Resident Physician Manual
2014-2015

Gwinnett Medical Center

Revised 12/2013

2013
House Staff Manual
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1.0 Introduction

1.1 Gwinnett Medical Center (GMC)

GMC is a 553-bed, not-for-profit healthcare network that provides a wide array of high-quality services and facilities to Lawrenceville, Duluth, Johns Creek and the Atlanta area.

With roots that go back more than 60 years, GMC has hospitals—along with various other support facilities and provider groups—in Lawrenceville and Duluth, Georgia. With more than 4,100 employees and 800 affiliated physicians, we have repeatedly received national recognition for clinical excellence, ranking in the top 5% in the nation for clinical quality. The Gwinnett Medical Center is committed to transforming healthcare in our community.

Gwinnett Medical Center–Lawrenceville is recognized as a national leader in single incision laparoscopic surgery and home to a Level II trauma center, Women's services, a cardiac treatment center, da Vinci® robotic surgery and oncology services.

Gwinnett Medical Center–Duluth (GMC-D) combines a quiet, healing environment with the latest in medical technology. Featuring private, spacious patient rooms and comfortable family suites, the hospital promotes patient healing while offering the very latest medical care for efficient treatment and quick recovery times. GMC-D offers an array of specialty services, including surgical weight management, da Vinci® robotic surgery and sports medicine.

Glancy Rehabilitation Center, formerly the site of Joan Glancy Memorial Hospital (JGMH) which served the Gwinnett and Fulton communities for more than 60 years, the Glancy Campus is a major piece of Duluth history. In 2006, after the completion of GMC-D several parts of the Glancy Campus were renovated and remodeled to accommodate top-of-the-line, 21st century healthcare. The Glancy Campus is now the home to Center for Sleep Disorders, Center for Surgical Weight Management, Community Education Center, Diabetes & Nutrition Education Center, and the Glancy Rehabilitation Center.

The Gwinnett Extended Care Center (GECC) bridges the gap between levels of care for patients who are well enough to leave the hospital, but not yet able to return home. We provide both sub-acute, short-stay services and intermediate, extended care. The GECC is a 33,375-square-foot facility with nine private and 40 semi-private rooms. Each patient is cared for by an interdisciplinary team of physicians, physical therapists, nurses and other health professionals for a full spectrum of care. We offer a full range of support services, including Occupational therapy, Physical therapy, Speech therapy, Nursing services, and Nutritional support.

An all-volunteer Board governs GMC and the Gwinnett Health System. The Board may have as many as 19 members to include the current chief of the medical staff, the CEO of GMC, two members representing Gwinnett Managed

care, Inc., up to 12 members, some of whom may be physicians, from the community. The Board delegates authority for the implementation of medical policy to the medical staff and for policy management to the hospital's chief executive officer.

GMC offers dually accredited three-year residencies in Internal Medicine and Family Medicine. Each member of the GHS team is ready to assist you in any way possible. Please feel free to call upon any team member at any time.

1.2 Affiliates

GMC has had a long term relationship with three regional Medical schools in the area. The Philadelphia College of Osteopathic Medicine (PCOM) who has an educational campus in Lawrenceville, Georgia and is be able to offer American Osteopathic Association (AOA) approved training for Osteopathic graduates entering the Family Medicine or Internal Medicine programs. The Medical College of Georgia with its Athens, GA campus and Morehouse School of Medicine in Atlanta, GA are also important providers of Medical Education and student rotations in our medical community.

Additionally GMC has a contractual relationship with Gwinnett Medical Group (GMG) a locally based group of providers comprised of Hospitalists and specialists serving the hospital system and the region. Many providers in this group comprise a portion of the teaching faculty for the residency programs.

2.0 Gwinnett Medical Center Medical Staff

The Gwinnett Medical Center Medical Staff is comprised of more than 800 physicians and dentists who have been granted privileges to practice at GMC by the Board of Trustees.

The elected officials of the Medical Staff include the Secretary-Treasurer, the President-Elect, the President (Chief of Staff), the Chair of the Credentials Committee, and the Chair of the Professional Review Committee. The clinical departments and their respective department chairs are listed below. A number of standing committees meet regularly and conduct the business of the Medical Staff.

The Medical Staff Office is responsible for the verification of credentials for medical staff applicants, reappointments, expansion of clinical privileges, and other matters related to clinical privileges of the Medical Staff members. Other duties performed by the Medical Staff Office include serving as the office for the Medical Staff officers and as the Medical Staff's liaison to Administration and the Board of Trustees, maintaining the bylaws and other Medical Staff documents, and arranging for meetings and keeping minutes of Medical Staff committees and clinical departments.

Further information regarding the Medical Staff and its organization can be obtained from the Medical Staff Office at 678-312-3298, or your Program Director.

2.1 Medical Staff Leaders FY October 1, 2012–December 31, 2013

President	K. Carlton Buchanan, Jr, MD
Vice -President	Bedri Yusuf, MD
Secretary/Treasurer	Dinesh Chatoth, MD
Chair, Credentials Committee	Spencer Rozin, MD
Chair, Medical Records Committee	Gregory Schlegel, MD
CMO	Alan Bier, MD
Director of IMG Services	Martin Austin, MD
Past-President	Miles Mason, III, MD
DIO, Chair of GME Committee	Mark D. Darrow, MD

2.2 Department Chairs FY October 1, 2012–December 31, 2013

Anesthesiology	Andrew Frazer, MD
Emergency Medicine	Eric Goldklang, MD
Family Medicine	Linda Casteel, MD
General Surgery	John Harvey, MD
Medicine	Rajesh Jasani, MD
Obstetrics/Gynecology	Byron Dickerson, MD
Orthopedics	Thomas Cadier, MD
Oral & Maxofacial Surgery	Asif Taufiq, MD
Pathology	Robert Siegel, MD
Pediatrics	Yevette Quisling, MD
Radiology	James York, MD

3.0 Employment Policies, Procedures, and Benefits

3.1 House Staff Agreement of Appointment

The House Staff Agreement of Appointment is distributed to current and new Resident Physicians in late March for signature. This agreement is revised and updated annually by the Graduate Medical Education Committee (GMEC).Please see Appendix A for a copy of the current House Staff Appointment of Agreement.

3.2 Call Rooms

When the resident is officially on call, the Medical Center will provide the resident with a call room equipped with a telephone and sleeping provisions. Private shower facilities will be available, but not always on a per room basis. Resident Physicians are expected to remain on GMC hospital campuses for call as specified by their departmental policies.

3.3 Dress and Appearance

Resident Physicians must dress appropriately and hospital-issued picture identification badges must be worn for identification at all times. Uniform attire is not required; however, men should wear a shirt and tie under the white coat and women should wear professional attire under the white coat. The resident must be immediately identifiable as a physician and appearance or manner of dress must not diminish professional effectiveness. (See Human Resources Policy 300-505 for further guidance).

Scrub suits are permitted when on call at night but are discouraged outside appropriate areas during regular working hours. Scrub suits, caps and masks should not be worn while making rounds or in patient areas. Resident Physicians are required to change from scrub suits before they leave the Medical Center premises.

3.4 Identification

The Public Safety Department will issue each resident an identification badge. This badge is used for security/identification and must be worn at all times at Gwinnett Medical Center. The identification badge must be worn conspicuously with the front of the badge (picture side) facing out on the front of the upper outer garment. The badge also is needed as identification to receive discounted meals in the cafeteria and to gain access to specific areas in the Medical Center. All identification badges will be returned to the GME office upon resignation/termination of employment from Gwinnett Medical Center.

3.5 Licensure Requirements

The Georgia Composite Medical Board (GCMB) issues a training permit to all Resident Physicians accepted into the residency training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) and the American Osteopathic Association (AOA) (Internal Medicine, and Family Medicine). This training permit gives the Resident Physicians the legal right to issue prescriptions (including narcotics) and write orders within the scope of their professional activities within the Medical Center's educational programs. The application process is facilitated electronically on GCMB's website: www.medicalboard.georgia.gov

All Resident Physicians must have a Georgia Post-Graduate Training Permit or a full Georgia license prior to the effective date of employment. If a license is not issued by the effective date of the Agreement of Appointment, the resident will not be an employee of the Medical Center, will not be paid, and will not be eligible for benefits, such as health and dental coverage.

Process:

1. The GME office, will forward the instructions for obtaining a Georgia Post-Graduate Training Permit to the resident within 10 days after the Match.

2. The resident must go to GCMB's website, www.medicalboard.georgia.gov and complete the information online as instructed.

3. The resident must return the completed paper documentation to the GME office. The required forms can be downloaded from the Board's website.

4. The GME office will submit the online application and paper documents to the GCMB. It is imperative that the application be completed immediately. The turn-around time for the GCMB to issue a license after it is submitted by the GME office is approximately four weeks, providing all information on the application and appropriate documentation submitted is complete, accurate, and there are no problems with the information regarding the resident. The resident may follow the progress of the application on the GCMB's website. Needed documentation will be indicated.

5. The GME office and the resident will be notified by the GCMB by email when the license is issued. The Administrator, GME will in turn notify the respective Program Director and Program Coordinator.

GMC is responsible for payment of fees for the original training permit application and annual renewals. Resident Physicians are required to have a valid credit card (Visa or MasterCard) and access to a printer to complete the original license application. Resident Physicians will be reimbursed for the initial training license application fee during the first week of orientation provided a training license is issued. Resident Physicians are responsible for keeping their license current. All licenses must be renewed annually on the resident's date of birth. The GME Administrator will send the renewal form to the resident for completion. The form must be returned by the specified date. The license renewal will be completed online by the GME Administrator, and paid for by GMC.

Payment for permanent licenses and renewals is the responsibility of the resident and not GMC unless the resident transferred to GMC from another program with a permanent Georgia license. In this instance, the GME Office will reimburse the resident $300 toward the renewal fee for the permanent license. The resident will present the receipt for the permanent license to the Administrator, GME for reimbursement.

3.6 Tobacco Free Facilities

Policy

Gwinnett Medical Center (GMC) is committed to the promotion of healthy living and disease prevention. With this commitment comes the responsibility to provide a safe and healthy environment and to promote wellness and holistic healing. Therefore, smoking or the use of any tobacco products is prohibited on Gwinnett Medical Center campus, Joan Glancy Rehabilitation Hospital, and GMC-Duluth campus grounds, including off site GHS owned or leased locations, and within GHS provided vehicles. Smoking is not permitted in buildings, parking areas, sidewalks, parking garages, or on grounds owned by GHS. This policy is not intended to control any person's choice to use tobacco products outside of the

workplace, but rather to create a healthier environment for everyone who works at GHS, receives care, or is a visitor.

Procedure

1. This policy applies to all employees, patients, physicians, Resident Physicians, students, contractors, volunteers, visitors and vendors of GMC.

2. Employees, physicians, Resident Physicians, students, contractors, volunteers, and vendors found to be in violation of this policy will be subject to disciplinary action up to and including termination and/or loss of privilege to provide service at GMC.

3. This policy applies to all tobacco products including cigarettes, cigars, pipes, herbal, tobacco products, and chewing tobacco, none of which will be sold on campus or at any facility owned, leased, or operated by GMC.

4. The use of tobacco products is prohibited at all facilities used by the hospital including leased buildings, vehicle parking spaces, parking garages, and hospital vehicles. The use of tobacco is prohibited anywhere on hospital property, including personal vehicles parked on GMC property. There are no designated tobacco use areas on the campus.

5. All employees are authorized and encouraged to communicate this policy with courtesy and diplomacy with regard to patients.

6. Visitors in violation of this policy should be politely informed of this fact. Visitors persisting in violating this policy may be reported to Public Safety for immediate follow-up action.

7. Human Resources will inform all applicants for employment of the Tobacco-Free Policy.

New employees will be advised of the provisions of this policy during Employee Orientation and as part of the pre-employment physical exam will undergo a urine drug screening test for nicotine and narcotics.

