The Moses H. Cone Memorial Hospital
Department of Medical Education

HOUSE STAFF MANUAL

POLICIES FOR RESIDENT PHYSICIANS IN THE
GRADUATE MEDICAL EDUCATION TRAINING PROGRAMS

Greensboro, North Carolina

March 2009
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I. INTRODUCTION
The Moses H. Cone Memorial Hospital is one of six divisions of the Moses Cone Health System. The system includes:

- The Moses H. Cone Memorial Hospital
- Wesley Long Community Hospital
- The Women's Hospital
- The Behavioral Health Center
- The Regional Cancer Center
- Annie Penn Memorial Hospital (Reidsville, NC)

Moses Cone has sponsored residency programs since 1968 when the first Family Medicine residency program in the state was established at Moses Cone. The Internal Medicine and Pediatric residency programs were added in 1973.

These residency programs are funded in part by the legislature of North Carolina through its Area Health Education Center Programs - AHEC. The Greensboro AHEC is one of nine regional AHECs across the state with the NC AHEC Program Office being in the School of Medicine at UNC-Chapel Hill. Our residency programs have faculty who are employed by the UNC-Chapel Hill School of Medicine. In addition we have faculty who are employed by Moses Cone. All faculty have faculty appointments with the UNC School of Medicine. Our residency programs and our hospital derive much benefit from this longstanding partnership with UNC. Faculty from both programs participate directly in Grand Rounds and provide consultation when requested. Moses Cone residents may elect to do rotations at UNC, as well UNC medical students and residents also do rotations at Moses Cone.

Moses Cone Health System, the Moses H. Cone Memorial Hospital and the Greensboro AHEC are committed to the provision of education, training and services of the highest quality. Every effort is made to ensure that the Institution and each residency program fully meet or exceed all Institutional Requirements and Individual Program Requirements specified to maintain accreditation by the Accreditation Council for Graduate Medical Education (ACGME).

This manual describes certain aspects of the structure of the training programs, the hospital's expectations of the residents within those programs, and the policies under which the programs are conducted. Each resident is expected to become thoroughly familiar with these policies. Graduate Medical Education policies can be found at online at http://www.gahec.org/oogme.htm. Moses Cone policies and procedures can be found at http://mchsintra8.mosescone.com:8082/mchspolicies/default.asp.
Organizational Leadership

R. Timothy Rice
President and CEO
Moses Cone Health System

Thomas Gettinger
Executive Vice President
Moses Cone Hospital

Sam Cykert, MD
Program Director/Chief
Internal Medicine

K. Bert Fields, MD
Chief
Family Medicine/Sports Medicine

William Hensel, MD
Program Director
Family Medicine

Kaye Gable, MD
Program Director
Pediatric Teaching

Rebecca Knight, Executive Director
Designated Institutional Official
Medical Education/AHEC
Moses Cone Health System Mission and Values

Moses Cone Health System is a private, not-for-profit organization which was established to serve the community by providing a full range of healthcare services distinguished by measurable excellence. The founding principles of community service and superior patient care are the cornerstones of the organization.

Our Mission
We serve our communities by preventing illness, restoring health and providing comfort, through exceptional people delivering exceptional care.

Our Values & Behaviors
As a mission-driven organization, we value:

- **Outstanding Services.**
  We are committed to outstanding care, services and management.
  We set challenging goals.
  We measure and are accountable for outcomes.
  We take ownership of problems.
  We help to develop others and ourselves.

- **Caring Spirit.**
  We demonstrate respect and compassion for all individuals.
  We seek to understand others.
  We recognize and reward others for a job well done.
  We treat others with dignity and respect.

- **Innovative Climate.**
  We are committed to creativity and individual initiative.
  We make decisions that are aligned with our mission and objectives.
  We encourage new ideas.
  We encourage collaboration.

- **Integrity.**
  We are an organization characterized by high ethics and integrity.
  We always tell the truth.
  We do the right thing.
  We do what we say.
  We give credit where credit is due.
  We do what is in the best interest of our patients.

- **Financial Viability.**
  We are committed to financial viability to ensure the future of our organization.
  We build market share.
  We ensure an appropriate operating margin.
  We use financial management and planning skills.
Moses Cone Pillars of Excellence

MISSION

Continually improving the health of our patients and the community as the region’s best health care system.

VALUES

Outstanding Service • Caring Spirit • Integrity • Innovative Climate • Financial Viability

STANDARDS OF BEHAVIOR

Professional Appearance • Positive Attitude • Communicate with Compassion & Courtesy • Safe/Clean Environment • Anticipate Needs • Privacy & Confidentiality
II. ORGANIZATION OF RESIDENCY PROGRAMS

A. Agreement of Appointment

Each resident shall sign a contract, “Agreement of Appointment” with The Moses H. Cone Memorial Hospital for a period of one year. An offer for renewal of contract for continuation of training will be approved by the programs based on the resident's performance and is accomplished by mid March each year. Written contracts are provided for signature for new residents entering the programs and residents to be promoted in the programs by mid-April for the ensuing residency year.

The contract requires the resident to fulfill the objectives of the program. In signing this contract the resident agrees to strive for the highest standard of patient care and comply with the regulations and policies of the Medical Staff of the Health System. Carefully review the specifics of the contract in Appendix A.

B. Faculty

In each program the faculty consists of full-time University of North Carolina faculty members, full-time Hospital-based faculty members with UNC appointments, part-time paid faculty and community preceptors. Of the latter two groups, most are involved in the private practice of medicine. Residents function under the direction of both faculty and private practice attending physicians. Residents are expected to respond to the teaching, directives and advice of all members of the teaching medical staff.

C. Curriculum

Each individual residency program will establish a curriculum to meet the requirements and recommendations of the respective specialty board and the "Essentials of Accredited Residencies in Graduate Medical Education” of the ACGME and its RRCs referenced in the contract. The curriculum will describe expected learning as well as required work assignments or "rotations."

Residents are allowed to pursue elective rotations and their performance on these rotations is considered in their overall evaluation. Scheduled conferences are a formal part of the curriculum and are monitored by faculty to ensure educational quality. Resident participation in these conferences is expected, and participation is considered in performance evaluations, since minimum attendance requirements are set forth by the RRCs and must be adhered to.

D. Evaluation

The faculty will provide a written evaluation of each resident’s performance on all rotations. Written evaluations become part of the resident's file and are available for inspection by the resident upon request. Faculty are also expected to schedule personal feedback sessions with each resident on a periodic basis. While this type of feedback may be scheduled at any time a resident requests, it will occur no less than every six months. See Appendix B for the GME Evaluation Policy.

E. Promotion and Retention

Promotion to PGY-2 and PGY-3 status is contingent on satisfactory completion of requirements at PGY-1 and PGY-2 levels respectively. This promotion, therefore, does not automatically occur at the termination of a yearly contract. If performance has been deficient at one level, the resident may be asked to repeat a portion of or an entire year. Salary will be continued at that graduate training level until the resident is promoted to a higher level. Retention of a resident for a portion of an entire year will be based on documentation of performance deficiencies, discussion of which will have been conducted with the resident during regular evaluation sessions and documented in the resident’s file. See Appendix B for GME Eligibility and Selection for Recruitment, Appointment and Retention Policy.
F. Graduate Medical Education Committee
Moses Cone maintains a Graduate Medical Education Committee to oversee the activities of Graduate Medical Education. The primary responsibility of the GMEC is to establish and implement policies and procedures regarding the quality of education and the work environment for the residents in all programs. See Appendix B for Graduate Medical Education Committee Policy that includes details such as membership, frequency of meetings and responsibilities.

G. Certification
At completion of all requirements of residency and upon receipt of recommendation by the Program Director, each resident will receive a certificate of satisfactory completion from The Moses H. Cone Memorial Hospital and The Greensboro Area Health Education Center.

III. RESIDENT RESPONSIBILITIES

A. Medical License Requirements
A North Carolina Medical License is required and must be obtained prior to entry into residency training. This may be either a Resident Training License (RTL) or a Full Medical License. The training license permits patient care only in the context of the training program; it is not a license to practice medicine without formal supervision. Residents will not be allowed to begin their training program without a license and will not receive pay for missed time due to failure to obtain license.

A full medical license can be obtained by residents (US grads only) after completion of one year of post-graduate training and certification by the National Board of Medical Examiners or other approved examination. The individual Program Office will provide the information for obtaining the Resident Training License online well in advance of the date for the resident to begin training. More information regarding obtaining a license can be found at the North Carolina Medical Board website, www.ncmedboard.org. The application must be returned promptly to the Program’s resident coordinator.

