conduct of a resident suggests the need for disciplinary action, the residency Program Director shall immediately consult with the Graduate Medical Education (GME) Office. The Program Director will then investigate the matter, discuss it with the involved resident, and determine the next steps in conjunction with the GME Office.
- B. If, in the judgment of the Program Director, the matter warrants disciplinary action, he/she will bring the issue, along with recommendations, before the program's Clinical Competency Committee (CCC) for deliberation and recommendation.
- C. The CCC may recommend any actions deemed appropriate to address the matter, including, but not limited to, one or more of the following actions:
 - 1. Require that the resident successfully complete additional training as specified by the CCC;
 - 2. Place the affected resident on probation, specifying the behaviors/performance issues that must be remedied;
 - 3. Recommend that the disciplinary action be mentioned on the resident's summative letter;
 - 4. Recommend that the resident be suspended for a specified period of time;
 - 5. Recommend that the resident's contract not be renewed for the subsequent year;

6. Do not recommend that the resident be allowed to sit for the designated board examination in his/her specialty;
 7. Recommend that a certificate of satisfactory completion not be awarded the resident;
 8. Recommend that the resident be dismissed from the residency program.
- D. The Program Director will make a recommendation for disciplinary action, which recommendation may be made before or after consulting with the CCC. The Program Director will promptly notify the resident of that recommendation in writing to the resident's employee email address or designated preferred email address and, whenever practicable, meet with the resident to discuss the decision.
 - E. The resident shall have seven calendar days to submit a written request for consideration/reconsideration to the Program Director.
 - F. If consideration/reconsideration is requested timely, the resident (and a non-speaking advisor if requested) shall have the right to appear before the CCC and present evidence and arguments on his or her behalf. The right to appear does not include the right to be represented at the appearance by counsel, or to call witnesses.
 - G. The CCC will consider the evidence and arguments presented by the resident and will provide the resident with written notice of its decision on the recommended disciplinary action(s) within seven calendar days of the resident's appearance before the CCC. The CCC may uphold, modify, or reject the Program Director's decision.
 - H. Failure to timely request reconsideration constitutes a waiver of the right to request reconsideration by the CCC and the right to appeal to the Graduate Medical Education Committee (GMEC). The Program Director's decision will then become final, immediately, with no further review available.
 - I. In the event the CCC upholds the Program Director's decision to impose discipline, the recommendation may be immediately implemented, pending appeal to, the GMEC. If the Program Director decides to dismiss the resident from the Program, the resident will be assigned to non-clinical duties and will continue to receive pay while the matter is resolved on appeal, if requested.
 - J. In the event the CCC upholds or modifies the Program Director's imposed disciplinary action(s), the affected resident shall have the right to appeal to the GMEC.
 1. The resident shall have seven calendar days after receiving the CCC's decision on the imposed disciplinary action to deliver a written request for appeal to the Designated Intuitional Official (DIO). The DIO will inform the Chair of the GMEC of the request for an appeal.
 - K. Failure to request an appeal in the time and manner specified shall constitute a waiver of the right to appeal, and the Program Director's recommended disciplinary action shall become final, immediately, with no further review process available.
 - L. If the affected resident requests an appeal to the GMEC, he/she shall be given due process rights. The appeal will be reviewed on the following terms:
 1. The resident and Program Director will receive 14 calendar days advance notice of the date, time and location of the appeal, unless the resident and Program Director agree to a shorter notice period. This notice will also include the names of the GMEC members who have been appointed to hear the appeal.
 - a. Appeals will be heard by a Review Panel of no less than five members of the GMEC, selected by the GMEC Chair, one of which must be a resident or fellow. The GMEC Chair will name a Review Panel Chair. The Review Panel members must be impartial and have no involvement with any underlying investigation or the decision to impose disciplinary action.
 - b. In the event five GMEC members are unavailable, the GMEC Chair may select a Review Panel member from the faculty.