For further guidance, please see Safety Manual Policy Number 900.01.04.

3.7 Communications

3.7.1 Telephones

Telephones are located in all departments and treatment areas of GMC. Each of these telephones has a five-digit number listed in; GMC's Intranet; or in Outlook, the Medical Center's electronic communication system.

- To call someone in the **Medical Center**, dial the last five digits.
- **Local** outside calls can be made by dialing "9" and then the ten digit phone number.

- **Long distance or International calls** that pertain to a patient or hospital business can be made through the Hospital Operator.

3.7.2 Pagers

Pagers are issued by the Program Administrator of each GME Department If a pager malfunctions and needs to be repaired; it is the resident's responsibility to take the pager to the Information Services department on the Ground floor of GMC-L. A replacement will be issued and programmed to the resident's assigned pager number.

3.7.3 Paging System

Instructions for using GMC's in-house paging system are as follows:

- Access any PC within the Medical Center and access the Phone page.
- search for the staff member to be paged
- click on the name of the person being paged
- enter the message text and click send

If a resident receives a page, either on their pager or overhead (i.e. the Medical Center Operator), they should access a Medical Center extension or either call the Medical Center Operator (0) or the extension to which they were paged. While overhead paging is not ideal and is usually a last resort, if a resident wishes to page someone who does not carry a pager, they should call the Medical Center Operator and ask that the individual be paged overhead to a particular extension number.

NOTE: Resident Physicians should not ask the GMC Operators to page other Resident Physicians and faculty in their departments. The GME Departments will distribute the beeper list to the Resident Physicians.

3.7.4 WebEnabled Personal Digital Assistants (PDAs)

To enhance efficiency and communication, will reimburse each resident up to $300 for a web enabled PDA (e.g. Smartphone, iPod Touch, iPad). Devices must provide access to web-based tracking applications, management of schedules, and email communications. Resident Physicians who choose the voice/data communication option will be responsible for the associated monthly expenses. Any upgrade or replacement cost over the course of a residency is the responsibility of each resident. Resident Physicians must give the receipts for reimbursement for a web enabled PDA and approved applications to their respective Program Coordinator for processing.

Clarification of specific approved devices can be obtained through the GME Office and Information Systems. Administration, Business Office, and Information Systems collaborate to continuously monitor evolving technologies so that Resident Physicians benefit from advancements.

Currently, electronic readers, net books, notebooks, and laptops do not qualify for reimbursement.

For personal owned devices to access information stored on the Medical Center network management software must be installed on the device. Information on the software and the procedure for getting it installed is available from Information Systems.

Information Systems is available to assist Resident Physicians by configuring Microsoft Office Outlook and other approved applications on individual devices. A list of approved applications is available through the Information Systems Office.

Additional work related applications can be purchased using the resident's professional development fund if approved by the respective Program Director.

The policy for the use of cell phones and other electronic devices that have a potential to produce electromagnetic interference risk with medical equipment is outlined in the GMC Safety Management Procedure, Policy 900.00.00.

3.7.5 Mail

A mailbox is provided for each resident in his or her respective department. Mail is delivered and sorted by 2:00 pm, Monday through Friday. Absolutely no personal items are to be shipped to GMC or . Please use the following address for correspondence to be delivered at work:

Internal Medicine,
Resident Name
Graduate Medical Education
Internal Medicine Program
Gwinnett Medical Center
1000 Medical Center Boulevard
Lawrenceville, GA 30046

Family Medicine
Resident Name
Graduate Medical Education
Family Medicine Program
Gwinnett Medical Center
1000 Medical Center Boulevard
Lawrenceville, GA 30046

3.7.6 Email

All Resident Physicians are provided with an email account through Outlook. Resident Physicians must use this address for business purposes. Resident Physicians are required to actively read, monitor, and manage email mailbox contents; periodically delete messages no longer needed for reference; and empty trash routinely. If the resident has their own personal email account, work related information will be sent to the resident's business email account through Outlook. Further security guidelines for email usage are located in the GMC Administrative Policy and Procedure Manual, Email Usage Policy, located in the online policy system under the HIPAA security system manual, Policy 9530-104.

3.8 Medical Records

Resident physicians will be held to the same level of responsibility as members of the Medical Staff in regards to medical record chart completion. Resident Physicians should be familiar with GMC Administrative Policies relevant to the confidentiality, proper entry of information and orders and the completion of Medical Records. These policies encourage physicians to complete medical charts in accordance with Medical Records Rules and Regulations and also relinquishment of privileges if the rules and regulations are not adhered to.

3.9 Termination of Employment

All resident Agreement of Appointments are for one year. Resident Physicians enter into the appointment in good faith and it is their ethical obligation to fulfill this appointment until its expiration date, except when the resident is unable to do so because of an incapacitating illness.

It is also understood that under no circumstances will either party terminate this appointment prior to its expiration date without providing the other party the opportunity to discuss any differences, dissatisfaction, or grievances.

Resident Physicians are expected to fulfill their Agreement of Appointment, but in unusual circumstances when a resident needs to terminate the agreement, it must be done in writing. The Program Director has the final decision on the conditions of the termination and the written approval must be entered in the resident's Human Resources file. The resident will not receive pay or benefits for the portion of the Agreement of Appointment that is unfulfilled.

Upon termination the resident must present evidence that all medical and financial obligations to the Medical Center have been completed before receiving a final paycheck.

Further information regarding termination of employment can be found in the House Staff Agreement of Appointment (Appendix A), the Process for Resident Hearing (Appendix C) of this manual and the Hospital's Grievance and Complaints Policy 300-503.

3.10 Report of Employee Occupational Injury or Illness

Any Resident Physicians who are involved in an accident, exposure, or injury on the job are required to complete the OhNo! form (Appendix B), within 24 hours of the incident. Occupational Health Service must be contacted and a copy of the completed form brought to Occupational Health Clinic.

Procedure

The OhNo! Form must be completed by the resident.

The resident notifies their respective Program Director of injury and is referred to GMC Occupational Health Clinic If Occupational Health Clinic is closed, the Emergency Department is available. If treated by the Emergency Department, the resident is to contact Employee Health on the next open day.

If an outside referral for treatment is needed, the request must be approved by Employee Health. After visits to the Occupational Health Clinic for follow-up, a recommendation will be sent regarding work restrictions if indicated to the Program Director. A copy of the report will be kept in Occupational Health Clinic.

3.11 Modified Duty Program

Gwinnett Medical Center and the Programs will attempt to provide modified duty

for resident physicians who are unable to perform their regular duties due to a work-related injury or illness. Modified duty is limited to resident physicians with occupational injury or illness who require short-term alternative assignments. Rehabilitation must be progressive and is generally limited to 6 (six) weeks and may not exceed 12 weeks (90 days). All State of Georgia Workers' Compensation Rules and Regulations will be followed including compensation rates for lost or modified duty time. For further guidance, see Modified Duty Program Policy OH-021. GMC complies with the Americans with Disabilities Act (ADA).

3.12 Management of Blood and Body Fluid Exposures

Procedure

All Resident Physicians/staff/volunteers sustaining a parenteral/mucus membrane exposure, to blood or other body fluids, will report the incident immediately to their Program Director and report to Occupational Health Clinic within 15 minutes of exposure.

If Occupational Health Clinic is closed, the resident/staff/volunteer will contact the Nursing Supervisor within 15 minutes. Follow up in Occupational Health Clinic the next day open.

Resident Physicians will be counseled regarding potential exposure risk for HIV, HBV, & HCV, (if indicated). An Informed Consent must be signed by the resident for confidential laboratory work.

Resident Physicians will be tested at baseline, and retested in 6 weeks, 12 weeks, and 6 months after an exposure to determine whether transmission has occurred, if necessary. After written consent is obtained, all specimens will be confidentially tested.

If the resident consents to baseline blood collection, but does NOT consent at that time for HIV serology testing, the sample will be preserved for 90 days. During that 90-day period, the resident may elect to have a baseline sample test for HIV.

If the resident declines testing, a declination form must be signed.

The resident's HIV laboratory results will be filed in the resident's Employee Health record in the Occupational Health Clinic. Positive or "Reactive" results of HIV will be reported as required by law. Resident Physicians having reactive HIV antibody status will be immediately referred for an evaluation and counseling.

Resident Follow Up

Hepatitis B

General - Systemic infection that involves the liver (caused by Hepatitis B Virus).

Contact - Direct exposure with blood or body fluids from an infected person through percutaneous, mucous membrane or open cuts.
Treatment - Prophylaxis for exposure is provided based on the Hepatitis B vaccination status of the exposed person and according to the source of exposure.

1. Exposed person not previously vaccinated.

   a. *Source known, HBsAG positive*
      - HBIG 0.06 ml/kg IM within seven days of exposure.
      - Initiate the Hepatitis B Vaccine within seven days of exposure. Complete vaccination one month, and six months later.
      - For persons not given the Hepatitis B vaccine, a second dose of BIG should be given one month after the first dose.

   b. *Source known, HBsAG status unknown*
      - High risk or intermediate risk HBsAG positive.
      - Screen source person for HBsAG
      - If reactive, treat the exposed person with HBIG 0.06 ml/kg IM within seven days of exposure
      - Initiate the Hepatitis B vaccine within seven days of exposure. Complete vaccination one month and six months later.

   c. *Source unknown*
      - Initiate the Hepatitis B Vaccine within seven days of exposure. Complete vaccination one month and six months later.

   *Individuals included in the high risk group for Hepatitis B virus include: immigrants (refugees), homosexually active men, IV drug users, patients in institutions for the mentally retarded, hemodialysis patients and household contacts of Hepatitis B virus carriers. The intermediate risk group includes: health care workers who have frequent blood contacts, male prisoners, and staff members of institutions for the mentally retarded.

2. Exposed person previously vaccinated against Hepatitis

   a. *Source known, HBsAG positive*
      - Screen exposed person for anti-HBs unless they have been tested within the last 12 months. If adequate antibody, no additional treatment is required.
      - If the exposed person has inadequate antibody on testing, give a booster dose of Hepatitis B vaccine (1 ml) and recheck HBsAG status in 6 weeks

   b. *Source known, HBsAG status unknown*
      1. *Known source, high risk or intermediate risk HBsAG positive*
         - If the exposed person is known non responsive to the Hepatitis B vaccine, screen the source person for HBsAG
         - If HBsAG positive, give exposed person one dose of HBIG 0.06 ml/kg IM immediately and a booster dose of Hepatitis B vaccine.
      2. *Known source, low risk HBsAG negative*
         - No treatment necessary.

Hepatitis Non-A, Non-B, Hepatitis C

General - Most common post transfusion hepatitis disease resembles Hepatitis B.
Contact - Direct contact with blood or body fluids by parenteral, mucous membrane or open cut route.
Treatment - Test employee for Hepatitis C antibody baseline, 3 months and 6 months.

HIV

General - Human immunodeficiency virus.
Contact - Direct exposure with blood or body fluids from an infected person through needle puncture, open cuts, open wounds, into eyes or mouth or other mucous membranes.
Treatment - Baseline HIV screening should be performed on the employee as soon as possible after the exposure. If this test is negative, retest after six weeks, three months, and six months to determine if transmission of HIV virus has occurred.

Source Patient Follow-Up

After obtaining the source patient information, Occupational Health Clinic will contact the source's physician. Occupational Health Clinic staff or designate will then inform the patient of the incident, and obtain a signed consent for HIV testing if patient is able .Appropriate laboratory testing of the source patient will be completed as needed. The patient will not be charged for the lab testing and results are maintained in Occupational Health Clinic.

If the patient has a parenteral or mucous-membrane exposure to blood or other body fluids of a health care worker, the patient will be informed of the incident and the same procedure outlined above for management of exposures will be followed for both the source health care worker and the exposed patient.
If the source refused, the Occupational Health Clinic will contact the appropriate County Health Director to obtain permission for HIV testing. When the source individual is already known to be infected with HIV or HBV, testing for the source individual's known HIV or HBV status need not be repeated.