Note: A resident who is not a United States citizen must have and maintain a current visa which allows training in an approved residency training program.

B. Hours
As a professional, a resident is not limited to a specific hourly schedule. It is expected that the resident will regulate time of work according to responsibilities. The Moses Cone programs conform to the ACGME and respective RRC guidelines in regard to working hours, on-call schedules and time off. See Appendix B for GME Duty Hours Policy.

C. Conduct

1. Dress Code: Uniform attire is not required; however, residents must abide by the MCHS Dress Code Policy. Residents must be immediately identifiable as a physician by wearing their MCHS picture ID nametag at all times and wearing a lab coat while in clinical areas; Second, the resident’s appearance or manner of dress must not diminish professional effectiveness as will occur if faculty, patients or their families find either to be inappropriate or offensive. Open toe shoes are prohibited in clinical areas. Scrub clothes are permitted when on call at night but are discouraged outside appropriate areas during regular duty hours. (See section V.M. for information on uniforms provided.)
2. Substance Abuse: Abuse of drugs or alcohol is a serious violation of ethics and policy and a major threat to the welfare of patients, to a resident's health and effectiveness, and to the reputation of the Hospital. As such, it will result in prompt action by the faculty and administration and may result in termination of employment. Use and/or distribution of many illicit drugs is a felony which will be reported to the appropriate authorities. See Appendix B for MCHS Substance Abuse Policy.

3. Moonlighting: Residents must carefully weigh the implications of outside employment. Such activities must not interfere with their obligations to the Hospital or to their educational programs. Professional liability coverage for residents is provided only for professional activities within the scope of the training program and/or within the Hospital as approved by the respective Program Director and the Designated Institutional Official. Other outside employment must also be approved by the resident’s Program Director. Liability coverage by Moses Cone is not provided for moonlighting outside the hospital system. See Appendix B for GME Outside Employment Policy. In no case is moonlighting required by the program or hospital.

D. Committee Participation
House staff members will be expected to participate in various Medical Staff and ad hoc committees concerning institutional, professional, educational, and administrative matters. Residents will be appointed or nominated by the Program Director of their teaching program and/or the Designated Institutional Official. Appointments to Medical Staff committees are officially made by the President of the Medical Staff.

An additional important committee of the institution is the Graduate Medical Education Committee (GMEC), required by the ACGME in each institution sponsoring residency programs to monitor the programs and to advise the institution on maintaining the quality of the programs. ACGME requires that there be voting resident members of the GMEC who are elected by their peers. The Moses Cone GMEC includes one resident from each freestanding program elected annually by the resident staff of the respective program; in addition, the Chief Resident from each program also serves on the GMEC.

E. Medical Records
Procedures to be followed in the maintenance of medical records are defined by the Health Information Management Department, the Rules and Regulations of the Medical Staff, and each Hospital service. These procedures are explained at the time of resident orientation and are reviewed periodically.

Strict adherence to these procedures is important. The frequency of malpractice actions and the magnitude of financial awards in successful plaintiff’s malpractice actions have reached staggering proportions. In this litigious environment all medical record documentation is vital. It may be an instrument of priceless protection if accurate and complete, or one of crippling vulnerability if carelessly maintained. In addition, federal and other third party payment plans deny payment to the Hospital unless the medical record is fully completed. Delays in processing records mean delays in collections which, in turn, can disrupt the operation of the Hospital.

Residents have major responsibilities for accuracy, completeness and timeliness of each patient's medical record. The record should contain all pertinent medical data related to the patient's evaluation and treatment; data should be recorded in clear and concise language and must be written legibly. The following basic rules should be kept in mind when writing in the patient records:
1. Entries made in the medical record are intended for use by others; they are not reminders for the author as one may use office records or lecture notes. The "others" may include a variety of health professionals, reviews from the Joint Commission that accredits hospitals and, in some cases, law enforcement or legal personnel. Furthermore, the information being recorded may assume its greatest importance far in the future—in the case of a chronic illness, for example. For these reasons unconventional abbreviations, slang expressions, and private shorthand are not ever permitted.

2. The record should contain only data. This includes laboratory results and direct observations. It may also include statements made by patients and others in which case the source should be identified.

3. All orders and other entries must be dated, timed (Moses Cone uses 24-hour ["military"] time—"1430 hrs" not "2:30pm") and signed. A complete legible signature is necessary; e.g., John Doe, M.D. (as opposed to "Doe"), and the signature must be clearly legible to nurses, pharmacy and medical records personnel, as well as to other physicians.

4. The record is not the place to register differences of opinion except in special situations. While it is appropriate for a consultant to state "I recommend changing present management. . . .", etc., it is unacceptable for a resident to state in the chart, "I disagree with the present management of this patient." Subjective comments are inappropriate and potentially dangerous.

Residents will be notified when records for which they are responsible are incomplete and overdue. **On receipt of such notification the records must be completed immediately.** A resident who fails to complete records or who is repeatedly late will be considered to be in violation of the terms of employment (Agreement of Appointment) and will be subject to disciplinary action.

If the resident continues to neglect completing records, he/she places the hospital privileges of the faculty attending in jeopardy. The Health Information Management Department has the authority per the Rules and Regulations and will terminate hospital privileges of faculty who have residents who do not complete records.

**IV. HOUSE STAFF ORGANIZATION**

The House Staff Association is made up of all residents in training at Moses Cone Hospital. The Association determines its own structure and functions, including designation of officers. The Designated Institutional Official attends meetings quarterly to address resident concerns and is available to attend more often if needed.

**V. FRINGE BENEFITS**

**A. Insurance**

Health insurance is provided by the Hospital for each resident and includes their family. Health insurance coverage begins on July 1st. Details of this coverage and other insurance programs available to residents and their families—as well as other benefit programs and opportunities—are available from the Hospital’s Department of Human Resources, and are reviewed annually during Resident Orientation. The health, dental, life and disability insurance, retirement and investment programs and credit union opportunities are extensive.
As required by the North Carolina Worker’s Compensation Act, residents are protected from the financial burden of medical expenses and loss of wages because of disability resulting from injuries or occupational illness sustained in the course of duty. The details of this coverage are also available from the Department of Human Resources.

Professional Liability coverage (including tail coverage) is provided by the Hospital for all residents in pursuit of their duties associated with the curriculum of the training program. It does not extend to outside ("moonlighting") employment activities. See also section III.C.3.

B. Discounts on Hospital Charges
Residents and their eligible dependents may receive discounts on charges for certain services provided by the Hospital, in common with all Hospital employees. Current discount policy is defined in the Hospital’s Employee Handbook.

C. Parking
Free parking for residents is provided in the Physician and Staff Parking Lot. Access to the gated lot is by card and vehicle decals. Residents will be required to complete a parking registration form prior to orientation. Cards and decals will be distributed during Orientation. Residents and other physicians are requested to refrain from parking in Visitor and Patient Lots. Vehicles of violators are subject to towing.

D. Professional Meetings
Each resident will be allowed up to five working days leave annually to attend one national medical educational conference or seminar. Prior approval must be obtained from the resident’s Program Director and the appropriate service attending at least six weeks in advance of the meeting date. The meeting agenda must accompany the request for approval. Information on current maximum allowable expenses for registration, travel, meals and lodging can be obtained from the Program Director. Unused conference leave time cannot be converted to vacation time or held over to the next year. Unused education expenses may not be carried over to the next year.

E. Vacations and Holidays
Each resident is allowed fifteen (15) work days (Monday through Friday) of paid vacation during PGY-1, PGY-2 and PGY-3. Unused vacation time cannot be carried over to succeeding years. Vacation should be planned as far in advance as possible and must be approved by the resident’s Program Director. It is also essential that residents arrange coverage for their practice during vacation time. Other than during certain periods or critical assignments specified by the teaching programs, vacation may be taken at any time with proper advance notification. Critical assignments are defined by each service and may vary from year to year. While vacation policy will adhere to the general guidelines stated above, each vacation request must be considered and approved individually. It is strongly recommended that residents not request additional vacation days (in addition to the 15 days) as it may extend their training time and delay graduation from the program.