- c. The DIO may appoint an attorney to advise the Hearing Panel.
 2. The resident and the Program Director have the right to appear before the selected GMEC Review Panel, to bring witnesses to speak on their behalf, and to question any witness.
 - a. At least seven calendar days prior to the review, the resident and the Program Director shall notify the Review Panel Chair of the name of each witness he/she intends to bring to the hearing.
 - b. The Review Panel Chair may exclude any witness deemed immaterial to the recommended disciplinary action or whose statements will be redundant to other witnesses.
 3. The resident and the Program Director may submit documents for the Review Panel to consider. The resident's documents may include a written statement in support.
 - a. All documents must be submitted to the Review Panel Chair at least seven calendar days prior to the review.
 - b. The Review Panel Chair will distribute the documents to the Review Panel members, the Program Director and the affected resident at least 5 calendar days prior to the review.
 4. The resident may be accompanied by an advisor, who may or may not be an attorney. While the advisor may consult with and advise the resident during the review, the advisor shall not participate in any way in the proceedings.
 - a. If the resident chooses to be accompanied by an advisor who is an attorney, the resident must notify the DIO and the GMEC Chair within seven calendar days of the request for an appeal.
 5. An attorney may be appointed to consult and advise the Program Director during the review.
 6. Legal fees and other costs, if any, shall be borne by each side on its own behalf.
 7. The Review Panel may directly question the affected resident, the Program Director, and any witness at any time during the review.
 8. The proceeding will be recorded only if a request for recording is submitted to the Review Panel Chair by the resident or the Program Director at least five calendar days prior to the review. The method of recording may be an audio recording or any other method selected by the Review Panel Chair.
- M. The burden of persuasion is upon the affected resident to demonstrate that the recommendation of the Program Director was not justified based on the evidence.
- N. The Review Panel shall conduct its deliberations privately. The Program Director will not participate in deliberations. The Review Panel shall make its decision within 14 calendar days following the review and shall prepare a written statement setting forth its determination and the reasons therefor. The determination of the Review Panel shall be final and binding and no further review or appeal is available.
 1. The determination of the Review Panel will be sent to the DIO, who will distribute the decision to the resident, the Program Director, the GMEC Chair, the Dean of the College of Medicine, and the GME Office.
 2. In the event the resident is placed on probation or dismissed, the GME Office will notify the AMB, the OBEX, and/or the ACGME as required.
- O. The record of the appeal is confidential except (a) to the extent authorized in writing by the affected resident and agreed to by the DIO or (b) as may otherwise be appropriate in response to a governmental or legal process. The action of the Review Panel shall be disclosed in the same manner as all other recommendations and actions of the CCC and GMEC.

IV. Resident Impairment

- A. Whenever a resident suspects that he, she, or another resident may be impaired, the resident should contact his or her Program Director and provide the details of the behavior or information leading to this concern. Whenever information suggests that a resident may be impaired, the Program Director will conduct an investigation and interview the resident to determine whether credible evidence of impairment exists. If, in the judgment of the Program Director, no such evidence exists, the matter is dropped.
- B. If, in the judgment of the Program Director, credible evidence exists to suggest impairment, the Program Director will institute the drug testing policy & protocol (below) and one or several of the following:
 - 1. Testing of bodily fluids for misuse of chemical substances according to the section on Drug Testing described below;
 - 2. Referral to an appropriate health professional including a psychiatrist or other mental health professional;
 - 3. Periodic sessions with the resident's faculty advisor, Program Director or both; and/or
 - 4. Disciplinary action in accordance with the section on Procedure for Disciplinary Action previously described.