Results of the source patient's labs will be sent to Occupational Health Clinic and source patient's physician in a sealed envelope marked "Confidential". The source patient's physician or designee will inform the source patient of lab results.

Results of the source individual's labs will be made available to the exposed resident, and the resident will be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

3.13 Personal Protective Equipment

If personal protective equipment is needed and cannot be found, please contact Distribution at extension 2489 or the nursing supervisor.

3.14 Employment of Relatives

For interpretation of this policy, relatives are considered to be:

- By blood: parent, child, grandparents, grandchild, brother, sister, half-sister and half-brother
- By marriage: husband, wife, domestic partner, step-parents, stepchild, brother-in-law, sister-in-law, father-in-law, mother-in-law, son-in-law, daughter-in-law
- Any other relatives of the resident physician or the resident physician's spouse living in the resident physician's home

Applicants for the positions at GMC will be evaluated solely on individual qualifications; however, if an applicant is related to another associate or persons associated with the Hospital System, he/she may not be hired or placed in working proximity with the relative (usually means the same area, same shift) without the approval of the appropriate Administrative Officer.

1. No relative may supervise, directly or indirectly, a member of his/her family. If one resident physician marries another or two resident physicians are, or become involved in an intimate personal relationship, both may retain their positions providing they meet the conditions of this policy. (Special administrative consideration through the recommendation of a Program Director and approval by the DGME may be given for exceptions.)

GMC cannot guarantee immediate family employees the same time off. Each resident physician has to be treated independently and not as a member of a family.

3.15 Educational Benefits

Each year funds are available for resident expenses related to attendance at professional meetings. The Program Director determines distribution of these funds.

Resident Physicians also have access to other classes offered by the Learning Resources Department at no cost.

3.16 Associate Pharmacy

GMC offers an Associate Pharmacy as a convenience for our associates. The Associate Pharmacy is located on the ground floor of GMC Lawrenceville, across from the mailroom. Current hours are: Monday – Friday 9:30 a.m. – 6:00 p.m. The Associate Pharmacist can be contacted at (678) 312-4233.

3.17 Gwinnett Hospital Systems Tax Deferred Savings Plan:

GMC offers a 403(b) retirement savings plan which is a defined contribution plan managed by Transamerica.

New hires are automatically enrolled in the 403(b) at a contribution rate of 3% starting with the first paycheck after completion of 3 months of employment. The contribution rate will automatically increase by 1% per year until it reaches 6%. Participants may self enroll at a rate of their choice immediately upon employment. Participants also have the option to waive participation in writing.

GMC provides a dollar per dollar matching contribution on the first 1% participants contribute and then fifty cents per dollar up to the next 5% contributed. Participants who contribute 6% have a total matching contribution opportunity of 3.5%

GMC Service-Based Contribution to the 403(b)*:
Participants who meet the eligibility requirement will receive a bi-weekly contribution to their 403(b) accounts. This contribution is made by GMC and the amount varies based on length of service. Vesting in the service-based contributions will occur after 3 years of credited service. Eligible associates do not need to make contributions to their own 403(b) account to receive the service-based contribution funded by GMC.

*This manual provides only an overview of our 403(b) plans. A complete description of the plan and its provisions are available to you, by contacting Human Resources. If any information in this manual conflicts with the detailed plan documents, the plan documents are the authority. Although GMC intends to continue providing a variety of plan options, we reserve the right to make changes at any time.

3.18 Library

Our GMC Medical Libraries provide access to a diverse collection of quality medical resources (both paper and electronic) to support excellence in patient care, clinical and management decision-making, research, community wellness and the educational needs of our customers. Hours are 8am - 5pm, Monday – Friday. For after-hours access, physicians may use their ID badges for 24/7 entry.
Our collection includes:

- •Medical online databases for physicians, nurses, allied health professionals, patients and the community
- •Medical textbooks and DVD's available for check-out
- •Electronic medical journals and textbooks covering all specialties
- •Ten year collection of 100+ paper journals
- •Extensive drug information
- •Evidence-based practice guidelines, patient information.

Library Services Available:

- •Check out of medical textbooks and DVD's/CD's
- •Article retrieval of hospital related requested resources
- •Interlibrary Loans – Journal articles or books not available in our library may be borrowed from other libraries for hospital related purposes / at no charge
- •One-on-one training available on any of our online databases

On-Line data Services available:

- •Up-To-Date
- •MD Consult
- •Ovid
- •PubMed
- •VisualDx
- •EbscoHost
- •Krames On-Demand
- •Natural Standard

4.1 Institutional Commitment to Graduate Medical Education (GME)

GMC is committed to Graduate Medical Education (GME) which is evidenced by the Commitment to Graduate Medical Education Statement and annual financial support. Supporting documentation is available.

4.2 Director of Graduate Medical Education (DGME)

At Gwinnett Medical Center (GMC), in light of its residency programs having the distinction of dual accreditation with both the Accreditation Council for Graduate Medical Education (ACGME) and the American Osteopathic Association (AOA), the Director of Graduate Medical Education (DGME) shall serve as the Designated Institutional Official (DIO) for the ACGME and also carry the title of Institutional Educational Officer (IEO) to fulfill the institutional role as designated by the AOA. In the absence of the DIO, the Graduate Medical Education Coordinator or a designee will fulfill the responsibilities of the DIO. In this role the DGME shall serve as Chair of the Graduate Medical Education Committee (GMEC) at GMC. Oversee and administer the Institution's Graduate Medical Education (GME) programs and assure compliance with all ACGME and AOA requirements. The DGME is responsible for the review and co-signature of all documents as required by the ACGME and AOA as well as any significant correspondence that impacts the GME programs and ultimately the institution. The DGME shall work closely with the Chief Medical Officer (CMO) and the Medical Staff Office of GMC and represent the Department of GME and GMEC at daily safety check-in meetings conducted by the CMO. The DGME is a permanent member of the Medical Executive committee of the GMC Medical Staff present monthly and written minutes of the GME Committee. In this role the DGME will submit to the Medical Executive Committee and the GMC Board an annual report addressing resident supervision, resident responsibilities, resident evaluation, compliance with duty hour standards, and resident participation in patient safety and quality of care education.

4.3 Graduate Medical Education Committee (GMEC)

The Graduate Medical Education Committee (GMEC), has the responsibility to oversee all of the GME Programs at GMC. Oversight of the quality of education and work environment along with establishment, review, and revisions of policies that affect the GME programs is the committee's primary focus. The committee will be chaired by the Director of Graduate Medical Education (DGME), serving as GMC's Designated Institutional Officer (DIO) and Institutional Educational Officer (IEO), and voting members of the committee. Voting members Voting members will include all GME Program Directors and all Program Coordinators (Family Medicine, Internal Medicine); one peer-elected resident from each program; GME coordinator; Manager, Outpatient Clinics, GMC; the Director of Osteopathic Medical Education; at least one member representing GMC Administration and/or the Medical Staff; and the Directors of Risk Management and Quality Programs. The committee is ultimately responsible to the President/CEO of GMC acting on behalf of the Board of Trustees. The DIO is

responsible for presenting a monthly GMEC Report to the Medical Executive Committee, and the GMC Board of Trustees.

The GMEC may meet as frequently as monthly but at least quarterly and written minutes will be kept and distributed to the Medical Staff Office, GMEC members, Program Directors, Program Coordinators, and all residents. The GMEC will annually monitor compliance with all Institutional Requirements and those responsibilities listed under ACGME Institutional Requirement III.B (GMEC Responsibilities). In addition, the GMEC will review and approve all items listed under ACGME Institutional Requirement III.B 10 (Program Changes), prior to submission to ACGME.

An annual report will be prepared after the end of every academic year by the GME Committee and office. It will review the Committee's activities during the past year with attention to Departmental resident supervision, evaluation and relevant policies. Report on duty hour compliance and fatigue management/mitigation. Monitor resident professionalism and participation in patient safety, quality improvement and education efforts and projects. The report shall also include any measures available to demonstrate impact of education and efforts in GME to reduce disparities in Health Care in the region.

4.4 Internal Review Process

Each residency will be reviewed by an Internal Review Committee (IRC), appointed by the GMEC, at the approximate midpoint of the accreditation cycle. Internal reviews will be conducted in accordance with accreditation requirements to assess and enhance residency program quality. The IRC will use documentation and interview results to develop a final report with findings and recommendations. The final report will be reviewed by the GMEC immediately following the program review. Approximately six months after receiving the final report, the Program Director will present a follow-up status report addressing each recommendation to the GMEC. See also GME policy 9380-11, Internal Review Policy.

4.5 GMEC Review of Institutional and Program Accreditation Letters

GMEC will review each of the Sponsoring Institution's ACGME Program Letters of Notification and the Institutional Notification from the IRC, and will note any citations in the GMEC minutes. Corrective action plans are discussed in GMEC, and a follow-up (six months) is scheduled. All citations and corrective action plan status reports are also reviewed during Internal Reviews and prior to the next scheduled RRC or Institutional Review.

4.6 Experimentation and Innovation

It is required that any deviation from the Institutional, Common, or Specialty Program Requirements, must be submitted to GMEC for review. GMEC will ensure adherence to the ACGME procedure for "Approving Proposals for Experimentation or Innovative Projects", and will monitor the quality of education provided for the duration of the project.

4.7 Terms and Conditions of Appointment

The GME Office and GMEC update the Agreement of Appointment annually. Changes are discussed and clarified during monthly GMEC meetings to ensure that Program Directors are current with terms and conditions. Annually, the GMEC will review and revise if needed, each of the Institutional ACGME Policies required to be included in the Agreement of Appointment.

4.8 National Resident Matching Program (NRMP) Participation

The Graduate Medical Education Programs at GMC participate in and abide by the policies of the National Resident Matching Program (NRMP).

Match Commitment: GMC understands that the listing of an applicant by a program on its certified rank order list or of a program by an applicant on the applicant's certified rank order list establishes a binding commitment to offer or to accept an appointment if a match results. Each such appointment is subject to the official policies of the appointing institution in effect on the date the program submits its rank order list and is contingent upon the matching applicant meeting all the eligibility requirements imposed by those policies. Those requirements must be communicated to applicants in writing prior to the rank order list certification deadline. It is recommended that each program obtain a signed acknowledgement of such communication from each applicant who interviews with such program.

4.9 Equal Opportunity Employer

It is the policy of the GMC to provide equal opportunity in all aspects of employment and promotion without regard to race, color, religion, sex, age, national origin, disability, sexual orientation, citizenship status, service member or veteran status For further guidance please refer to the Equal Employment Opportunity (EEO) Policy, 300-101

4.10 Recruitment and Appointment of Resident Physicians

The GME programs will only consider those applicants who are graduates of Liaison Committee on Medical Education (LCME), or American Osteopathic Association (AOA). All graduates' applications which are non-LCME or non-AOA must come through the GME Office for review before a contract is offered. GMC does not sponsor any visas. Applications from resident applicants who will be legally eligible to begin employment by the effective date of the Agreement of Appointment will be considered. Appropriate I-9 documents showing proof of citizenship must be provided to the GME Office for verification.

All candidates who interview for a position in any residency program will be directed to the House Staff Information page on the Residency Program section of the GMC website for details about:

- Eligibility for employment
- Benefits and salary information

- Application procedures

Successful candidates will be required to provide or complete the following:

1. International Medical Graduates must have legal documentation verifying citizenship by the time employment begins. The Graduate Medical Education Committee (GMEC) will review this policy annually.
2. Georgia Training License (obtained through the GME office)
3. Verification of credentials (obtained by the Program Director)
4. Background checks (obtained by both GMC and the Georgia Composite Medical Board)
5. Physical examination including drug screen and immunization updates as required (completed at the GMC Occupational Health Department during orientation).