F. Medical Leave
Three weeks (15 work days) of medical leave are allotted to each resident at the beginning of each training year. Unused leave may not be carried over from year to year, and unused leave has no monetary value. During a medical absence the resident will receive full pay and benefits to a maximum of the 3 weeks of medical leave plus any unused vacation time (see E. Vacations above). The Hospital will continue to cover salary and benefits after this period only if the resident submits in writing from his or her physician the necessity of continued medical leave. The resident will be
protected up to the time long term disability may be available. Employees of Moses Cone are subject to the terms and conditions of the long term disability insurance provider. Moses Cone is not self insured for this benefit. If there is the potential for long term disability, the resident will be counseled by the Human Resources staff member managing this benefit.

If a resident, for medical reasons, is absent for an extended period of time, the Program Director shall determine at what point training has been compromised. It is strongly recommended that residents not take more than six weeks if possible but clearly the nature of the medical leave will dictate the time needed. For these extended periods away from training residents may not complete their program requirements and may not be allowed to graduate on time. In addition based on the specific requirements for Board Certification, the residents may not be eligible to take Board exams in the year they graduate. See Appendix B for GME Policy.

G. Parental Leave

Maternity Leave shall be considered a medical absence and will be treated as such. Generally, six weeks is considered appropriate for maternity reasons. Continuation of pay and benefits beyond six weeks should be discussed with the Program Director.

A resident expecting to go on maternity leave should arrange rotations in order to have limited call (without the "code pager") two months prior to her due date. One month prior to her due date she should have only limited call (clinical), or no call if she so desires. It is advisable to schedule less demanding electives for the two months prior to the expected date of delivery. Schedules should also be planned, if possible, so that maternity leave is taken from time that would have been used for electives so that fellow residents will not have to assume extra call on a ward assignment, and so that work hour regulations are observed. Paternity Leave must be requested from and approved by the Program Director. Two weeks is considered appropriate for this parental leave. Pay and benefits will be based on the same standards outlined in F. Medical Leave above.

H. Moving Expenses

Residents moving to Greensboro to begin training will be reimbursed for actual moving expenses up to a specified amount. Please check with the individual program office to determine the amount. Receipts must be furnished to the individual program office in order to be reimbursed. Moving expenses may not include the costs of driving to Greensboro.

I. Mail

A mailbox will be provided for each resident in each individual program office.

J. Cafeteria Discounts

Residents will receive an employee discount on the posted prices for food and beverages in the Hospital cafeteria, using the nametag for identification. The discount is subject to change per the cafeteria. Meal tickets for dinner and breakfast in the cafeteria when on call in house are provided by the individual program office.

K. Photocopying Privileges

Each resident has free photocopying privileges. Machines are available in the medical library, medical records department, outpatient areas, and in the individual program offices.
L. Call Rooms
The Hospital provides the residents with single occupancy rooms for use when on night call. Each room is equipped with sleeping, toilet and shower facilities, and with telephone, computer, television and security lock.

M. Uniforms
As a uniform dress code is not required, uniforms are not provided. Residents are required to wear lab coats in clinical areas. Residents will be reimbursed for two lab coats (short or long) each year upon request with receipt to the individual program office.

N. Counseling and Support Services
Moses Cone offers an Employee Assistance Program (EAP) as a benefit to employees through Frank Horton Associates. The following are services offered:
- Confidential clinical assessments for employees and immediate family members. Employees are seen for any issue ranging from parenting to depression.
- Short term counseling and problem solving sessions as appropriate.
- Referral to community resources that are matched to the employee's needs.
- Unlimited access to FHA website which contains useful information for employees.
- Crisis intervention 24 hours, 7 days per week.
- Case management and follow up.

Residents can contact EAP by calling 1-800-326-3864 or visiting www.fhahelps.com.

Residents may also seek assistance as necessary through the North Carolina Physicians Health Program. The purpose of this program is to improve the quality of health care of the people in North Carolina through assurance of healthy medical professionals by offering identification, intervention, and rehabilitation programs that are non-disciplinary and confidential in practice. Residents can contact the program by calling 1-800-783-6792 or visiting www.ncphp.org.

VI. HIPAA
Each resident agrees that the confidentiality of all information, patient and other, will be maintained at all times in compliance with all state and federal laws and regulations, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

VII. HARASSMENT
The Civil Rights laws of this country prohibit gender harassment in the work place. Moses Cone Health System's Operating Policy Manual (q.v.) specifically addresses gender harassment at all levels of employees and staffs. Any resident physician who thinks that she or he has been the object of sexual or gender harassment should report the incident immediately to the Program Director or to the Designated Institutional Official, whereupon either Operating Policy "Sexual Harassment," and/or Operating Policy "Resolution of Conflict Between Medical Staff and Hospital Employees," and/or Medical and Dental Staff Bylaws "Corrective Action" and "Interviews, Hearing and Appellate Review" will be initiated and applied.

See Appendix B for MCHS Harassment Policy.
VIII. HOUSE STAFF DISCIPLINE AND GRIEVANCES

The Disciplinary Code and Procedure and the Fair Hearing Grievance and Appeal Procedure for the house staff are contained in the following pages. See Appendix B for GME Disciplinary and Grievance Policy.
The primary responsibility for monitoring the performance of residents and for imposing disciplinary action rests with the Program Director of the resident’s program. Situations which may result in disciplinary action are of three types:
1) situations related to performance of duties;
2) situations related to personal conduct; and
3) situations related to academic underachievement.

A resident’s duties are understood to include all responsibilities assigned by the Program Director (either specifically or through precedence in the program) plus reasonable expectations of a resident in unforeseen circumstances. A limited list of problems which could result in disciplinary action includes:
1) inefficiency or incompetence in performance of duties;
2) negligence in the performance of duties;
3) physical or mental incapacity for performance of duties;
4) failure to maintain satisfactory working relationships with peers, staff, or patients;
5) improper use of sick leave privileges; and
6) a pattern of failure to report for duty as scheduled.

Issues involving personal conduct are understood to include those issues in Section III of this manual as well as any major violation of medical or societal ethics whether or not herein specified. A limited list of examples includes:
1) conviction of a felony;
2) immoral conduct or criminal acts;
3) falsification of job information or medical data;
4) willful destruction of property; and
5) refusal to accept a reasonable and proper assignment from an authorized supervisor.

Issues involving academic underachievement include:
1) failure to meet specified academic goals;
2) a pattern of indifference to learning opportunities;
3) failure to satisfy faculty that knowledge acquisition has been sufficient to grant certification of completion of the program.

Disciplinary actions which may be imposed by the Program Director include:
1) assignments of additional work;
2) withholding of benefits such as travel, and professional meetings;
3) probation for a specified period;
4) suspension with pay;
5) suspension without pay;
6) requirement to repeat portions of the program;
7) extension of the resident's program for academic reasons with or without pay; and
8) dismissal from the program.

The first six forms of disciplinary action cited above may be imposed by the Program Director at any time deemed appropriate. However, when time and circumstances permit, the Program Director should determine that there is a consensus among the faculty within the program that such action is justified.

Program extension and dismissal, the last two forms of actions cited above, may be imposed only when the Program Director is supported by the faculty or a specified group of faculty of the program who are responsible for promotion decisions. Neither of these actions will be taken without the knowledge of the Designated Institutional Official.
DISCIPLINARY PROCEDURE

Any resident placed on probation must be notified in writing in advance as to the following:
1) reason for probation;
2) duration of probation;
3) expectations and/or requirements which, when met, will result in removal of probation;
4) penalty to be imposed if terms of probation are not met.

Any resident whose program is extended for academic reasons must be notified at least sixty (60) calendar days (with exception noted below) before the completion of the academic year. Such notification should state:
1) length of the extension, or criteria to be satisfied (if length is not specified);
2) reasons for the extension, supported by prior evaluations of performance;
3) specific deficits to be corrected; and
4) criteria and evaluation procedures to be employed in determining satisfactory completion of the year for credit.

The one exception to the sixty-day time requirement for notification of the program extension shall be when major academic failure, occurring in the final two months of the academic year, may justify extension. In such cases failure must be considered by faculty to overshadow satisfactory performance in the first ten months of the year.

A resident may not be dismissed without warning. However, when in the judgment of the Program Director or an authorized designee, immediate action is necessary to protect the safety of persons or property, immediate suspension may be imposed.

Dismissal actions related to personal conduct may be instituted during a period of suspension. Dismissal actions related to performance of duties or underachievement must be preceded by a probationary period and/or suspension of at least fifteen (15) calendar days.