V. Drug Testing Policy

- A. Because chemical substance (including alcohol, illicit and licit drugs) abuse may impair a physician's performance, tests for alcohol and chemical substances will be required at the time of the initial employment physical or whenever evidence suggests that a resident may be impaired ("for cause testing"). Residents who are on stipulation with AMB/OBEX or have signed a reentry agreement will also be subject to random testing.
- B. The Program Director or designee may require a resident to undergo for cause testing for drugs and/or alcohol. Cause for such testing shall include without limitation:
 - 1. Evidence of misuse of prescribed or non-prescribed drugs
 - 2. Evidence of use of alcohol or drugs while on duty
 - 3. Evidence of impairment while on duty
 - 4. Failure to meet duties and responsibilities that other residents regularly fulfill
 - 5. Repeated absences which are inadequately explained
 - 6. Repeated tardiness for scheduled responsibilities
 - 7. Bizarre or disruptive behavior
 - 8. Any performance which is overtly negligent
 - 9. Physical or verbal abuse toward any colleague, hospital staff member, office staff member or patient
 - 10. Any other circumstance which provides possible cause to believe that chemical substance abuse is present
- C. All cases in which drug testing is required will be reviewed by the appropriate CCC.
- D. Any resident found to have tested positive will be summarily suspended with pay and reported to AMB/OBEX. The resident will not be permitted to return to work until cleared by Occupational Health and authorized by the Program Director and the DIO. Prior to such authorization, the resident must agree to comply with the conditions imposed by Occupational Health and the Program Director, including entering into and complying with the terms of the Banner Health Reentry Agreement, and conditions imposed by AMB and/or OBEX.
- E. Continuation in the residency program after a positive test is conditional upon compliance with the terms of reinstatement and at the discretion of the Program Director and the CCC.
- F. Any resident who subsequently has a positive test for the misuse of drugs may be immediately terminated from the residency program without appeal rights.

- G. Any resident who refused to take a urine test will be summarily suspended. The disciplinary process for emergency suspension will be followed. All reports mandated by law will be made.
- H. Performance and/or conduct issues suggesting evidence of impairment will be investigated and disciplinary action may be initiated as set forth above.

VI. Emergency Suspension Procedure

- A. The DIO and the Program Director or their designee shall have the authority to place a resident on emergency suspension from his/her program or summarily impose limitations whenever such action must be taken in the best interest of patient care, in response to a positive drug screen, or to investigate a disciplinary matter. Such suspension shall be reported to the Program Director and the DIO and shall become effective immediately upon notification to the affected resident. A resident who is on emergency suspension shall be promptly informed of the parameters of the suspension in writing by the Program Director. The emergency suspension will remain in effect pending the Disciplinary Action procedures, unless lifted by the DIO at his discretion. Banner may suspend a resident when such action must be taken in the best interest of patient care.

VII. Automatic Suspension

- A. Action by ABM/OBEX revoking a resident's training permit to practice medicine will automatically terminate the resident's contract. Residents subject to automatic revocation will not be entitled to any of the procedural or appeal rights set forth in this manual. Action by AMB/OBEX suspending a resident's training permit to practice medicine will automatically result in suspension of the resident without pay. The suspension will remain in effect for no more than one year. If the AMB/OBEX suspension remains in effect after one year, the contract will automatically terminate and the resident shall not be entitled to any of the procedural or appeal rights set forth in this manual. If within one year the resident's suspension is lifted and his/her training permit is reinstated, the affected resident has the right to appear before the CCC and request reinstatement into the residency program and to appeal an adverse decision as set forth in the Procedure for Disciplinary Action.

SECTION III

BANNER UNIVERSITY MEDICAL GROUP (BUMG) POLICIES

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COMPLIANCE EDUCATION AND TRAINING PROGRAM

The purpose of the Compliance Education and Training Program is to facilitate the acquisition of these skills and knowledge to all Banner Health employees, medical staff members, directors and officers, and individuals not employed by Banner who, either directly or indirectly perform billing or coding functions for Banner Health or who provide direct patient care items or services on behalf of Banner (excluding vendors or suppliers whose sole relationship with Banner is the sale or lease of medical supplies and equipment to Banner Health).

In accordance with the Banner Health policy - “Compliance Program Obligations”, all Banner Health employees (“Covered Persons”) are required to complete assigned compliance training by the due date assigned. New “Covered Persons” will be assigned compliance orientation training with a due date that is 30 days from the start of employment date. All “Covered Persons” will be assigned compliance training annually which must be completed before the “Covered Persons” annual evaluation or anniversary date with Banner Health.

These modules must be completed within the first 30 days of employment. Residents and fellows will have access to these modules as of the first day of orientation. An overview of how to access the mandatory compliance modules will be given during orientation.