4.11 Selection and Eligibility of Resident Physicians

Of those eligible applicants as defined under policy "Recruitment and Appointment of Resident Physicians," the GME program will select from the most qualified applicants considering the attributes listed under the ACGME Institutional Requirements (II.A.2.a.), and will not discriminate with regard to those differences listed.

II.A.2.a. *The sponsoring institution must ensure that programs select from among eligible applicants on the basis of their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity. Programs must not discriminate with regard to sex, race, age, religion, color, national origin, disability, or veteran status.*

4.12 Restrictive Covenants

Resident physicians are not required to sign a non-competitive guarantee (Restrictive Covenant).

4.13 Promotion and Retention of Resident Physicians

Promotion to the next post-graduate year of training is contingent upon satisfactory completion of the requirements of the training level most recently completed. This promotion will be based on evidence of progressive scholarship and professional growth of the resident as demonstrated by his/her ability to assume greater and increasing responsibility for patient care. In addition, the achievement of prescribed training milestones and entrustable Professional activities by the specialty training committees also influence this decision process. This determination will be the responsibility of the Program Director with advice from program faculty. If performance has been deficient at one or more levels, the resident may be asked to repeat a portion of the year or the annual House Staff Agreement of Appointment may, at the discretion of the Program Director and GMC not be renewed. In such cases, Resident physicians will be notified four

months prior to the completion of their current Agreement of Appointment, at which time they may choose to implement the Institution's Complaints and Grievance Procedure. For further guidance, see policy 300-503 Complaints and Grievances.

4.14 Due Process (Discipline, Suspension, Dismissal)

The Gwinnett Hospital System (GHS) utilizes coaching, verbal counseling, written counseling, final written counseling or probation or suspension, and termination as disciplinary measures. The GME Program Directors/Managers are responsible for disciplinary action. Disciplinary action must be taken as soon as possible when warranted.

Usually disciplinary problems may be handled best through progressive discipline. However, blatant acts of dishonesty, such as patient abuse, stealing, making false reports or entries on records, usually justify termination without the benefit of progressive discipline. Other blatant misconduct may also result in termination or serious disciplinary action (see Human Resources Policy 300-214, Termination for Cause for additional information). Confirmed professional practice violations will be reported to the Professional Licensing Boards of Georgia. This policy applies to job performance and behavioral problems as well as violation of our rules, policies and procedures, which are addressed in the Associate Handbook, the GHS Standards of Performance our Policies and Procedures, Departmental Policies, and other media.

At the time training begins, each resident is informed by the Program Director of the program objectives, standards, and criteria for advancement. The responsibility for monitoring and evaluating the performance of a resident and for imposing disciplinary actions rests with the director of the resident physicians training program. Disciplinary decisions may be subject to review by the DGME, President/CEO, Director, Associate Relations and/or the Sr. Vice President for Human Resources, GMC.

Procedure

Typical steps in a progressive discipline system may include these:

1. Verbal Counseling: If the resident is not meeting the Medical Center's Standards of Behavior or performance, the Program Director or designee shall meet with the resident to clearly inform him/her of the nature of the problem, to determine why or how it occurred; and to provide assistance in identifying corrective action to prevent reoccurrence. Documentation of verbal counseling will be made in writing and maintained by the Department Director or Manager. Documentation may be made on the hospital system provided counseling form and noted as Verbal Counseling. Other more informal written records may be used such as hand written, notes, e-mails, or journal entries in the Performance Evaluation system.

2. Written Warning: This is the second formal step in the procedure that is normally taken when a second and/or serious violation of behavior or performance occurs. The Program Director or designee shall meet with the resident physician and inform him/her of the seriousness of the problem and issue a written warning. . The resident physician should understand that if the substandard behavior or performance continues or returns appropriate disciplinary action up to and including termination might occur. The original copy of the written counseling will be sent to the Human Resources Department to be maintained in the HR file. The resident physician's signature on the counseling form is an indication of receipt, not necessarily agreement. If the associate chooses not to sign the form, the Manager will have a witness sign the form. A copy will be given to the resident physician.

   A written warning may include a requirement for extension of training. Resident physicians who receive notice that their program may be extended for academic reasons should be notified 120 calendar days (with exception noted below) before the completion of the academic year. Such notification should state:
   - length of the extension or criteria to be satisfied, such as specific improvements required (if length is not specified)
   - reasons for the extension supported by prior evaluations of performance, if needed
   - specific deficits to be corrected
   - criteria and evaluation procedures to be employed in determining satisfactory completion of the year for credit

   An exception to the 120-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.

3. Suspension: Serious violations of GMC Service Excellence Standards or Code of Conduct or performance or repetition of violations usually warrant suspension from duty without pay. Suspension in the progressive discipline process serves as a final warning to the resident to modify their behavior or face the consequence of possible dismissal. When the Program Director believes that a resident merits suspension from duty, he/she normally consults with the DGME, President/CEO prior to counseling the resident privately to inform them of the seriousness of the infraction or misconduct and the corrective action to be taken.

4. Dismissal: Resident physicians will be given a written notice of intent not to renew the Agreement of Appointment no later than four months prior to the end of the current Agreement of Appointment. However, if the primary reason(s) for non-renewal occurs within the four months prior to the end of the Agreement of Appointment, resident physicians will be provided as much written notice of intent not to renew as the circumstances will allow, prior to the end of the Agreement of

Appointment. When in the judgment of the Program Director or an authorized designee, he/she determines that immediate action is necessary; a resident may be suspended pending further investigation. In either case, the resident may then invoke the residency program grievance procedure. The Program Director must first consult with the DGME, President/CEO, and/or Director, Associate Relations or the Sr. Vice President for Human Resources, GMC before dismissal proceedings may begin.

4.15 Grievance/Adjudication

It is recognized that resident physicians should be given the opportunity to appeal certain actions not to include performance evaluations and non-renewal of Agreement of Appointment, which may be imposed by the Program Director. Questions concerning performance of duties, personal conduct, or academic under achievement shall be discussed initially by the resident and the Program Director. The following is a description of the appeal process. In exercising these appeal rights, the resident waives and releases any and all claims whatsoever against GMC and individuals who participate in the grievance process in good faith and without malice. It should be noted that attorneys would not be allowed to be present during any level or step of the grievance procedure. The only exception being, that an attorney who does not generally represent GMC may serve as the Hearing Officer should a grievance proceed to that level.

Procedure

Level 1: If a resident receives a written warning and they disagree with the warning, the following appeal process may be followed:

Step 1 – Discussion between Resident Physician and Program Director: All questions concerning the written warning shall be discussed initially by the resident and their Program Director within 5 days of receipt of the written warning. If the grievance cannot be resolved at this level, the resident physician may request a conference with the DGME, President/CEO.

Step 2 – Discussion Between Resident and DGME, President/CEO: The resident should submit to the DGME, President/CEO within 7 days of the Program Director's decision, a written request for a conference outlining the substance of their grievance. Upon receipt of this request, the DGME, President/CEO will arrange a conference with the resident, normally to occur within 7 calendar days. Within 7 days following the conference, the DGME, President/CEO, will notify the resident and the Program Director, in writing, of his decision. The DGME, President/CEO's decision is final.

Level II: If a resident receives a suspension or notice of recommendation of dismissal, the following appeal process may be followed:

Step 1 - Discussion Between Resident and Program Director: A resident that is suspended or receives a notice of recommended dismissal has 10 calendar days after receiving written notice of such action to appeal the

decision to the Program Director or his/her designee. Upon receipt of the appeal, the Program Director or his/her designee will arrange to meet with the resident normally within 5 calendar days. The resident will be informed in writing within 5 calendar days following the meeting of the decision regarding the appeal.

Step 2 –Discussion Between Resident and DGME, President/CEO: Same as Step 2 in Level I above except that the DGME, President/CEO's decision may be reviewed according to Step 3.

Step 3 – Hearing Before Hearing Committee or Hearing Officer: If the decision of the DGME, President/CEO is not deemed satisfactory, the resident may then request a hearing by filing a written request with the DGME, President/CEO within 7 calendar days after receiving a copy of the decision of the DGME, President/CEO. Upon receiving the request for a hearing the DGME, President/CEO will appoint a Hearing Committee or a Hearing Officer to conduct the hearing and the Pre-hearing meeting as needed and required. If a Hearing Committee is appointed, the DGME, President/CEO will appoint a Chairperson for this Committee.

A hearing shall be held not less than 14 days or more than 28 calendar days from the date of the resident physician's request for a hearing. The Chairperson of the Hearing Committee or the Hearing Officer shall notify the resident physician of the date, time, and place of the hearing. The resident may meet with the Committee or Hearing Officer or may waive the right. The resident has the right to present witnesses before the Hearing Committee or Hearing Officer. The procedures for the hearing are in Appendix C of this Resident Physician Manual, and incorporated herein by reference.

At the conclusion of the hearing it will be the responsibility of the Chair of the Hearing Committee or the Hearing Officer to inform the DGME, President/CEO and resident physician, in writing, of the recommendations. This will normally be done within 7 calendar days following the hearing. If there is no appeal, this decision is final

Step 4 – Review of Recommendations by the President and CEO, GMC: If the resident is not satisfied with the written recommendations of the Residency Hearing Committee or the Hearing Officer, the resident is entitled to request a review of the recommendations by the President and CEO, GMC, who acts as an agent of the Board of Trustees of GMC.

A written request for review should be submitted to the President and CEO, GMC within 7 calendar days of receipt of the Residency Hearing Committee's or Hearing Officer's recommendations. The President and CEO, GMC will review the information and notify the DGME, President/CEO, the resident's Program Director, and the resident of his decision within 7 calendar days. The decision of the President and CEO, GMC will be final.

4.16 Annual Salary/Benefit Review

Each fall the GME Office will facilitate a compensation survey of regional residency programs for the purpose of ensuring that the GME programs at GMC remain competitive for both salaries and benefits.

4.11 Core Benefits

GMC offers employees the opportunity to enroll in a benefits package that best meets their needs. The Resident physicians can choose the combination of benefits that makes the most sense for them and their eligible dependents.

NOTE: Health, Dental and Vision plan benefit coverage does not begin until the first day of the month following the date of hire (i.e. if employment starts in June, GMC benefits are effective July 1). Please make arrangements for current benefits to remain in effect until this date.

Health Coverage: In 2014, GMC offered health plans administered by Coventry Health Care of Georgia. The choices include three Patient Driven Health Plans (PDHP) with Health Savings Account (HSA) administered by Coventry Health Care of Georgia. Plan details are provided during Open Enrollment, which occurs in November each year.

Dental Coverage: GMC offers dental insurance coverage that helps pay for preventive, basic, and major dental care for Resident Physicians and their eligible dependents. Three different plans are available for reasonable bi-weekly pre-tax deductions. For more specific information, please refer to your Benefits Guidebook provided at hire.

Vision Insurance: The Vision Insurance Plan provides comprehensive benefits through a nationwide network of optometrists, ophthalmologists and opticians as well as the nation's leading optical retailers such as Lens Crafters, Sears, Target Optical, JC Penney Optical and Pearl Vision. Visit Eyemed's website at www.eyemedvisioncare.com for a list of providers. For more information, refer to your Benefits Guidebook, provided at hire.

Long Term Disability (LTD): LTD coverage is provided at no cost to associates with one complete year of continuous full-time employment. If associates, including resident physicians, are unable to work due to an illness or injury, and remain so for more than 90 days, the plan pays up to 60% of base pay, up to $16,000 per month. Monthly benefit LTD benefit payments may be reduced by other income replacement benefits received for the same disability, such as benefits from Social Security or Workers' Compensation. LTD benefits may continue for the duration of your disability up to age 65.

Life Insurance: GMC provides Basic Term Life Insurance for full and part-time associates equal to one and one-half times annual base pay, up to $500,000. This coverage, offered at no cost, includes Accidental Death & Dismemberment (AD&D) coverage equal to the Basic Term Life Insurance.

This coverage is effective the first day of the month following 365 days of continuous employment.