If immediate suspension is imposed without notice, the resident must be notified in writing within five (5) calendar days of the terms of the suspension. This shall include either:
1) duration of suspension and the terms to be met to earn reinstatement; or
2) notice of dismissal following suspension with a clear statement of the justification for the action.

Ideally, residents under consideration for dismissal should have received repeated written warnings. Examples of letters of notification are supplied on the next page.
EXAMPLE LETTERS FOR WRITTEN NOTIFICATION OF DISCIPLINARY ACTION

EXAMPLE NO. 1

"Follow-up Letter to Oral Warning"
(Date)

Dear __________:

On (date) we met in my office and discussed the problems relating to your performance of duties (and/or conduct and/or underachievement). You previously received an oral warning regarding these problems on (date).

You continue to (specify nature of problem) as we discussed in detail during our previous meetings. These problems are serious and if not corrected may produce tragic consequences. You were advised on (date) that these problems could not continue and that an acceptable change in your (conduct/performance/underachievement) must be made. A copy of this letter is being forwarded to the office of the Designated Institutional Official to be included within your official personnel file.

Program Director (Signature)

EXAMPLE NO. 2

"Final Letter of Warning"
(Date)

Dear __________:

This is to advise you that the problems related to your (conduct/performance/underachievement) persist in spite of our previous discussions, efforts, and warnings and that you are hereby placed on probation for a period of (state length of time).

It is expected that your (conduct/performance/underachievement) will be corrected in the following manner: (list measurable standards and/or criteria for evaluation improvement). This should be considered a final warning in that a continuation of the specified problems will lead to your dismissal. If you comply satisfactorily with these expectations, as listed above, the probation will be lifted. Failure to comply, however, will be dealt with summarily. A copy of this letter will be forwarded to the office of the Designated Institutional Official for inclusion within your official personnel file.

Program Director (Signature)
EXAMPLE NO. 3

"Letter of Dismissal"
(Date)

Dear ____________:

This is to inform you that you are dismissed from your position with The Moses H. Cone Memorial Hospital effective (date). [NOTE: Fifteen (15) calendar days notice must be given in case of performance of duty or academic underachievement.] The dismissal is based on continued problems with your (conduct/performance/underachievement). (Identify specific incidents or circumstances to support statement of continued problems.)

In the event you wish to appeal this dismissal, you should contact me in accordance with the House Staff Grievance and Appeals Procedure. A copy of this procedure is attached for your review.

Program Director (Signature)

Copy: Designated Institutional Official
GRIEVANCE AND APPEAL PROCEDURE FOR THE HOUSE STAFF OF
THE MOSES H. CONE MEMORIAL HOSPITAL

The following policy is provided in order that any aggrieved member of the House Staff may appeal a decision and receive due consideration. The same procedure will be used by residents who may have a grievance or serious complaint related to the work environment, or issues related to the program or to the faculty.

STEP 1
DISCUSSION BETWEEN RESIDENT AND PROGRAM DIRECTOR
The Resident who faces disciplinary action, suspension, or dismissal has ten (10) calendar days after receiving written notice of such action to appeal the decision to the Program Director. Upon receipt of appeal, the Program Director or his designee will arrange to meet with the resident within seven (7) calendar days. The resident will be informed in writing within five (5) calendar days after the meeting of the decision regarding the appeal.

STEP 2
DISCUSSION BETWEEN RESIDENT AND THE DESIGNATED INSTITUTIONAL OFFICIAL
If the decision of the Program Director is not deemed satisfactory in Step 1, the resident may then request consideration of the matter by the Designated Institutional Official. The request must be presented within seven (7) calendar days after the receipt of the Step 1 decision. The Designated Institutional Official shall meet with the resident within fourteen (14) days after receipt of this request and shall render a decision in writing within seven (7) calendar days of the meeting.

STEP 3
HEARING BY THE APPEAL COMMITTEE
If the decision of the Designated Institutional Official is not satisfactory to the resident, the matter may then be appealed to an ad hoc committee appointed by the Medical Executive Committee of the Hospital upon recommendation of the President. The appeal must be filed with the Office of the President within seven (7) calendar days of receipt of the Designated Institutional Official's decision. The appeal committee will have five members as follows:

1. two (2) from the Medical Attending Staff;
2. two (2) from the House Staff; and
3. one (1) from the Graduate Medical Education Faculty.

One of the five members shall be designated by the Medical Executive Committee to serve as Chairperson. The resident's statement of appeal shall include a written summary of the facts which form the basis of the defense. This statement shall be submitted to the Office of the President which, in turn, shall transmit it to the appeal committee.

The resident has the right to request an opportunity to meet with the appeal committee or may waive that right. The resident has the right to be represented by counsel and may question witnesses before the committee. At the conclusion of the hearing it will be the responsibility of the Chairperson of the committee to inform the Office of the President and of the Designated Institutional Official of the recommendations of the committee. A decision will be rendered in writing by the President within seven (7) calendar days of the hearing.
AGREEMENT OF APPOINTMENT

This Agreement is made as of Date, by and between The Moses H. Cone Memorial Hospital, 1200 North Elm Street, Greensboro, North Carolina, and Name, MD/DO whose address is Address.

WITNESSETH

Whereas, Hospital desires to engage the services of Resident in Hospital's Program, on the terms and conditions set forth herein; and Whereas, Resident desires to provide such services on such terms and conditions; now, therefore:

APPOINTMENT

Hospital offers and Resident accepts appointments as a first year resident in Program for the year beginning July 1, 2009 and ending June 30, 2010.

RESIDENT OBLIGATIONS

A. Resident agrees to perform the duties and responsibilities required of him/her hereunder to the best of his/her abilities and at a satisfactory level of competence, as determined by the Program Director and the Designated Institutional Official. These responsibilities are outlined in the Moses Cone Health System House Staff Manual and the department policy manual.

B. The Director of the Program in which Resident accepts appointment shall determine the resident's duties and responsibilities hereunder, including the Resident's hours of duty, in conformity with the conditions established by the Accreditation Council for Graduate Medical Education (ACGME) and also established in the Moses Cone Health System House Staff Manual. The Resident agrees to abide by the Duty Hours Policy as outlined in the House Staff Manual.

C. Resident agrees to comply with all applicable policies, procedures, rules and regulations of Hospital and its Medical and Dental Staff, as the same may exist from time to time, including all rules and regulations set forth in the House Staff Manual and Moses Cone Policies and Procedures.

D. The Resident has received, understands and agrees to abide by the Graduate Medical Education policies and procedures as outlined in the Moses Cone Health System House Staff Manual. The Resident understands the Disciplinary Code and Grievance Policy as outlined in the House Staff Manual.
E. Unless Resident already holds a valid North Carolina Medical License, the Resident will begin the online application process for a Resident Training License from the North Carolina Medical Board, which must be completed by Resident and returned promptly to the Program’s Residency Coordinator, because the Resident must have a valid NC license prior to beginning training. Resident understands that if a training license is not issued by the effective date of the Agreement of Appointment he/she will not be an employee of Moses Cone Health System and will not receive any pay or associated benefits until the training license is obtained. Resident will be reimbursed for the cost of the training license by Hospital. Residents with training licenses will be assigned a Drug Enforcement Agency (DEA) number under the Hospital’s institutional DEA number. Resident will be responsible for renewing his/her training or full license annually on his/her date of birth for the duration of the appointment.

F. The Resident will be required to take an initial physical examination when entering the program, which includes passing a toxicology screen and immunization updates as required. This will be administered by Employee Health at Moses Cone Health System. It is the responsibility of the resident to have this completed prior to the effective date of the Agreement of Appointment.

G. The Resident acknowledges that he/she is participating in an academic training program and that the evaluation and progress reports of training are an integral part of the training program. The Resident acknowledges and agrees that information resulting from such evaluations may be furnished by the residency program (without further consent by the resident) to certification boards and to any institution or organization to which he/she may apply for training, employment, or privileges.

H. International medical graduates will have legal documentation by the effective date of this agreement. Documentation must be provided to the Program’s Residency Coordinator.

I. Resident must inform Program Director of any investigation and subsequent determinations by the North Carolina Medical Board as soon as they are aware of these actions.

J. No compensation of any kind or nature shall be paid to or accepted by Resident from patients or third parties for any services rendered pursuant to this agreement.