Annual Mandatory Education for ALL Clinical - Patient Contact Employees: *(These modules are subject to change periodically)*

1. Compliance Code of Conduct
2. Early Heart Attack Care
3. Employee Handbook Acknowledgment
4. GHS Awareness – OSHA
5. HIPAA The Power of Privacy
6. Infection Control: Bloodborne Pathogen and TB Training
7. Patient Rights
8. Policy and Procedures End User Guide
9. Raising Compliance Issues
10. Safety – Employee Safety
11. Security and Workplace Violence
12. Stroke Alert

DELINQUENT RECORDS POLICY

Residents and fellows are responsible for ensuring that all applicable patient charts are completed, i.e. documented and authenticated, within their specified time period.

1. Residents/fellows are advised of incomplete documentation via their electronic physician inbox. A medical record is considered delinquent based on the time frames below.

Documentation Requirement	Timeframe	Exclusions
Emergency Room Report	Documented within 24 hours of discharge/disposition from the ED	
Admitting Progress Note	Documented within 24 hours of admission	
History & Physical	Documented within 24 hours of admission and before invasive procedure	
Consultation Reports	Documented within 24 hours of consultation	
Post op Progress Note	Documented immediately post-op when there is a delay in the availability of the full report	
Provider Coding Clarification	Completed within 7 days of notice.	
Operative Report	Documented immediately post-op and no later than 24 hours after the procedure.	
Special Procedures Report	Documented within 24 hours of notice.	
Discharge Summary Report	Documented at the time of discharge but no later than 24 hours after discharge.	Not required on all admissions less than 48hrs, or for normal vaginal deliveries and normal newborns
Discharge Progress Note	Documented at the time of discharge but no later than 24 hours after discharge for all admissions less than 48hrs or for normal vaginal deliveries and normal newborns.	
Death Summary	Documented at the time of death/disposition or within 24 hours of death.	
Death Pronouncement Note	Completed at the time the patient is pronounced or within 24 hours of death.	
Transfer Summary	Documented at the time of transfer no later than 24 hours.	

Signatures	Authentication of transcribed or scanned reports and progress notes, within 7 days from the date of notice.	
Verbal Orders	Dated, time and authenticated within the timeframe specified by state regulation Alaska = 72 hours Arizona = 72 hours California = 48 hours Colorado = 48 hours Nebraska = 48 hours Nevada = 48 hours Wyoming = 24 hours	
Psychiatric Evaluation	Documented within 24 hours of admission	

2. The Health Information Management Services (HIMS) Department will send a weekly notice, via email, to the applicable residents/fellows regarding their incomplete documentation; the Program Director and/or designee will also be copied in this communication.
3. The Program Director or designee in each residency/fellowship program will also receive a weekly delinquency/professionalism update from the HIMS Manager or designee. The Program Director or designee will be responsible to contact the resident/fellow to remind them of their delinquent records.
4. Any resident/fellow who has delinquent documentation can be automatically suspended from regular residency/fellowship responsibilities and/or required to use vacation days to complete all of their incomplete records based on the guidelines set forth by their residency/fellowship program and director.

DISABILITY BENEFITS

Short Term and Long Term Disability (STD/LTD)

STD – provides benefits at the time disability or illness is incurred for lost work time for up to 26 weeks in a calendar year. Benefits begin immediately for non-occupational illness or injury. The Short Term Disability Plan protects your income if you cannot work due to an illness or injury. You are automatically enrolled. Residents/fellows will receive 100% of their pay while on STD.

LTD - If you remain disabled beyond the 26 week period for STD, you may be covered by a LTD policy which provides a monthly benefit of \$2000 for as long as you are disabled or to age 65, whichever occurs first. Upon completion of your training, the insurance company guarantees that you will be able to continue the long-term disability policy if you pay the premiums. Enrollment is required.

DOCUMENTATION FOR EMPLOYMENT

All residents and fellows are responsible for supplying documentation demonstrating they are able to work legally in the United States. Employment will not commence or will cease immediately with **NO RIGHT TO REVIEW** should their visas expire or should they otherwise be unable to document their ability to work legally.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Through CIGNA, Banner Health provides a valuable benefit to you and your family members by making available independent counseling assistance and referral for marital, family, emotional and chemical-dependency problems. CIGNA staff is dedicated to maintaining confidentiality. CIGNA is required in some cases to report to licensing authorities, or report when a violation of law or regulations can potentially affect patient care. - You can contact CIGNA by phone at 1-800-633-5954 or visit their website at www.Cignabehavioral.com , Employer ID: bannerhealth.