Supplemental Life Insurance is also available to associates, and their dependents, in coverage amounts up to four (4) times annual base salary to a maximum amount of $600,000. Supplemental Life Insurance coverage is effective the first day of the month following date of hire..

Voluntary Benefits: Resident Physicians may also elect voluntary benefits to enhance their financial planning and security, such as: Interest-sensitive Whole Life Insurance, Pre-Paid Legal coverage, Critical Illness Insurance, Short Term Disability Insurance and Accident Insurance. For personal rates and further information, speak with a benefits counselor during enrollment. Also, more detail is available in the Benefits Guidebook.

4.12 Vacation/Sick Leave

In compliance with the Family Leave Act (FMLA) of 1993, eligible Resident Physicians are entitled to a leave of absence (LOA) for up to twelve (12) weeks during any twelve (12) month period.

Each first year resident will receive twenty-two (22) working days of paid leave (twelve (12) sick* and ten (10) vacation) at the beginning of the year. All other Resident Physicians will receive twenty-seven (27) days of paid leave (twelve (12) sick and fifteen (15) vacation). Unused sick leave may be carried over to subsequent years, but there is no cash value for unused sick or vacation time. Vacation time may not be carried over to subsequent years. Any days off over the number of days available will be <u>without pay</u>.

Resident Physicians must also be made aware of the respective Program's Residency Review Committee and AOA Specialty Council's requirements. These requirements specify the number of days annually that Resident Physicians are allowed to be absent from the program without having their training extended. It is the department's responsibilities to ensure that time records reflect that Resident Physicians are on FMLA and to work with the leave coordinator in the Occupational Health Department to keep up with the balance of available hours. If training is extended, Resident Physicians will be given information on the effect this leave may have on respective Board certifying exams.

*Sick leave is looked at as protection against serious/lengthy illnesses. Sick leave must be taken in accordance with the FMLA.

<u>Reasons for FMLA</u>

1. Care of newborn, newly adopted child, or child placed with resident for foster care
2. Care of a child, parent, or spouse with a serious health condition
3. The resident's own serious health condition that renders them unable to perform the functions of their position.

<u>Eligibility for FMLA</u>

Eligible Resident Physicians must satisfy the following:

1. Have been employed at GMC for at least (12) consecutive months
2. Have worked at least 1250 hours during the prior, consecutive twelve (12) month period

<u>Other Leave</u>

Up to five (5) additional working days may be allocated to each resident each academic year for the purpose of attending medical meetings or other approved

medical activities. GMC designates six (6) days during the year as employee holidays. For purposes of resident scheduling these are treated like weekend days. GMC provides paid time off to full time and part time associates to attend the funeral of immediate family members. Funeral/bereavement absence, with pay, shall be limited to three days with a maximum of 36 hours. These three days are usually granted during the time of the funeral. Pay during funeral/bereavement absence shall be granted only for absences occurring on scheduled workdays. Immediate family is defined as: spouse, parent, child (born or unborn), brother, sister, grandparent, grandparent-in-law, great grandparent, brother-in-law, sister-in law, mother-in-law, father-in-law, grandchild, son-in-law, daughter-in-law, step-child, legal guardian and any other family member living in the associate's household.

4.13 Confidential Counseling, Medical, and Psychological Support Services

Resident Physicians have access to three primary confidential resources when they need counseling, medical, and psychological support services:

The Employee Assistance Program (EAP) is managed by an independent, off-site professional counseling service that provides Resident Physicians and their families up to six sessions per year. The EAP is voluntary, safe way for Resident Physicians to discuss personal problems, such as, marital, family, emotional, stress, medical, financial, legal, and substance abuse. Resident Physicians can access the EAP by calling:

Carolyn M. Minor, LCSW at 678-985-5599 or Toll-Free- 877-985-5599. Email address: cminor@gwinnettmedicalcenter.org

The EAP is located close to the Lawrenceville campus at 175 Langley Drive - Suite B-1, Lawrenceville, GA 30045.

You can visit the new EAP site at www.worklifeservices.net. Here, you'll find articles on a variety of topics ranging from health and fitness to personal growth, legal and financial matters, mental health, leading a balanced life and more. You can also watch videos, pull up legal forms such as wills and power of attorney, and even get referrals for local child or elder care providers. The first time you use this site, you will need to click on the Register button on the right side of the page and then enter the requested information. The company code is cm-gmc.

The Georgia Composite Medical Board commended the Georgia Physicians Health Program (Georgia PHP) available to Resident Physicians when impairment issues need to be addressed. The primary goal of the PHP is to ensure that the professionals who return to the practice of medicine do so only if they can practice with reasonable skill and safety. Anonymity is maintained when accessing Physician's Health Program, except in instances considered critical and as dictated by the specifics of the situation. Although its partnership with the Medical Board began less than six months ago, the program has already begun its monitoring and treatment mission with licensees. The link www.gaphp.org may be used to learn how your support can make a difference for your colleagues, friends, and Georgia's patients, or contact Georgia PHP by phone at **1-855-MY-GAPHP** or by email to info@gaphp.org.

Resident Physicians learn about these programs by reading the Resident Physician Manual, participating in orientation, reading notices on bulletin boards around the hospital, periodic review/referral by a faculty member, GMC intranet, and associate emails.

4.14 Professional Liability Insurance

Professional liability coverage is provided by the GMC for all Resident Physicians. Coverage includes resident training sponsored programs both in and out of the Medical Center. Resident Physicians are given the basics of the policy at Orientation. The professional liability insurance program does not extend to activities outside the scope of employment or the scope of the residency-training program. Resident Physicians are advised to contain their practice of medicine to their assigned duties if they do not have their own personal malpractice insurance coverage and permanent medical licensure. Coverage is provided to all Resident Physicians including legal defense, after they have left their respective programs should a claim or suit be brought against them as a result of their resident training at the GMC. All occurrence or suspected claims/suits should be reported to the Risk Management Department as soon as possible.

4.15 Sanctions/Litigation

Any resident physician who receives notice from the Georgia Medical Board that may result in possible sanctions or who may be involved in a malpractice suit or any other litigation related to his/her profession is to immediately notify their Program Director and GMC's Director of Risk Management . In turn, the Program Director will notify the DGME, President/CEO. If any action is taken by any regulatory agency toward a resident that limits their ability to prescribe medication or practice their profession, the resident must notify their Program Director immediately.

4.16 Uniform/Laundry

Each resident is issued two lab coats at the beginning of their training. Laundering of these lab coats is done at no cost to the resident through the Medical Center laundry service. Lab coats will be replaced yearly. Medical Center owned scrubs are not to be worn outside or removed from Medical Center property.

4.17 Meals

Resident Physicians are provided with complimentary meals at all locations. These meals can be accessed in a variety of ways. First, on the GMC-Lawrenceville Campus, the Physicians' Dining Room is open for the noon meal Monday – Friday on non-holidays. In addition, resident physicians' identification badges are coded for free food in the main cafeteria. Resident physicians can swipe their identification badges at the Joan Glancy Rehabilitation Center, GMC-D, GMC and the New Arrivals Café located in the Gwinnett Women's' Pavilion. There are no restrictions on the type or amount of food the resident physicians can receive using their identification badges. In Lawrenceville, the main Cafeteria is

open 6:00 a.m. – 2:30 a.m. (with a brief closure from 10:00 a.m. – 11:00 a.m. to prepare for the noon meal) 7 days a week, 365 days per year. In Duluth, the Cafeteria is open from 6:00 a.m. – 12:00 a.m., closing briefly to prepare for lunch. Menus are accessible on GwinnettWork. In addition, the Physician's Dining Room and the Physician Lounges on both campuses offer packaged sandwiches, yogurt and cold beverages 24 hours per day and can be accessed using the resident physicians' identification badges. Various physician lounges on both campuses are also stocked with continental breakfast Monday – Friday, including the OR lounge, Cardiac Cath and Open Heart lounge, Gwinnett Woman's Pavilion and Main Physician's Lounge located on the ground floor in Lawrenceville near the Medical Staff Office and in Duluth on the ground floor near the physician's parking lot entrance.

4.18 Resident Support Services

GMC assures that Resident Physicians will be provided with the following systems to assist them in meeting their responsibilities: 24 hour food services (cafeteria, café's vending machines, Resident Physicians' lounge, etc.), call rooms, peripheral intravenous access placement, phlebotomy, laboratory, transporter, radiology, medical records, and library services.

4.19 Parking

Designated free parking is provided by GMC at specific locations on campus. All associates, including resident physicians, are requested to refrain from parking in other than designated areas on campus. Tickets will be issued and repeat violators will be subject to disciplinary action.

4.20 Off-Campus Housing Allowance

Each resident who, at the discretion of the Program Director, participates in an off-campus rotation will receive a stipend of $483 a month for housing. This stipend will be prorated for rotations shorter or longer than one month.

4.21 Disaster Preparedness

In the event of a disaster or impending disaster Resident Physicians must remain in Lawrenceville to either work in the hospital or relieve other Resident Physicians on duty. There are always extenuating circumstances that may have an impact on this policy so it is highly recommended that the resident physicians have a dialogue with their program director prior to making any decision regarding their availability.

GMC System's *Internal/External Disaster Response (Code Alert) Policy # 900.04.01*

Code Alert Levels 1-3: Are as defined in the Internal/External Disaster Response (Code Alert) Policy
Institutional Administrative Support: Recognition and support of the GME Department and the Director of Graduate Medical Education (DGME)

provided by the hospital system to assure continued and uninterrupted patient care and Medical Education including the resources needed to sustain the Department's operation.

PROCEDURE

A. The DGME or designee will be the primary contact point for the GME Department and the Programs for the CEO, COO, CMO and or the Medical Staff office in a "Code Alert" situation.

B. The DGME through the GME office will coordinate action needed to assure uninterrupted patient care and the educational needs of the teaching services, the residents and the teaching faculty of the Department are coordinated to ACGME/AOA guidelines.

C. The DGME and the Program Directors will work together to assure continued and seamless operation of the Program and Department as possible and needed given the situation or circumstances.

D. GMEC will grant emergency decision authority to modify rotations and or assignments to the DGME by virtue of the adoption of this policy as needed, for the duration of the Code Alert.

E. The GME Department will participate in a minimum of two emergency management exercises per year within the hospital system, one of which will be a full-scale exercise.

F. Upon request by incident command, the GME Department will work with the Medical Staffing Office for credentialing of volunteers during an actual disaster or mass casualty incident.

4.22 Reduction of Services or Closure Due to Disaster

Policy

Georgia based and sponsored residencies will provide mutual aid should a disaster render a residency incapable of providing an adequate educational experience for a period of longer than ten (10) business days.

Procedure

The affected Program will contact the DIOs of the other Georgia residency Programs to request assistance in temporarily (or permanently) transferring resident physicians. The initial information provided will be:

- Type of residency program(s)
- Type of resident physicians and their residency year in each program

- Number of resident physicians and their PG year in each program
- Availability of faculty to temporarily transfer with resident physicians (some programs may need to retain faculty to cover the residency practice's hospitalized patients).
- Estimated duration of the transfer period, if known

The DGME will then consult with the various residency program directors at their facility to determine the level of support, if any, they will be able to provide. This information will include:

- Type and number of Resident Physicians that can be received
- Whether temporary housing will be available
- Estimation of need for faculty to accompany Resident Physicians

This information will be returned to the affected Program no later than 24 hours after the initial inquiry.

The affected DIO will notify the Accreditation Council for Graduate Medical Education (312-755-5003 or www.acgme.org) and, if applicable, the American Osteopathic Association (800-621-1773, or www.do-online.org) with the above information. These agencies will be requested to officially declare a disaster. Approval for a hardship transfer will be requested to comply with the requirements that second and third year residents are served at the same accredited program.

The affected Residency Program Director or, if the Residency Director is unable to do this, the Assistant Residency Program Director, will notify the appropriate Review Committee Executive Director with the above information.