HOSPITAL OBLIGATIONS

A. Hospital agrees to provide a residency training program that meets the standards established by the Accreditation Council for Graduate Medical Education, its institutional review committee (IRC) and its residency review committees (RRC’s) for Family Medicine and Internal Medicine. These standards include the following and are outlined in the Supervision of Resident Physicians policy in the House Staff Manual:

   i. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty

   ii. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
iii. Faculty and residents must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Hospital agrees to provide due process for the redress of any grievances as provided in the Disciplinary Code and Grievance Policy in the House Staff Manual.

C. Hospital provides policies for counseling, medical, and psychological support services, physician impairment and substance abuse, accommodations, and gender/sexual abuse or harassment. Confidential counseling is available through the Employee Assistance Program. Residents may also utilize the North Carolina Physician’s Health Program. Details of these policies and programs are explained in the House Staff Manual.

D. Hospital will maintain a Graduate Medical Education Committee to oversee the activities of Graduate Medical Education. The Graduate Medical Education Committee Policy is outlined in the House Staff Manual and includes details such as membership, frequency of meetings and responsibilities.

E. In the event Hospital elects either to reduce the number of residents in its sponsored programs or to close a program, those residents in a program at the time of such decision will be allowed to complete the program if they continue to meet the requirements for advancement and completion as contained herein; alternatively, arrangements will be made to place them in an accredited program at another institution. The Reduction/Closure Policy is included in the House Staff Manual.

F. In the event Hospital must transfer residents as a result of a disaster, Hospital will follow Disaster Policy explained in the House Staff Manual.

COMPENSATION AND BENEFITS
As the sole consideration to be received by Resident for the services to be provided hereunder, Hospital agrees to provide:

1. An annual stipend of $Salary for the training year covered by the Agreement, payable through Hospital payroll system in biweekly installments (less applicable taxes and other approved deductions). Should this stipend be increased prior to internship beginning, the higher amount will be effective.

2. Professional liability coverage (including tail coverage), covering Resident while performing duties and responsibilities hereunder, in accordance with Hospital policies and residency program requirements as the same may exist from time to time. The Resident understands that MCHS shall not cover him or her for professional liability for activities not directly associated with the training program authorized by the Program Director and the Designated Institutional Official.

3. Paid vacation time, holidays, medical, parental leave (including maternity and paternity leave), and educational meeting/travel time as provided in the House Staff Manual and must be approved by the Program Director.
4. The Hospital will provide residents with a written policy on how missed time or leave of absence could affect meeting criteria for completion of the residency program and information on how lost time could affect eligibility to sit for board certification exams.

5. Health insurance for resident and his/her dependents in accordance with Hospital policies, and through the Hospital Employee Benefit Program, as outlined in the House Staff Manual. Health insurance coverage begins on the first day of appointment, July 1st. The resident is responsible for deductibles and co-insurance on services provided.

6. Life insurance, dental insurance, investment and credit union opportunities. These benefits are at the resident’s expense and are offered through the Hospital Employee Benefit Program.

7. Hospital provides a work environment for residents consistent with the ACGME requirements. The Work Environment Policy is outlined in the House Staff Manual.

OUTSIDE ACTIVITIES AND EMPLOYMENT
Hospital will support Residents’ interest in additional professional employment. Within the limitations of compliance with accreditation requirements by ACGME, Hospital may approve outside employment based on the House Staff Outside Employment Policy in the House Staff Manual. The policy on outside employment includes details of licensure requirements, liability requirements and limitations.

Such activity (1) must not interfere with Resident’s duties in any aspect of the residency training program; (2) is not allowed at times when a resident is either on-service or on-call for a service; and (3) must be approved in advance by Resident’s Program Director and the Designated Institutional Official. The Resident agrees to abide by the Duty Hours Policy (80 hour work week limit) as outlined in the House Staff Manual.

EVALUATION AND REAPPOINTMENT
The Program will use formal evaluation forms as well as various examination results that are best suited to its specialty in conformity with the accreditation standards of the ACGME and as described in the Evaluation of Residents policy outlined in the House Staff Manual. The Resident’s progress will be evaluated and reviewed with Resident regularly by the faculty and the Program Director. All residents whose performance is satisfactory or above will be reappointed annually as outlined in the Resident Eligibility and Selection policy in the House Staff Manual until the completion of the program, when a Certificate of Completion of the residency training program will be presented.

If Resident’s performance is deemed unsatisfactory under the terms of the Disciplinary Code and Grievance Policy in the House Staff Manual, the resident will be notified at evaluation by the Program Director, and corrective actions will be instituted as designated in the policy.
TERMINATION
Upon determination by either the Program Director or the Designated Institutional Official, that Resident has not or cannot fulfill each of his/her obligations under this agreement, Hospital may, in its sole discretion, terminate the Agreement and dismiss Resident from the training program. Notwithstanding the foregoing, Hospital shall not terminate the Agreement without first providing Resident written notice as stated in the Disciplinary Code and Grievance Policy in the House Staff Manual, and subsequently providing Resident the opportunity to initiate the Grievance and Appeal process.

EXECUTION OF AGREEMENT
This Agreement constitutes the entire agreement of the parties. All prior agreements between the parties, whether written or oral, are merged herein and shall be of no force or effect. The paragraph headings used herein are for convenience only and shall not be used in the construction or interpretation of this agreement. Any reference to the masculine or feminine genders shall be deemed to include the other.

In Witness whereof, the parties have executed this agreement and have affixed their signatures on the dates indicated:

____________________________________________________________  _________________
Resident Name, M.D./D.O.  Date
Resident in Program

____________________________________________________________  _________________
Program Director Name, M.D.  Date
Program Director, Program
Residency Training Program

____________________________________________________________  _________________
Rebecca Knight, Designated Institutional Official  Date
Designated Institutional Official, Medical Education/AHEC

Distribution:
Original: Residency Program Office
Copies: Resident
Human Resources
Risk Management
The Moses Cone Health System expects its ACGME-accredited programs to follow the specific requirements for evaluation of residents of its respective residency review committees. At a minimum, specialty and subspecialty residents (fellows) must be evaluated after each rotation and formally evaluated semi-annually or more frequently if deemed necessary by the program director.

Each residency program has developed evaluations specific to the rotation (based on the goals and objectives) and provide objective assessments of competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. Precepting faculty, internal and external to the programs, must evaluate resident performance during each rotation or similar educational assignment, and document this evaluation at completion of the assignment. Evaluations are to be returned to the Residency Coordinator within a timely manner and should not be received later than 30 days from completion of the rotation.

The program director must have regular documented meetings reviewing the evaluations of the residents at least semi-annually. Programs must also use multiple evaluators (e.g., faculty, peers, patients, self, and other professional staff); and document progressive resident performance improvement appropriate to educational level. Further, the program director should be prepared to provide documentation of such evaluations during the internal review and at the time of the residency review committee site-visit or at times deemed appropriate by the Graduate Medical Education Review Committee.

A final written evaluation of each graduating resident must be placed in the folder of each resident to become a permanent part of that portfolio. The final written evaluation of each graduating resident must also be sent to the Office of Graduate Medical Education. The final written evaluation of the graduating resident must include a statement that the resident has demonstrated sufficient professional ability to practice competently and independently.

The evaluations of resident performance must be accessible for review by the resident, in accordance with institutional policy.
I. Accredited residency programs (Programs) should select residents from a pool of applicants who meet the eligibility requirements established by the ACGME. Moses Cone Health System is a participating member of the organized matching program the National Resident Matching Program. The Designated Institutional Official (DIO) shall serve as the institutional representative for the National Resident Matching Program.

II. Applicants must meet the following minimum requirements in order to be considered for a residency position:

   a. Graduates of medical/schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME) or CODA,
   b. Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA),
   c. Graduates of medical schools outside the United States and Canada who have either:
      (i) a currently valid certificate from the Educational Commission for Foreign Medical Graduates or
      (ii) a full and unrestricted license to practice medicine in a U.S. licensing jurisdiction in which they are training.
   d. Graduates of medical schools outside the United States who have completed a Fifth Pathway program provided by an LCME-accredited medical school.

III. Eligible applicants will be considered 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. Moses Cone Health System will not discriminate with regard to sex, race, religion, color, national origin, disability, veteran status, or any other applicable legally protected status. Each program must have a written policy for resident selection and recruitment.