HARASSMENT POLICY

Banner Health is committed to providing a professional work environment that maintains employee equality, dignity, and respect. In keeping with this commitment, Banner Health strictly prohibits unlawful discriminatory practices, including, but not limited to, Harassment, Sexual Harassment and Retaliation. Harassment, Sexual Harassment and Retaliation, whether verbal, physical or environmental, are unacceptable and will not be tolerated.

Sexual harassment in the workplace is unacceptable and will not be tolerated from employees, patients, **visitors**, physicians, volunteers, or any others doing business with Banner Health. To ensure that Banner Health provides an atmosphere free of any behavior or conduct that could be interpreted by any reasonable person as sexual harassment, there is strict adherence to the system's Sexual Harassment Policy.

We are all responsible for helping to enforce this policy against harassment. If you have been the victim of prohibited harassment, have witnessed such harassment, or been the victim of sexual harassment, you must immediately notify your Program Director, DIO or the Banner Health's Affirmative Action office so the situation can be promptly investigated and remedied. Banner Health takes all complaints of discrimination or harassment seriously. It is our policy to investigate all harassment complaints thoroughly and promptly. We will maintain the confidentiality of those involved to the fullest extent possible.

HEALTH INSURANCE BENEFITS FOR RESIDENTS/FELLOWS, FAMILIES & MORE

- I. Health Insurance Benefits – your benefits begin as of the effective date of your contract which is usually the first day of orientation. You must enroll by your enrollment deadline (31 days from your date of hire) or you will have to wait to enroll during the annual enrollment period and will be without coverage during that interim period. Additional information regarding plan details and co-pays, refer to enrollment guide at www.bannerbenefits.com.
 - a. Banner Health Benefits is a way to provide health benefits to you that allow you to design the benefits to more specifically meet the needs of you and your family.
 - b. Available health benefits options:
 - i. Medical Plan Choices
 - ii. Dental Plan Choices
 - iii. Vision Plan
 - c. Other Benefits options:
 - i. Legal Plan
 - ii. Flexible Spending Accounts/ Health Savings Account
 - iii. Basic or Optional Life Insurance Plan Choices
 - iv. Accidental Death and Dismemberment Insurance Choices
 - v. Home/Auto Insurance Choices
 - vi. Employees Choosing Health Options (ECHO)
 - vii. Credit Union
 - viii. Community Discount Programs

JURY DUTY

It is Banner Health's belief that you should be afforded the opportunity to serve as a juror, if called, without losing pay for the hours you are scheduled to work. Notify your supervisor immediately if you are called for jury duty so arrangements can be made for necessary work to be performed. You are responsible for coordinating your work time with your supervisor, if not on jury duty for a full shift.

OCCUPATIONAL HEALTH SERVICES POLICY AND PROCEDURE

The Occupational Health Services Department, or the designated area in those facilities without this service, is responsible for approving your return to work following an absence for an injury or illness for a duration of three (3) or more calendar days or following a Leave of Absence. You may be asked to present a physician's consent for return to work for any illness.

The Occupational Health Service may conduct routine tests on employees and other special tests as may be required from time to time. It is a condition for continued employment that you comply with the mandatory tests/immunizations as required by Occupational Health. Fitness for work examinations may be requested by management in consultation with Human Resources when there is a concern about your ability to continue to function in the role for which you are being paid.

**PATIENT PHOTOGRAPHY, VIDEOTAPING, AND OTHER VISUAL IMAGING IN THE
CLINICAL SETTING FOR TREATMENT OR TRAINING POLICY**

I. Purpose/Expected Outcome:

- a. To protect the privacy of patients and provide guidance to staff when obtaining a patient photograph for treatment or training.
- b. To provide photo documentation, when appropriate, of a patient's care during initial assessment and at scheduled intervals to monitor progress in response to treatment.