All transfers will occur as expeditiously as possible after receiving ACGME/AOA approval to implement the transfer. The affected Program will notify their Resident Physicians of the transfer options and estimated duration of the reassignment. As much as possible, the Resident Physicians' preferences for sites will be accommodated when assigning transfers. If a resident does not express a preference, she/he will be assigned to the closest available residency program.
The **affected** residency program will then provide information on the transfers to:

- The Georgia Medical Board
- Their professional liability coverage carrier
- Specialty Board e.g. AAFP

The affected residency will provide the receiving residency program with as much of the following information as possible for each resident:

- Medical license number
- DEA number
- Social Security number
- Verification of professional liability coverage
- Procedure logs
- Previous evaluations and competency assessments

The receiving residency will work to obtain expedited hospital privileges for the Resident Physicians and any accompanying faculty physicians.

The receiving program will place calls to Medicare and Medicaid intermediates and third party payers as needed and required by their contracts.

The receiving residency will make every effort to maintain the incoming Resident Physicians' clinical rotation schedule to ensure that the training requirements and continuity requirements of that PGY are met.

The affected program will continue supporting the Resident Physicians' salary and benefits for the duration of the temporary assignment. Should the need for the transfer become permanent, the receiving program will assume this responsibility at that time.

The affected residency is responsible for providing regular communication to the accreditation agencies, the receiving residency programs and the Resident Physicians on plans for returning the Resident Physicians to their program.

All Resident Physicians will return to the affected residency as soon as they can safely do so.

4.23 Residency Closure/Reduction

In the event that any residency program will have to reduce the complement of resident physicians in training or close, resident physicians will be informed as soon as possible and current resident physicians can complete their training year and/or assistance will be given in finding a suitable position in another training program. GMEC will oversee all aspects of any program reduction and/or closures.

4.24 Professionalism, Personal Responsibility, and Patient Safety

Programs and sponsoring institutions must educate resident physicians and faculty members concerning the professional responsibilities of physicians to appear for duty appropriately rested and fit to provide the services required by their patients.

The program must be committed to and responsible for promoting patient safety and resident well-being in a supportive educational environment.

The program director must ensure that resident physicians are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs.

The learning objectives of the program must:

- Be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events.
- Not be compromised by excessive reliance on resident physicians to fulfill non-physician service obligations.

The program director and institution must ensure a culture of professionalism that supports patient safety and personal responsibility. Resident physicians and faculty members must demonstrate an understanding and acceptance of their personal role in the following:

- Assurance of the safety and welfare of patients entrusted to their care;
- Provision of patient and family centered care;
- Assurance of their fitness for duty;
- Management of their time before, during, and after clinical assignments;
- Recognition of impairment, including illness and fatigue, in themselves and in their peers;
- Attention to lifelong learning;
- The monitoring of their patient care performance improvement indicators; and,
- Honest and accurate reporting of duty hours, patient outcomes, and clinical experience data.

All resident physicians and faculty members must demonstrate responsiveness to patient needs that supersedes self-interest. Physicians must recognize that under certain circumstances, the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider.

4.25 Resident Forum

The Resident Forum is the organization resident physicians use to communicate and exchange information about their environment, programs and issues in a confidential, protected manner. Peer elected representatives from each program attend forum meetings and provide updates to all of the resident physicians in their program as needed. Several times a year all resident physicians meet as a large group to ask questions and discuss concerns about their educational programs.

4.26 Commitments of Faculty

Resident physicians are here for the primary purpose of receiving education and training in their respective specialties. It is the responsibility of staff physicians with appropriate clinical privileges involved in the residency training programs to ensure that the educational quality of these programs is maintained at a high level, and that the patient care delivered by house staff pursuant to their education and training is appropriate in content and of consistently high quality.

- As role models for our resident physicians, we will maintain the highest standards of care, respect the needs and expectations of patients, and embrace the contributions of all members of the healthcare team.
- We pledge our utmost effort to ensure that all components of the educational program for resident physicians are of high quality, including our own contributions as teachers.
- In fulfilling our responsibility to nurture both the intellectual and the personal development of resident physicians, we commit to fostering academic excellence, exemplary professionalism, cultural sensitivity, and a commitment to maintaining competence through life-long learning.

- We will demonstrate respect for all resident physicians as individuals, without discrimination against anyone on the basis of race, color, religion, sex, age, national origin, disability, sexual orientation, citizenship status, service member or veteran status; and we will cultivate a culture of tolerance and respect among the entire staff.
- We will do our utmost to ensure that resident physicians have opportunities to participate in patient care activities of sufficient variety and with sufficient frequency to achieve the competencies required by their chosen discipline. We also will do our utmost to ensure that resident physicians are not assigned excessive clinical responsibilities and are not overburdened with services of little or no educational value.
- We will provide resident physicians with opportunities to exercise graded, progressive responsibility for the care of patients, so that they can learn how to practice their specialty and recognize when, and under what circumstances, they should seek assistance from colleagues. We will do our utmost to prepare resident physicians to function effectively as members of healthcare teams.
- In fulfilling the essential responsibility we have to our patients, we will ensure that resident physicians receive appropriate supervision for all of the care they provide during their training.
- We will evaluate each resident's performance on a regular basis, provide appropriate verbal and written feedback, and document achievement of the competencies required to meet all educational objectives.
- We will ensure that resident physicians have opportunities to partake in required conferences, seminars and other non-patient care learning experiences and that they have sufficient time to pursue the independent, self-directed learning essential for acquiring the knowledge, skills, attitudes, and behaviors required for practice.
- We will nurture and support resident physicians in their role as teachers of other resident physicians and of medical students.

4.27 Resident Clinical Capabilities/Responsibilities

Specific resident capabilities are determined by and documented by the respective programs. The clinical responsibilities for each resident must be based on post-graduate year level, patient safety, resident education, severity and complexity of patient illness/condition and available support services. The privilege of progressive authority and responsibility, conditional independence and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members. The program director must evaluate each resident's abilities using national standards-based criteria. Each resident must know the limits of his/her scope of authority and the circumstances under which he/she is permitted to act with conditional independence.

Faculty members functioning as supervising physicians should delegate portions of care to resident physicians, based on the needs of the patient and the skills of the resident physicians. Monthly attending/resident physician schedules are listed on the hospital intranet. If any question arises regarding a resident's capabilities to provide patient care, the level of that care, or the ability to perform specific

procedures, the GMC Intranet, located under Graduate Medical Education. Follow the link: http://sharepoint.ghs.ghsnet.org/GwinnettWork/default.aspx

4.28 Resident Physician Supervision

Stated simply, Resident House Staff Supervision Policy #9830-13, (effective March 2012) ,dictates that Resident Physicians must be supervised at all times.

Supervision of resident physicians is the responsibility of faculty members and staff physicians holding part-time appointments/affiliations or serving as preceptors. Faculty supervision assignments should be designed to allow for sufficient assessment of individual knowledge and skills resulting in delegation of the appropriate level of patient care authority and responsibility. A variety of supervision methods may be exercised as long as an appropriate level of supervision is in place for all resident physicians. Specific resident capabilities are determined and documented by the respective programs using detailed performance assessment systems described in departmental manuals.
Guidelines for circumstances and events in which resident physicians must communicate with appropriate supervising faculty members, such as, the transfer of a patient to an intensive care unit, or end-of-life decisions are also outlined.

4.28.1 Levels of Supervision

To ensure oversight of resident supervision and graded authority and responsibility, the programs must use the following classifications of supervision:

Direct Supervision: The supervising physician is physically present with the resident physician and patient.

Indirect Supervision: There are two types of indirect supervision:

- Direct supervision is immediately available (within 30 minutes) as the supervising physician is physically within the hospital or other site of patient care.
- Direct supervision is available by means of telephonic and/electronic modalities (within 30 minutes) as the supervising physician is not physically present within the hospital or other site of patient care.

Oversight: The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered (e.g. post-hoc review of resident delivered care with open dialogue regarding the appropriateness of that care).

Note: First Year resident physicians should be supervised either directly or indirectly with direct supervision immediately available.

4.28.2 Resident Physicians as Supervisors

Some activities require the physical presence of the supervising faculty member while many aspects of patient care can be performed under the supervision of a more advanced resident. Senior resident physicians should serve in a supervisory role of junior resident Physicians in recognition of the progress toward independence, based on the needs of each patient and the skills of each individual resident.

4.28.3 Private Attendings as Supervisors

Supervision of resident physicians extends to private attending physicians with clinical privileges in the Medical Center. In these cases, the private attending will coordinate with the faculty physician in supervising the resident physician. However, those private attendings that do not want to participate in the teaching programs may have their patients admitted to their service without teaching responsibilities and without resident physicians involved in their care. Patients may also request that resident physicians not be involved in their care.

4.28.4 Documentation and Supervision

Supervision of resident physicians will be documented in the medical record by teaching physicians. The attending departmental faculty must review the medical records and co-sign face sheets, procedure notes, admitting history and physicals, and discharge summaries. Every physician who provides or supervises the provision of services to a patient is responsible for the correct documentation of the services that were rendered. For claims submitted on behalf of teaching physicians, only services actually provided may be billed.

4.29 Duty Hours

The GMEC of GMC ensures that all GME programs are in compliance with the Accreditation Council for Graduate Medical Education (ACGME) and the American Osteopathic Association (AOA) requirements to monitor and limit resident duty hours and work environment. The GMEC recognizes that duty hours and work environment must be carefully planned and monitored to ensure sound academic and clinical education, patient safety, and resident well-being. The GMEC further ensures that each GME program establish formal written policies governing resident duty hours. (See also GMEC policy #9380-09)

<u>Maximum Hours of Work per Week</u>

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

<u>Maximum Duty Period Length</u>

- Duty periods of first year resident physicians must not exceed 16 hours in duration.

- Duty periods of second year and above resident physicians may be scheduled to a maximum of 24 hours of continuous duty in the hospital.
- Programs must encourage resident physicians to use alertness management strategies in the context of patient care responsibilities. 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.
- It is essential for patient safety and resident education that effective transitions in care occur. Resident physicians may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four hours.
- Resident physicians must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.
- In unusual circumstances, Resident physicians, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family. Under those circumstances, the resident must:
    - Appropriately hand over the care of all other patients to the team responsible for their continuing care; and
    - Document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director.
    - The program director must review each submission of additional service, and track both individual resident and program-wide episodes of additional duty.

<u>Maximum In-House On-Call Frequency</u>

Second year and above resident physicians must be scheduled for in-house call no more frequently than every third-night (when averaged over a four-week period).

<u>Minimum Time Off Between Scheduled Duty Periods</u>

- First year resident physicians should have 10 hours, and must have eight hours, free of duty between scheduled duty periods.
- Intermediate-level resident physicians (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.
- Resident physicians in the final years of education (as defined by the Review Committee) must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods.
- This preparation must occur within the context of the 80-hour, maximum duty period length, and one-day-off-in seven standards. While it is desirable that resident physicians in their final years of education have eight hours free of duty between scheduled duty

periods, there may be circumstances (as defined by the Review Committee) when these resident physicians must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty.

- Circumstances of return-to-hospital activities with fewer than eight hours away from the hospital by resident physicians in their final years of education must be monitored by the program director.

Maximum Frequency of In-House Night Float

Resident physicians must not be scheduled for more than six consecutive nights of night float.(The maximum number of consecutive weeks of night float, and maximum number of months of night float per year may be further specified by the Review Committee).

Mandatory Free Time off of Duty

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

Duty Hour Exceptions

- The Program Director may grant exceptions for up to 10% or a maximum of 88 hours to individual programs based on a sound educational rationale.
- The Program Director must follow the duty hour exception policy from the ACGME Manual on Policies and Procedures.
- Exceptions that occur are granted are to be reported as a duty hour exception at the next GMEC meeting.

At-Home Call

- Time spent in the hospital by resident physicians on at-home call must count towards the 80-hour maximum weekly hour limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks.
- At-home call must not be as frequent or taxing as to preclude rest or reasonable personal time for each resident.
- Resident physicians are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new “off-duty period”.