IV. Each Program should consider the following in their selection process:

   a. Each program must have a selection committee that will review the applications of all candidates, whether applying for appointment as a 1st year Post Graduate member of the housestaff (either through an organized matching program, as set
forth above, or outside of a match process), or fill a subsequent Program vacancy for advanced-level housestaff positions. Selection committee members should include the Program Director, Assistant Program Director(s), and/or residents at various levels of training;

b. For Programs participating in an organized matching program, the DIO, or his/her designee(s) from the Graduate Medical Education Committee (GMEC), shall review the application of any candidate who is applying as a new housestaff resident outside of the match process, or any candidate who is applying to fill a subsequent vacancy in a Program, regardless of where the Program participates in an approved match process;

c. Programs participating in the Electronic Application Service (ERAS) may accept application materials as provided through ERAS;

d. Interviews should be extended to the best-qualified candidates. Qualities of professionalism and character should be considered. The DIO may, in his/her sole discretion interview, and/or appoint his/her designee(s) from the GMEC to interview, any candidate who is applying to a Program outside of an organized matching process, or any candidate who is applying to fill a subsequent vacancy in a Program, regardless of whether the Program participates in an approved match process.

e. The selection process should be broad based to include faculty, residents and tour of facilities; and

f. Residency Programs must not enroll non-eligible physicians, as the enrollment of non-eligible residents may be cause for withdrawal of accreditation of the involved Program.

V. Each program must include the following for applicants invited for interviews:

a. Candidates for interviews must receive oral and written information related to clinical rotations, didactic program, procedures for evaluating residents and programs, requirements for duty hours and call schedule, policies regarding vacation, sickness, family leave act, disability and medical/dental coverage, financial support, hospitalization, resident disability insurance, and health insurance for residents and their families. Call rooms, meals, and laundry services need to be included in the information package.

b. After resident has been selected and matched, the resident folder must retain all letters of recommendation and references.

VI. All selected applicants will be required to submit the following:

a. Moses Cone Health System Application for Appointment to Graduate Medical Education,

b. Three letters of reference

   (i) One letter of reference should be mailed from the Dean at the School of Medicine from which the applicant graduated certifying the degree awarded and the date awarded or anticipated date.

   (ii) Two other letters of reference.
c. In the case of applicants applying for positions beyond the first year, the three letters of recommendation should include one from the hospital in which the applicant has most recently served and two from members of its professional staff.
d. An official Medical School transcript, from the Registrar of the School of Medicine.
e. Signed Authorization for Release of Information (included with the application).
f. Pre-employment drug screening.
g. Sign background check verification.
h. Current curriculum vitae that includes date or anticipated date of medical school graduation and name of Moses Cone Health System residency program the applicant will enter.
i. Any resident who has a disability (according to the Americans with Disabilities Act) and/or special restrictions on his/her medical license must report this information and requests for accommodations to the Program Director and the GMEC no later than the first day his/her residency program begins.

VI. Resident Transfer:

To determine the appropriate level of education for a resident who is transferring from another residency program, the program director must receive written verification of the previous educational experience and a statement regarding the performance evaluation, including an estimate of competence, of the transferring resident prior to acceptance into the program.

V. Resident Promotion and Retention:

Promotion to PGY-2 and PGY-3 status is contingent on satisfactory completion of requirements at PGY-1 and PGY-2 levels respectively. This promotion, therefore, does not automatically occur at the termination of a yearly contract. If performance has been deficient at one level, the resident may be asked to repeat a portion of or an entire year. Salary will be continued at that graduate training level until the resident is promoted to a higher level. Retention of a resident for a portion of an entire year will be based on documentation of performance deficiencies, discussion of which will have been conducted with the resident during regular evaluation sessions and documented in the resident’s file.

Revised and Approved by GMEC January, 2004
Revised and Approved by GMEC: January 2009
In compliance with the ACGME, the Moses Cone Health System (MCHS) maintains a Graduate Medical Education Committee (GMEC) to oversee the activities of Graduate Education.

The voting membership of the GMEC is composed of the DIO, Chief Residents of each program as well as residents nominated by their peers, Program Directors from each program, and MCHS Administrators, specifically the Executive Vice President and the Vice President of Medical Affairs.

The GMEC meets quarterly and maintains written minutes.

The primary responsibility of the GMEC is to establish and implement policies and procedures regarding the quality of education and the work environment for the residents in all programs. These policies and procedures include:

1. Stipends and position allocation: Annual review and recommendations to the Sponsoring Institution regarding resident stipends, benefits, and funding for resident positions.
2. Communication with program directors ensuring that communication mechanisms exist between the GMEC and all program directors within the institution and; that Program Directors maintain effective communication mechanisms with the site directors at each participating site for their respective programs to maintain proper oversight at all clinical sites.
3. Resident duty hours
4. Resident supervision
5. Communication with Medical Staff: Communication between leadership of the medical staff regarding the safety and quality of patient care that includes:
   a. The annual report to the OMS;
   b. Description of resident participation in patient safety and quality of care education; and,
   c. The accreditation status of programs and any citations regarding patient care issues
6. Curriculum and evaluation: Assurance that each program provides a curriculum and an evaluation system that enables residents to demonstrate achievement of the ACGME general competencies as defined in the Common and specialty/subspecialty-specific Program Requirements.
7. Resident status: Selection, evaluation, promotion, transfer, discipline, and/or dismissal of residents in compliance with the Institutional and Common Program Requirements.
8. Oversight of program accreditation: Review of all ACGME program accreditation letters of notification and monitoring of action plans for correction of citations and areas of noncompliance.

9. Management of institutional accreditation: Review of the Sponsoring Institution's ACGME letter of notification from the IRC and monitoring of action plans for correction of citations and areas of noncompliance.

10. Oversight of program changes (see Policy: Submission to RRC.

11. Experimentation and innovation.

12. Oversight of reductions and closures (see Closure/Reduction Policy)

13. Vendor interactions (see Vendor Policy).
A) **Background**
Moses Cone Health System Policy on Duty Hours is consistent with the ACGME specialty and subspecialty resident duty hour requirements effective July 1, 2007. Although the responsibilities for patient care are not necessarily over a specific time, duty hours must be regulated in order to promote excellent patient care and safety, resident education and physician well being.

B) **Duty Hours**

1. The Moses Cone Health System Policy on Duty Hours and the ACGME requirements take precedence over all other policy statements.

2. Duty hours must be limited to 80 hours per week, averaged over a 4-week period, inclusive of all in-house call activities and internal moonlighting. Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both 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.

3. Residents must be provided with 1 day in 7 free from all in-hospital educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as a continuous 24-hour period free from all clinical, educational, and administrative duties.

4. An adequate time for rest and personal activities must be provided. This should consist of a 10-hour period provided between all daily duty periods and after in-house call.

C) **On-call activities**
In-house call must occur no more frequently than one night in three, averaged over a 4-week period. The objective of an on-call activity is to provide residents with continuity of patient care experience throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal workday when residents are required to be immediately available in the assigned Institution.

1. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic
activities, maintain continuity of medical and surgical care, transfer care of patients, or conduct outpatient continuity clinics (unless further limited by the relevant program requirements).

2. No new patients may be accepted after 24 hours of continuous duty. A new patient is defined as any patient for whom the resident has not previously provided care (unless otherwise defined in the relevant program requirements).

3. At-home call (pager call) is defined as call taken from outside the assigned Institution. It is to be noted:
   a. The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with one day in seven completely free from all educational and clinical responsibilities, averaged over a 4-week period.
   b. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
   c. The Program Director and 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.

D) Supervision of residents

1. Qualified faculty must supervise all patient care. The Program Director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid and reliable systems for communicating with supervisors and faculty.

2. Faculty schedules must demonstrate that residents have continuous supervision and consultation.

E) Oversight

1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to residents and faculty. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.

2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

   The program must adopt and apply policies to prevent and counteract the potential negative effects of fatigue and sleep deprivation.
Residents must be provided with all on-call rooms that permit rest and privacy when on duty in the hospital.

F) Reporting requirements

1. All duty hour concerns by residents must be directed to the Program Director. Alternately, the resident can go directly to the Office of Graduate Medical Education for investigation and action.

2. A copy of the program's Duty Hour Policy must be distributed to the residents and faculty.

G) Moonlighting

Please see Moonlighting Policy

H) Duty Hour Exception

It is the policy of Moses Cone Health System to not ask for an RRC duty hour exception.
From the Moses Cone/Greensboro AHEC House Staff Manual:

Residents must carefully weigh the implications of outside employment. Such activities must not interfere with their obligations to the Hospital or to their educational programs. Professional liability coverage for residents is limited to professional activities within the scope of the training program and/or within the Hospital as approved by the respective Chief of the residency program. Other outside employment must also be approved by the resident's Chief. Current policies regarding moonlighting, liability coverage, and applications for approval of outside employment are available from the program director's office.