II. Definitions:

- a. **Medical Record:** Documentation maintained by Banner, which may be electronic or paper, of the health-related services provided to an individual in any aspect of healthcare delivery or healthcare status of such individual. (See Policy #6203), Content of the Official Patient Medical Record)
- b. **Patient Photograph:** A patient picture or image recorded through a variety of visual means including still photography, videotaping, digital imaging, scans of photographs, etc.
- c. **Training:** Those training programs conducted by Banner in which students, trainers, or practitioners in areas of health care/education under supervision to practice or improve their skills as health care providers, or training of non-health care professionals.
- d. **Workforce:** Workforce means employees, volunteers, trainees, students, physicians, contracted staff or other persons who perform work for Banner Health.

III. Policy:

- a. Original Patient Photographs taken for diagnostic monitoring and/or treatment purposes are considered part of the patient's Medical Record and are considered Protected Health Information (PHI). Banner equipment will be used when photographing patients for diagnostic monitoring and/or treatment.
- b. When a Banner Health Workforce member requires a picture to be taken for Training purposes, personal equipment may be used but the Workforce member will be responsible for de-identifying the image/picture.
- c. Photographs taken using a personal cell phone cannot be sent. The image must be downloaded at the facility and then promptly erased from the cell phone.
- d. Practitioners will determine whether patients are permitted to take pictures or videos during treatment.
- e. If the photograph is not stored with the Medical Record, a reference to its storage location will be noted in the Medical Record.
- f. Banner Health's Medical Treatment Agreement (Conditions of Admission) documents the patient's consent to take and use photographs or videotaping of diagnostic and surgical procedures for treatment and Training purposes.
- g. When parts of the body require photography, drapes and other material may be used to limit photography to the specific area of the body.
- h. Patient Photographs, videotapes and other images taken for diagnostic monitoring and/or treatment purposes should be clearly identified with the patient's name, medical record number (MRN), location of body part photographed, date and time and the name and title of the requestor and picture taking person. Patient Photographs, videotapes and other images used for Training should not include patient's name or medical record number.
- i. Photographs used to document patient care must be maintained according to the Records Retention and Destruction Policy, #5767.

REPORTING AND PREVENTION OF INFECTIONS IN HEALTH CARE WORKERS

Section A:

1. When a health care worker has an exposure to bloodborne pathogens, that worker should immediately contact the Post Exposure Prophylaxis hotline [(602) 747-8364] and his or her supervisor.
 - a. The exposed health care worker or that health care worker's supervisor will initiate source testing using the procedure identified in the facility in which the exposure occurred.
2. The health care worker or that worker's supervisor will report all occupational exposures to Occupational Health on the Employee Industrial Incident Report

Arizona Revised Statute (A.R.S. 36-663)

HIV Pre-Test Counseling to include:

- Testing purpose, meaning of results and benefits of early diagnosis and treatment
- Nature of acquired immune deficiency syndrome and HIV-related illness, including information about behaviors posing a risk for transmitting the human immunodeficiency virus.
- Confidentiality protections for HIV related information
- HIV testing being voluntary and testing can be performed anonymously at a public health agency
- Law requires that positive test results are reported to public health agency
- Consent for testing may be withdrawn, in writing, at any time before blood is drawn.

Source Patient Testing

Counselor's Responsibilities

- Must be a licensed physician, RN, LPN, PA, Social Worker, counselor or therapist (A.R.S. Title 32).
- Perform counseling with patient/parent or legal representative
- Obtain consent for HIV testing
- HIV testing can be refused
- Obtain consent for release of HIV test results to exposed employee

Source Patient Lab and Consent Forms

- Sonora Quest Lab Form is "Source Patient Testing Requisition"
- Must use – Account # 60151 & Requisition #720529
- This assures that source patient is not billed for test

Two (2) Forms need to be Signed by the Source Patient:

- HIV Consent Form
- Communicable Disease Release of Information to Affected Health Care Worker

Both forms are to be faxed to the Medical Surveillance Coordinator @ (480)412-6449 – all results comes to Occupational Health and no results go in the patient's hospital medical record. All records are kept in Occupational Health.