The GMEC will require all GME programs to assess compliance to their duty hour policy on a weekly basis. Monthly, each GME program will report to the GMEC documenting compliance to the duty hour policy.

Duty Hour Violations

GMC takes the ACGME's and the AOA's policies very seriously since infractions could jeopardize patient safety, the institution's accreditation status, and ultimately the accreditation status of all GME Programs at GMC. Therefore, any resident who knowingly violates the Duty Hour Policy will be dealt with by the respective Program Director. If a resident knowingly continues to violate the Duty Hour Policy, the Program Director can invoke other departmental sanctions and at any time may bring the issue before the GMEC for review and possible subsequent disciplinary action up to and including the resident's dismissal from the program.

4.30 Alertness Management

GMC agrees to provide Resident Physicians with a work environment that is safe and conducive to their development as a physician. All faculty members and Resident Physicians must be able to recognize the signs of fatigue and sleep deprivation, as well as, implement alertness management strategies and fatigue mitigation processes. Each program must have a process to ensure continuity of patient care in the event that a resident may be unable to perform his/her patient care duties. Sleep facilities are available for resident physicians who may be too fatigued to safely return home. (See GMEC Fatigue Mitigation Policy #9380-08).

4.31 Away Rotations

When the situation arises in which a resident at GMC requests a rotation for any length of time away from GMC, a formal request must be made in writing to the Program Director with a rationale for the request stated. The request will be presented by the Program Director for approval at a GMEC meeting 90 days prior to the beginning of the rotation. Also, all clinical departments affected by an "Away Rotation" are to be notified 90 days in advance of the rotation. While on rotation, the resident will receive full pay and benefits plus a housing stipend. The stipend will be prorated for rotations shorter or longer than one month. Transportation expenses are not covered and are the responsibility of the resident.

4.32 Outside Employment (Moonlighting) (see also GMEC Policy 9380-07)

The activities in the GMC are sufficient to keep the resident fully occupied and outside employment is generally not permitted. However, there are some occasions when outside activity may be beneficial to the community and resident physician (Second year and above only) as long as the activity does not interfere with a resident physician's ability to achieve the program goals and objectives. In such instances, permission must be obtained from the Program Director who will document all requests including the number of hours per week and this information will be included in the resident's file. Should notification and approval not have occurred before a resident engages in outside employment (moonlighting), disciplinary action may result. This action may include loss of outside employment privileges or suspension or dismissal from the residency program.

GMC professional liability does not cover Resident Physicians in work situations other than those directly related to their training program. Time spent by Resident Physicians in internal and external moonlighting must be counted toward the eighty-hour maximum weekly hour limit. In the event that moonlighting is approved, the resident's performance will be monitored by the Sponsoring Institution and the respective Program Director for the effect these activities have on his/her performance.

4.33 Harassment

GMC does not and will not tolerate harassment of associates. People should not be treated differently because of personal characteristics that are not related to their ability to do a job. Any form of harassment relating to an associate's race, color, sex, (including same sex) religion, national origin, age, disability, citizenship status, sexual orientation, service member or veterans status will not be tolerated.

GMC does not and will not tolerate sexual harassment of any kind by associates, supervisors, independent contractors, or other individuals working or otherwise present in GMC facilities. Conduct or actions that arise out of a consensual relationship and that are not intended to have a discriminatory effect may not be considered harassment. GMC will determine whether such conduct constitutes prohibited harassment, based upon a review of the facts and circumstances of each situation.

Violation of this policy will subject an associate, including resident physicians, supervisors and managers, to disciplinary action, up to and including termination of employment.

Some examples of sexually harassing conduct in the work place include but are not limited to:

- Unwelcome sexual flirtations, advances, or propositions
- Verbal abuse of a sexual nature

- Graphic verbal comments about an individual's anatomy
- Sexually degrading words used to describe an individual
- Display of sexually suggestive objects and pictures.
- Inappropriate touching

Any resident who believes that he/she has been the subject of sexual harassment should report the alleged act immediately. Do not assume that the Hospital System is aware of your problem. Please bring complaints and concerns to the attention of the program director so that the problem can be resolved. Other options are to contact the DIO, Director, Associate Relations, the Sr. Vice President, Human Resources, or the Compliance Hotline at 888-696-9881. For further guidance, refer to policy 300-100 Harassment.

4.34 Physician Impairment

Annually, all Resident Physicians will receive education on physician impairment to include substance abuse and sleep deprivation.

Substance Abuse:

Although GMC does not intend to intrude into the private lives of its associates, the system does expect associates to conduct their work: 1) free from the influence of alcohol and other mind-altering drugs; and 2) in a condition to perform their duties without presenting a hazard to themselves, their fellow workers, or patients.

Resident physicians cannot be allowed to report to work or to continue to work with the presence of any kind of intoxicant or other mind-altering substance in their system unless cleared through Occupational Health.

While this policy does not prohibit the proper use of prescribed medication under the direction of a physician, abusing prescription drugs during work hours or on hospital system property is prohibited. Associates who are required to take mind-altering prescription or non-prescription drugs, which could affect their ability to perform their duties in a safe and efficient manner, are expected to immediately notify their supervisor, or program director, when placed on these drugs. Occupational Health should be consulted if there is any question about the associate’s ability to do the essential functions of the job in a safe manner while taking these medications.

Testing of Current Associates/Resident Physicians:
Resident physicians may be required to take a urine drug test, a blood alcohol test, or some other appropriate test to assist the hospital system in evaluating the individual's physical or mental condition. Such tests will be administered:

1. When a resident physician is involved in a vehicle accident while on the job;

2. When the hospital system has a reasonable suspicion that a resident physician has reported for work or is working with the presence of any intoxicant or mind altering substance in his or her system. This includes but is not limited to, the hospital system receiving complaints or information indicating that a resident physician may be in violation of the hospital system's Drug and Alcohol Policy; attendance patterns changed, or the individual's behavior indicates possible substance use;

3. Through a re-entry monitoring policy established with the Employee Assistance Program, when an associate who has tested positive in the past is presently involved in a rehabilitation program or has undergone treatment for drug or alcohol abuse.

Resident physicians are expected to cooperate fully with the testing procedure. Anyone who refuses to take a test when requested or who attempts to tamper with the sampling or testing procedure is subject to discipline, up to and including termination. For further guidance see policy 300-502 Drug and Alcohol Abuse.

Mental Health Impairment: The faculty understands that many stresses are associated with the health care profession. It is recognized that prior emotional problems can be exacerbated and new problems manifested in association with the many stresses of the residency experience. The faculty encourages Resident Physicians to bring emotional problems to their attention and confidential counseling is available from each of the full-time faculty members. When specific professional help is necessary, the resident will be encouraged to pursue this course, and appropriate adjustments to the resident's work schedule will be made in consultation with the resident and the resident's therapist. The faculty is willing to make reasonable efforts to help the resident resolve emotional dysfunctions. If the resident manifests an emotional dysfunction that impairs their ability to deal effectively with clinical problems, then a leave of absence may be arranged. Efforts will be made to resolve the resident's problem and permit them to continue in the training program.

Physical Disabilities: Resident Physicians will be selected to the training programs without regard to physical disabilities unless such disabilities would prevent Resident Physicians from appropriately carrying out clinical duties. Every reasonable effort will be made to accommodate the work-related needs of disabled Resident Physicians. Efforts will be made to provide necessary equipment and other items to permit physically disabled Resident Physicians to function optimally. The training program will endeavor to provide the facilities that potential trainees might need to carry out their duties.

When physical disabilities develop in the course of the training, efforts will be made to provide the resident with schedule modifications or special equipment to continue in the program. However, it is recognized that disabilities can develop that are incompatible with pursuing a career in certain areas. If this should happen, the faculty will work with the resident to provide any needed counseling and other help to find a position in another appropriate area. Human Resources and Occupational Health Clinic must also be notified to assist in this process.

Teaching Faculty: If concerns about substance abuse, mental impairment, or physical disability arise in reference to members of the teaching faculty, these should be brought to the attention of the Program Director, the Associate Program Director, or the DGME, President/CEO. Much the same approach as that for Resident Physicians will be utilized. Intervention will be directed at overcoming the disability. However, no faculty member will be permitted to remain in a position of responsibility for either university service patients or resident trainees if they cannot discharge their responsibilities appropriately.

4.35 Use of Internet and Social Networking Sites

Gwinnett Medical Center (GMC) recognizes the value of online communities, social media sites and blogs as vital resources to positively promote the organization's mission and values, operational goals, marketing and recruitment activities, as well as a forum for educational opportunities and communication with colleagues, patients/customers, the general public, traditional and non-traditional media and other community stakeholders. However, GMC also recognizes the risks associated with inappropriate Internet access and use which must be addressed through appropriate safeguards, policies and practices, education and training and appropriate corrective action when necessary.

Social and business networking Web sites (e.g. My Space, LinkedIn, Face Book, Twitter, and Flickr) are increasingly being used for communication by individuals, as well as, businesses and universities. As such, it has become necessary to outline appropriate individual and Gwinnett Medical Center (GMC) Residency Programs' sanctioned use.

Guiding Principles**:**

- Privacy and confidentiality between physician and patient is of the utmost importance.
- Respect among colleagues and co-workers must occur in a multidisciplinary environment.
- The tone and content of all electronic conversations should remain professional.
- The individual is responsible for the content of his/her own blogs/posts.
- Material published on the web should be considered permanent.
- Any information you post on the internet is public information.
- All health care providers have an obligation to maintain the privacy of patient health information as outlined by the Health Insurance Portability and Accountability Act (HIPAA).
- Resident Physicians should adhere to all principles outlined in the GMC House Staff Manual and Code of Conduct for Resident Physicians when interacting on the internet.
- Internet use must not interfere with the timely completion of job duties.
- Personal blogging or posting of updates should not be done during work hours or with work computers.
- It is always inappropriate to "friend" patients on any social networking site or to check patient profiles.
- Avoid discussing any sensitive, proprietary, confidential, private, and PHI or financial information about GMC or any affiliated hospital.

- Refrain from posting any material that is obscene, defamatory, profane, libelous, threatening, harassing, abusive, hateful or embarrassing to another person or any other entity. This included, but is not limited to, comments regarding GMC or any other affiliated hospitals or employees of them.
- Be aware that you may be held responsible for any personal legal liability imposed for any published content.
- Social networking sites can be the source of cyber bullying, harassment, stalking, threats or unwanted activity.

Patient Protected Health Information (PHI)

Identifiable protected health information (PHI) should NEVER be published on the internet. This applies even if only the patient is able to identify him/herself from the posted information. Resident Physicians must adhere to all HIPAA principles.

Communication Regarding GMC

Unauthorized use of GMC or the Residency Programs' information or logos is prohibited. No phone numbers, email addresses, web addresses or the name of the hospital or clinic may be posted without permission from an authorized departmental individual.

- For identification purposes, Resident Physicians may list their affiliation with their residency program. In all communication where Resident Physicians are listed as being affiliated with the GMC or residency department, a disclaimer must be attached such as: "All opinions and views expressed, in my profile (on my page) are entirely personal and do not necessarily represent the opinions or views of anyone else, including other faculty, staff, Resident Physicians, or students in (name of your residency program) at the Gwinnett Medical Center. Gwinnett Medical Center or (name of your residency department) have not approved and are not responsible for the material contained in this profile (on this page)."

Offering Medical Advice

It is never appropriate to provide medical advice on a social networking site.

Privacy Settings

Resident Physicians should consider setting privacy at the highest level on all social networking sites.

Disciplinary Action

Resident Physicians' discipline follows the House Staff Policy. Disciplinary action will be determined by the Program Director and will vary depending on the nature of the policy violation.