**Definition:**
Resident moonlighting is defined as working for compensation outside of and in addition to performing the regular assignments and duties of a resident in the graduate medical education programs of Moses Cone Health System/Greensboro AHEC.

**Institutional Position:**
The Hospital/AHEC supports the residents' interest in additional professional employment, not only as a source of additional income, but also for supplemental educational experience in the various types of private practice in primary care. The opportunity to become better acquainted with practices in the region, many of which may be seeking additional medical staff, will serve the interest of the residents and of the practicing physicians, a significant goal of the Hospital/AHEC Program. Within the limitations of compliance with the requirements for accreditation by the Residency Review Committees of the ACGME, the Hospital/AHEC wishes to facilitate the opportunities for moonlighting.

**Requirements:**
1. Moonlighting activity must not interfere with the resident’s duties related to any aspect of the Residency Training Program, including the quality of services performed or the educational experiences. Faculty will monitor the performance of moonlighting residents, and any adverse effects noted may lead to withdrawal of permission to moonlight.
2. Moonlighting is, of course, not allowed at times when a resident is either on-service or on-call for a service (even if the resident is on-call but not required to be constantly in-house).
3. Moonlighting activities must not violate the principles of good patient care and safety, must be acceptable to the general medical community, and must be a legitimate, professional, medically oriented activity.
4. Before engaging in moonlight activities, the resident must complete a copy of the approval form and submit it to the Program Director of the residency program for approval. Such application will allow the residency director to assess the appropriateness of the activity and to maintain a registry of moonlighting activities in the program.

5. Should notification and approval not have occurred before a resident engages in moonlighting activities, disciplinary action may result. This action may include loss of moonlighting privileges, or suspension or dismissal from the residency program.

6. To qualify for moonlighting approval, the resident must:
   a. Have completed successfully the PGY-1 year.
   b. Have a valid North Carolina License to practice medicine (not just a residency training license).
   c. Have a valid Drug Enforcement Administration (DEA) number – not just the prefix for the Hospital’s DEA number – and provide a copy of the DEA certificate.
   d. Have adequate professional liability insurance as outlined below:

**Professional Liability (Malpractice) Coverage** is provided by the The Moses H. Cone Memorial Hospital for its resident physicians, and this coverage will apply in the following circumstances:
   a. while the resident is performing professional activities and educational assignments within the scope of the training program and/or within the Health System, or
   b. when the resident is employed (outside of assignments within the scope of the program) by a member of the Medical Staff of Moses Cone Health System, or with a practice with which an educational and/or coverage arrangement exists between the practice and the resident’s program, as part-time practice coverage or locum tenens positions.

In all cases the activity must be approved by the respective Program Director of the residency program through the use of the approval forms noted in 4. above.

**Professional Liability (Malpractice) Insurance protection beyond the scope (above paragraph) of the Hospital’s Liability Coverage for residents:**

It is the personal responsibility of the individual resident to secure or to be assured of Professional Liability Insurance to cover the defense and indemnification for any damages arising from any outside employment activity. This responsibility is reflected in the approval forms noted above.

The **Guiding Principle** must always be:

*WHEN IN DOUBT, CONSULT WITH THE RESIDENCY PROGRAM DIRECTOR*
When a resident is planning a moonlight activity outside the Health System or with physicians who are not members of the Health System Medical Staff, the following options are available:

A. Coverage at no cost to the resident may be available from the insurer of the host facility or practice IF negotiated and arranged in advance by the resident through the host’s Administrator or Risk Manager.

B. Some professional liability insurers will temporarily add physicians as Additional Insureds to the insured facility’s policy. When arranging moonlight coverage with the host facility, the resident should follow these guidelines:
   1. Ask the appropriate Administrator or Risk Manager of the Named Insured (host facility) to request the insurer to add the resident as an Additional Insured on the host’s professional liability policy.
   2. Follow up with a letter to the host’s Administrator or Risk Manager which confirms the agreement to insure the resident while moonlighting and which requests and requires, prior to beginning the moonlighting service, a Certificate of Insurance which:
      a. Identifies the resident as an Additional Insured;
      b. Specifies the name of the insurer, policy number, type of coverage, and limits;
      c. States the policy period which incorporates the moonlighting period. (If the policy expires during the moonlighting period, arrange for a new policy at the appropriate time.)

C. Of course, a resident may purchase private individual coverage for outside employment (though this option is likely to be prohibitively costly). Such employment must still be approved by the residency Chief under the terms of the policy of the residency program.

Distribution: Vice President, Medical Education/AHEC Director
Residency Program Directors
Risk Management Office

Revised February 2004
MOSES CONE HEALTH SYSTEM
Policies and Procedures

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A) **Background**

Moses Cone Health System Policy on Work Environment is consistent with the ACGME specialty and subspecialty resident work environment requirements effective July 1, 2007. The primary caveat of this policy is that residents may raise and resolve issues without fear of intimidation or retaliation, including the following:

B) **Policy**

Moses Cone Health System provides an organizational system for residents to communicate and exchange information on their work environment and their ACGME-accredited programs. This is accomplished primarily through monthly House Staff meetings and through Resident meetings in individual programs. Chief and peer selected residents attend the quarterly GMEC meetings which is another avenue for residents to address institutional and programmatic issues.

Individual residents can address concerns in a confidential and protected manner either with their Chief Resident, their Advisor, the Program Director or the Institutional DIO.

Moses Cone Health System provides the following services to minimize the work of residents that is extraneous to their GME programs:

a) Food services: Residents on duty have access to adequate and appropriate food services 24 hours a day in all institutions.

b) Call rooms: Residents on call are provided with adequate and appropriate sleeping quarters.

c) Support services: Patient support services, such as intravenous services, phlebotomy services, and laboratory services, as well as messenger and transporter services, are provided in a manner appropriate to and consistent with educational objectives and patient care.

d) Laboratory/pathology/radiology services: There is appropriate laboratory, pathology, and radiology services to support timely and quality patient care in the ACGME-accredited programs. This includes effective laboratory, pathology, and radiologic information systems.
e) Medical records that documents the course of each patient's illness and care is available at all times and is adequate to support quality patient care, the education of residents, quality assurance activities, and provide a resource for scholarly activity.

f) Appropriate security and personal safety measures are provided to residents at all locations including but not limited to parking facilities, on-call quarters, hospital and institutional grounds, and related clinical facilities (eg, medical office building).
PURPOSE: To ensure that all of MOSES CONE HEALTH SYSTEM’s Graduate Medical Education (GME) programs meet or exceed the Institutional Requirements and Program Requirements of the Accreditation Council for Graduate Medical Education (ACGME) and its Residency Review Committees (IRC and RRCs) demonstrating MOSES CONE HEALTH SYSTEM's commitment to the educational environment for resident physicians.

POLICY: All patient care must be supervised by qualified faculty. The program director must ensure that supervision is consistent with provision of safe and effective patient care and educational needs of residents, direct, and document adequate supervision of resident physicians at all times. Resident physicians must be provided with rapid, reliable systems for communicating with supervising faculty.

Resident physicians must be supervised by qualified supervising faculty in such a way that the resident physician assumes progressively increasing responsibility, appropriate to residents' level of education, competence, and experience as determined by the teaching faculty.

Call schedules for the supervising faculty must be structured to provide residents with continuous supervision and consultation. Faculty and residents must be educated to recognize the signs of fatigue and sleep deprivation, and must adopt and apply policies to prevent and counteract its potential negative effects on patient care and learning. The educational goals of the program and learning objectives of resident physicians must not be compromised by excessive reliance on resident physicians to fulfill institutional service obligations. Duty hours of resident physicians and supervising faculty must reflect that responsibilities for continuing patient care are not automatically discharged at specific times. Supervising faculty are responsible for determining when a resident physician is unable to function at the level required to provide safe, high quality care to assigned patients and must have the authority to adjust assigned duty hours and other responsibilities as necessary. Program directors will maintain policies and procedures for the supervision of resident physicians that are in compliance with Institutional and Program Requirements, policies and procedures of affiliating institutions and other clinical sites, including medical staff bylaws, federal and state laws, rules, and regulations, requirements of accrediting organizations for affiliating institutions and clinical sites, and with MOSES CONE HEALTH SYSTEM's Corporate Compliance Program.
Program directors will maintain job descriptions for each postgraduate year, reflecting increasing responsibility and supervision appropriate for the expected progress and performance of resident physicians in each postgraduate year.