Original Consents need to be mailed to:

- Patricia Nunez – Medical Surveillance Coordinator
- 2225 W. Southern Ave
- Banner Desert Medical Center
- Mesa, AZ 85002

Documentation in Progress notes the following:

- Counseling was performed
- Consent was obtained
- Test was performed as a result of employee exposure
- All questions answered

If consent for HIV testing is refused:

- Document this in progress notes
- Notify Occupational Health of refusal
- Inform Supervisor/designee of refusal
- HBsAG and HCV may be completed if physician order was obtained

If the patient/source patient is not competent to make a decision; the person(s) responsible for their care / power of attorney or responsible family member may make that decision form them.

RETIREMENT 401(k) PLAN

Banner Health’s principal source for retirement income is the Banner Health system 401(k) Plan, matching savings plan where Banner Health contributes one dollar for each dollar that you contribute up to your first 4% of pay. You may enroll at any time after date of hire. Vesting begins immediately and company matching contributions begin after one year of service.

SUBSTANCE ABUSE STIPULATED RE-ENTRY POLICY

A stipulated re-entry agreement between Banner Health (Banner) and an employee may occur:

1. After the employee self-discloses a substance abuse problem and has completed a chemical abuse rehabilitation program.
2. When the employee returns from Disability related to a substance abuse problem.
3. When a new hire discloses that his/her license has been stipulated due to a substance abuse problem, or
4. When management becomes aware that an employee’s license has stipulations or the employee is otherwise required to submit to monitoring for a substance abuse problem.

Prior to returning to work the employee will receive a medical evaluation by Banner Health Occupational Health Services (BOHS) or the facility Employee Health Office to determine the conditions of re-entry. A baseline forensic urine drug test collection will be done at the time of the medical evaluation. BOHS will provide counsel to Human Resources as to the conditions for the re-entry agreement. The medical evaluation will happen before the re-entry conference. BOHS/Employee Health will disclose only that information that is relevant to the re-entry process.

Human Resources will determine the conditions for re-entry and prepare a Stipulated Conditions of Employment Agreement. A re-entry conference will be held to review with the employee the conditions of the Agreement and obtain written agreement from the employee. The conference attendees will include the employee, his/her supervisor, Human Resources representative, and when possible BOHS/Employee Health provider who did the medical evaluation.

Terms of the agreement require that the employee remain in the program for a minimum of one year and during this time will be randomly urine and breath tested at least once a month. The employee will authorize Banner Health to contact his/her healthcare provider and/or counselor to determine if the employee is in compliance with the terms of the Agreement. The signed agreement will be placed in the employee's BOHS/Employee Health medical file and no other copies will be filed in Human Resources or the supervisor's file. The employee will be given a copy of the signed agreement.

Notification of random drug and breath testing will be administered through BOHS/Employee Health. BOHS/Employee Health will notify the employee's supervisor that the employee needs to be sent to BOHS for testing. The supervisor will determine what the best time is to send the employee to BOHS/Employee Health. Once the employee is notified by the supervisor he/she has one hour to report to BOHS/Employee Health. The supervisor will call the facility BOHS/Employee Health and advise them that the employee has been notified and should report within the hour. If the employee arrives after the one-hour time limit BOHS/Employee Health will still collect the specimen but will notify Human Resources of the last arrival of the employee. The employee is to be given a maximum of three hours to produce a urine sample. If a sample cannot be obtained within the timeframe the employee will be sent back to his/her department, and Human Resources and the supervisor will be notified. Human Resources and the department manager will make a decision as to what action is to be taken with the employee. If the employee remains employed and is called again within the month and does not give a specimen he/she will be terminated for non-compliance of the terms of the Agreement.

If the employee's drug/breath test is deemed positive by the Medical Review Officer, Human Resources will be notified. Human Resources will work with the supervisor in terminating the employee. Exceptions to this must have approval of the facility CEO and the Senior Vice-President – Human Resources.

TB SKIN TEST (mantoux 5TU)

Indication: Required annually for all employees of healthcare facilities unless previous documented positive response.

- a) The Mantoux test should not be administered to anyone with a history of positive reaction
- b) If MMR is also needed, give Tb test before MMR, simultaneously with it or 6 weeks after the MMR
- c) Tb skin test can be given to pregnant women unless they have written request to hold it from their physician

Common side effects: None