Program directors maintain responsibility for the final decisions regarding the call schedules and other clinical, administrative and teaching responsibilities of supervising faculty to ensure the adequacy of supervision of resident physicians.

Program directors will work collaboratively with participating institutions and clinical sites to comply with Joint Commission or other accrediting body requirements and/or medical staff bylaws regarding resident physician supervision.

PROCEDURES:
1. The GMEC(s) approves revisions in program policies and procedures regarding supervision and job descriptions for each postgraduate year.

2. Supervision of resident physicians and progression of responsibilities will be included in program and institutional evaluations and surveys.

3. The GMEC(s) will receive reports of and/or review revisions of MOSES CONE HEALTH SYSTEM’s Corporate Compliance Program that impact supervision of resident physicians.
In the event that a training program is discontinued or reduced in size, the Moses Cone Health System (MCHS) will inform the Graduate Medical Education Committee (GMEC), the DIO and the residents involved. Residents shall be entitled to the following:

1) Notification by MCHS of a projected closing date and/or reduction as early as possible after the decision to close is made;
2) The residents will be allowed to complete their educational year at MCHS or MCHS, with the guidance of the GMEC, will provide reasonable assistance in enrolling in another ACGME-approved residency program;
3) Fiscal resources permitting, payment of stipend and benefits up until the conclusion of the term of the agreement.
The primary responsibility for monitoring the performance of residents and for imposing disciplinary action rests with the Program Director of the resident's program. Situations which may result in disciplinary action are of three types:

1) Situations related to performance of duties;
2) Situations related to personal conduct; and
3) Situations related to academic underachievement.

A resident’s duties are understood to include all responsibilities assigned by the Program Director (either specifically or through precedence in the program) plus reasonable expectations of a resident in unforeseen circumstances. A limited list of problems which could result in disciplinary action includes:

1) Inefficiency or incompetence in performance of duties;
2) Negligence in the performance of duties;
3) Physical or mental incapacity for performance of duties;
4) Failure to maintain satisfactory working relationships with peers, staff, or patients;
5) Improper use of sick leave privileges; and
6) A pattern of failure to report for duty as scheduled.

Issues involving personal conduct are understood to include those issues in Section III of this manual as well as any major violation of medical or societal ethics whether or not herein specified. A limited list of examples includes:

1) Conviction of a felony;
2) Immoral conduct or criminal acts;
3) Falsification of job information or medical data;
4) Willful destruction of property; and
5) Refusal to accept a reasonable and proper assignment from an authorized supervisor.

Issues involving academic underachievement include:

1) Failure to meet specified academic goals;
2) A pattern of indifference to learning opportunities;
3) Failure to satisfy faculty that knowledge acquisition has been sufficient to grant certification of completion of the program.

Disciplinary actions which may be imposed by the Program Director include:

1) Assignments of additional work;
2) Withholding of benefits such as travel, and professional meetings;
3) Probation for a specified period;
4) Suspension with pay;
5) Suspension without pay;
6) Requirement to repeat portions of the program;
7) Extension of the resident's program for academic reasons with or without pay; and
8) Dismissal from the program.

The first six forms of disciplinary action cited above may be imposed by the Program Director at any time deemed appropriate. However, when time and circumstances permit, the Program Director should determine that there is a consensus among the faculty within the program that such action is justified.

Program extension and dismissal, the last two forms of actions cited above, may be imposed only when the Program Director is supported by the faculty or a specified group of faculty of the program who are responsible for promotion decisions. Neither of these actions will be taken without the knowledge of the Designated Institutional Official, Medical Education.
DISCIPLINARY PROCEDURE

Any resident placed on probation must be notified in writing in advance as to the following:

1) Reason for probation;
2) Duration of probation;
3) Expectations and/or requirements which, when met, will result in removal of probation;
4) Penalty to be imposed if terms of probation are not met.

Any resident whose program is extended for academic reasons must be notified at least sixty (60) calendar days (with exception noted below) before the completion of the academic year. Such notification should state:

1) Length of the extension, or criteria to be satisfied (if length is not specified);
2) Reasons for the extension, supported by prior evaluations of performance;
3) Specific deficits to be corrected; and
4) Criteria and evaluation procedures to be employed in determining satisfactory completion of the year for credit.

The one exception to the sixty-day time requirement for notification of the program extension shall be when major academic failure, occurring in the final two months of the academic year, may justify extension. In such cases failure must be considered by faculty to overshadow satisfactory performance in the first ten months of the year.

A resident may not be dismissed without warning. However, when in the judgment of the Program Director or an authorized designee, immediate action is necessary to protect the safety of persons or property, immediate suspension may be imposed.

Dismissal actions related to personal conduct may be instituted during a period of suspension. Dismissal actions related to performance of duties or underachievement must be preceded by a probationary period and/or suspension of at least fifteen (15) calendar days.

If immediate suspension is imposed without notice, the resident must be notified in writing within five (5) calendar days of the terms of the suspension. This shall include either:

1.) Duration of suspension and the terms to be met to earn reinstatement; or
2.) Notice of dismissal following suspension with a clear statement of the justification for the action.

Ideally, residents under consideration for dismissal should have received repeated written warnings. Examples of letters of notification are supplied:
EXAMPLE LETTERS FOR WRITTEN NOTIFICATION OF DISCIPLINARY ACTION

EXAMPLE NO. 1

"Follow-up Letter to Oral Warning"
(Date)

Dear _____________:

On (date) we met in my office and discussed the problems relating to your performance of duties (and/or conduct and/or underachievement). You previously received an oral warning regarding these problems on (date).

You continue to (specify nature of problem) as we discussed in detail during our previous meetings. These problems are serious and if not corrected may produce tragic consequences. You were advised on (date) that these problems could not continue and that an acceptable change in your (conduct/performance/underachievement) must be made. A copy of this letter is being forwarded to the office of the Designated Institutional Official, Medical Education to be included within your official personnel file.

Program Director (Signature)

EXAMPLE NO. 2

"Final Letter of Warning"
(Date)

Dear _____________:

This is to advise you that the problems related to your (conduct/performance/underachievement) persist in spite of our previous discussions, efforts, and warnings and that you are hereby placed on probation for a period of (state length of time).

It is expected that your (conduct/performance/underachievement) will be corrected in the following manner: (list measurable standards and/or criteria for evaluation improvement). This should be considered a final warning in that a continuation of the specified problems will lead to your dismissal. If you comply satisfactorily with these expectations, as listed above, the probation will be lifted. Failure to comply, however, will be dealt with summarily. A copy of this letter will be forwarded to the office of the Designated Institutional Official, Medical Education for inclusion within your official personnel file.

Program Director (Signature)
EXAMPLE NO. 3

"Letter of Dismissal"

(Date)

Dear ____________:

This is to inform you that you are dismissed from your position with The Moses H. Cone Memorial Hospital effective (date).  [NOTE:  Fifteen- (15) calendar days notice must be given in case of performance of duty or academic underachievement.] The dismissal is based on continued problems with your (conduct/performance/underachievement). (Identify specific incidents or circumstances to support statement of continued problems.)

In the event you wish to appeal this dismissal, you should contact me in accordance with the House Staff Grievance and Appeals Procedure. A copy of this procedure is attached for your review.

Program Director (Signature)

Copy: Designated Institutional Official, Medical Education
A) **Background**
Board Eligibility is based on numerous factors including the date of graduation from residency. Medical or Family Leave of Absence may delay a resident's ability to graduate on time. The purpose of this policy is to ensure that the resident understands how an extended medical or family leave may have an effect on their ability to sit for their specialties’ board examination.

C) **Procedure**
It is strongly recommended that residents not take more than six weeks of leave during an academic year. However, the nature of a leave of absence will dictate the actual time needed.

If a resident is absent for an extended period of time, the Program Director shall determine at what point training has been compromised. When an extended period away from training occurs, the resident may not complete their program requirements and may not be allowed to graduate on time. Based on the specific requirements for Board Certification, the resident may not be eligible to take Board exams in the year of their graduation.

Specific information can be found at the following links:

Internal Medicine - [http://abim.org/certification/policies.aspx](http://abim.org/certification/policies.aspx)