4.36 Resident Participation on Committees

Resident Physicians will have opportunities to participate on appropriate organizational and/or division committees and on committees, councils, and medical staff activities or other activities of the Sponsoring Institution related to their areas of interest and/or whose actions affect their education and/or patient

care, including quality assurance activities. Resident Physicians appointed, assigned, or selected to serve on committees must make every effort to participate in and attend meetings. Alternates selected to attend committees when a primary resident cannot attend, must make every effort to participate in and attend the meetings. Program Directors will support resident participation within the context of the residency program requirements and responsibilities.

4.37 Annual Program Internal Evaluation (by Committee)

Annually, each program must evaluate its overall effectiveness, reviewing goals and objectives and effectiveness in achieving them. The evaluation team must consist of the Program Director and at least one faculty member and resident.

4.38 Evaluation of Faculty and Program

Programs are committed to continuous improvement and resident feedback is a critical component. Resident Physicians will evaluate the rotations, faculty (program and private), and overall educational experiences on an ongoing basis. Specific protocols and processes are outlined in the respective department's House Staff Manual. Resident Physicians will be given the opportunity to confidentially evaluate all aspects of the program on an annual basis.

4.39 Program Evaluation of Faculty

Each program will evaluate its faculty annually. The evaluation will focus on teaching, clinical knowledge, and scholarly activities.

4.40 Evaluation of Resident Physicians

GMC, through the GMEC, ensures that the GME programs provide effective educational experiences and evaluation of Resident Physicians that lead to measurable achievement of educational outcomes in the ACGME Competencies as outlined in the Common and Specialty/Subspecialty-Specific Program Requirements. All resident performance will be evaluated to include, but not limited to the following ways:

- Assessment following each rotation
- Semi-annual review by the Program Director
- Performance on In-Training Exams
- Overall review at the completion of the program
- Performance on Board Exam

Resident evaluations become part of the resident's file and are available for review by the resident upon request.

Resident Physicians will also be given the opportunity to evaluate faculty, the Program Director, private attendings, and the overall teaching program.

4.41 USMLE/COMLEX Part III

All new and transfer Resident Physicians are required to pass Part III of the USMLE/COMLEX Exam as follows:

- Family Medicine and Internal Medicine Resident Physicians must pass the exam by the first of March of their second year .

Resident Physicians failing to pass the exam by the above deadlines will result in non-renewal of their agreement of appointment and may face prolongation of their training or dismissal.

4.42 Final Resident Evaluation

Each Program Director will conduct a final written evaluation for each resident who completes the program. This evaluation will focus on whether the resident has demonstrated sufficient professional ability to practice competently and independently.

5.0 Gwinnett Medical Center Department Services Policies

5.1 Emergency Response Plan

The GMC system has a code response policy and system assuring a standardized approach to Code situations, Stoke alert and Medical Response Team (MRT) alerts. Resident physicians may serve as members of the various teams throughout training and will also be provided with information on each of the emergency codes and the required responses. For further information also consult GHS policies 530-50 and 500-47. To active the emergency system dial 24420 from any Lawrenceville campus phone or 26340 from any Duluth campus phone.

5.2 Autopsy

The Gwinnett Hospital System (GHS) provides autopsy services to physicians and the families of patients who do not meet the criteria for a Medical Examiner's case, in accordance with criteria outlined in this policy. A hospital designee promptly notifies the Medical Examiner when death occurs and is a Medical Examiner's Case. GHS provides autopsy services for this group of patients only after the Medical Examiner's office has declined jurisdiction. All autopsies, regardless of who requests the autopsy, require a legally authorized consent by the next of kin. (see policy #520-36). A Medical Examiner's Case is a death that must be reported to the Medical Examiner immediately upon pronouncement of death. The current criteria for Medical Examiner cases are outlined in Medical Examiners Cases policy #520-13.

- The following criteria are utilized in identifying cases (other than Medical Examiner cases) in which an autopsy should be requested:

- Deaths in which the cause of death is not known with reasonable certainty on clinical grounds.
- Deaths in which it is believed that the findings would have significant bearing on survivors.
- Deaths in which an autopsy may help explain significant unknown and/or unanticipated dental, medical or surgical complications, including postoperative deaths.
- Obstetric deaths in which the cause of death is not known with reasonable certainty.
- Perinatal deaths that occur without previous ultrasound and/or cytogenetic studies and in which the cause of death cannot be reasonably determined on clinical grounds.
- Deaths suspected to have resulted from environmental or occupational hazards, if released from jurisdiction of the Medical Examiner.
- Unexpected or unexplained apparently natural deaths which are subject to but release from jurisdiction of the Medical Examiner.

- Autopsies are performed from 8:00 am -5:00 pm, seven days per week. If an autopsy authorization is received after 5 pm or on a weekend, the main laboratory (shift supervisor) must be contacted and made aware of the pending autopsy. The autopsy will be performed the following morning. If necessary, other arrangements may be made with the pathologist to perform an evening or a night autopsy. Autopsies on bodies from any GHS facility are performed at Gwinnett Medical Center. Arrangements must be made for transportation of the bodies to GMC, using a GHS contracted ambulance service.

- The process is initiated by the physician of the deceased patient who is to notify nursing personnel that an autopsy is requested. The procedure and steps needed are summarized in the above policy referenced. Fetal/Neonatal Deaths (see Maternal Child Health policy #7009-02)

- The Quality Resources Department monitors and evaluates performance data related to autopsies and periodically reports these data to the appropriate Medical Staff committee(s) for review.

5.3 Communicable Diseases - Reporting (Patients/Health Care Workers)

The purpose of the Infection Prevention and Control Department is to minimize the morbidity, mortality, and economic burden associated with health care associated infection (HAI) through prevention and control endeavors in both patient and staff populations. Using epidemiological principles, pertinent data is collected and analyzed in order to determine risk factors associated with infection and to define mechanisms of transmission and prevention. The most current CDC/NHSN surveillance definitions and comparative data base are utilized to evaluate patient outcomes. The Infection control personnel use this information to seek opportunities for improvement; and then plans, implements, and evaluate control

strategies. As a resource within Gwinnett Medical System and the community, the Infection control personnel educate other professionals as well as the public about infection risks and measures to minimize and/or eliminate risks and to enhance patient safety and quality.

5.4 Drug Enforcement Agency (DEA) Numbers

Resident Physicians are assigned a DEA number through the Medical Center, which serves as authorization to write prescriptions while in training at the institution. The GMC Pharmacy and all pharmacies in the surrounding five county area are given signature lists of all Resident Physicians in training and their DEA numbers. This number can only be used in association with formal training program activities. The DEA cannot be used for nonofficial and nonaffiliated purposes, including personal moonlighting. When a resident completes training at the Medical Center, the DEA number is no longer valid.

5.5 Disaster response plans

Gwinnett Hospital System's *Internal/External Disaster Response (Code Alert) (Policy # 900.04.01*) outlines the system wide response in disaster or extreme emergency situations. The Graduate Medical Education (GME) Department further outlines the GME sections response and obligations in the event of a disaster of any type that may lead to an interruption of patient care and/or residency educational assignments. (GME Policy 9380-04)

5.6 Laboratory

Complete information about laboratory procedures and tests available is included in the "Laboratory Manual", section accessed through the Hospital's SharePoint site under "Policy Manuals"

5.7 Health Information Management (HIM)

Health Information Management (HIM) is a centralized department which provides functional support to all components of GMC and various departments with respect to health information services: 1) patient identification and numbering systems; 2) creation and monitoring of medical record documentation; 3) release of information; 4) dictation/transcription; 5) statistical abstracts and indexes (coding); 6) storage and retrieval system, including chart tracking; 7) analysis of records; 8) assembly/prepping; 9) scanning and indexing; 10) assistance in complying with legal and regulatory provisions and accrediting agency standards concerning health care data; 11) data security, privacy, and confidentiality processes; and 12) educational programs for students under contractual and/or affiliation agreements.

The HIM Department's hours of operation are 24/7. The department is open to the public Monday through Friday from 8:30 am until 5:00 pm for release of information. On both the Duluth and the Lawrenceville campuses, HIM offices are located on the ground floors

Providers are responsible and have specific guidelines to complete a chart as outlined in the Medical Records Rules and Regulations. If a provider is delinquent in his/her records and the delinquency results in voluntarily relinquishment of privileges, the HIM Department will report these incidences to the Georgia Medical Board. The report will be made when a provider has had 3 (three) incidences in a calendar year.

5.8 Spiritual Care

The Chaplaincy Department is staffed with the Director: Bob Duvall, Clinical Educator: Chuck Christie and one staff chaplain, Sandy Booth. Annette Slayton is the administrative assistant for Chaplaincy. The Chaplaincy Department offers a Clinical Pastoral Education (CPE) program which is accredited by the Association for Clinical Pastoral Education, Inc. and recognized by the US Department of Education. The CPE supervision and training is provided by the Care and Counseling Center of Georgia on a contract basis. There are five one-year residents in the CPE program which staffs the majority of spiritual care coverage. Each Chaplain resident is assigned specific patient care areas as well as staffing the 24 hour coverage.

At GMC there is a Chaplain available in-house 24 hours a day. Chaplains respond to all Code Blues, Traumas, STEMI's, perinatal losses and deaths, and crises in addition to providing routine spiritual visits to patients and families. The Chaplains are oriented to hospital policy and procedures. In critical events they work primarily to support patients and families and to foster communication between medical staff and patients and families. They are well versed and involved in autopsy request, M.E. case criteria, Deceased Patient Data, and perimortem care.

Chaplains are also available to support the staff. The Chaplains offer on a referral basis Critical Incident Stress Debriefing, Tea for the Soul, pastoral support of associates during times of significant change and challenge. Chaplaincy works closely with the EAP of GMC, Human Resources, and the management team to support associates.

The primary contacts for the chaplain are:

Pager: 770.583.6490
Chaplain cell: 678.372.6095

5.9 Pharmacy

The Pharmacy is located on the ground floor of GMC. All pharmacy services are provided either by or under the immediate supervision of a Registered Pharmacist.

The Associate Pharmacy is open 24 hours a day, 365 days a year. Satellite Pharmacists are located throughout certain designated areas of the Hospital. These staff members are available to assist you.

When the patient is discharged, prescriptions may be filled at the GMC Outpatient Pharmacy or the patient's pharmacy of choice. The outpatient pharmacy is open 7:00 am – 9:00 pm, Monday – Friday, and 9:00 am – 6:00 pm on Saturday and Sunday. These prescriptions cannot be added to the patient's bill.

The Medical Center has a formulary system and encourages the Medical Staff as much as possible to use generic names of drugs when practical. If a non-formulary agent is prescribed, the prescriber will be contacted with a recommendation of a formulary agent. Selected agents are available only through restricted criteria, and can only be prescribed by the specialty service to which it is restricted.

6.0 Group Relations

As a leading healthcare provider to our community Gwinnett Health System (GHS), has an obligation to promote the highest standards of compliance in all our activities. For this reason, we have made and will continue to make a significant and sincere effort to ensure that every GHS associate is aware of our commitment to follow the laws and regulations that pertain to us. This *Code of Conduct* is an important component of this communication effort and has been adopted by the GHS Board of Directors. It is a resource to help you understand the major compliance requirements in your day-to-day work.

The Code of Conduct contains clear, concise statements of our compliance policies and many federal and state laws and regulations with which we must comply. While this guide is not all-inclusive, it is indicative of situations we face most often during the workday and it offers answers to some common questions and issues. It is our responsibility as individuals and professionals to become familiar with and to properly apply these rules, which were created to protect our fellow associates, our patients, and our standing as a public charity. The *Code of Conduct* is intended to supplement – not replace – any code of ethics applicable to your licensed profession and the various policy manuals and other educational materials that are already available to you.

Compliance Resources

Compliance Hotline	888-696-9881
Chief Compliance and Privacy Officer	678-312-4388
Associate Relations Director	678-312-2642
Risk Management Director	678-312-3264

6.1 Personal Conduct

Resident Physicians must dress appropriately at all times and identification badges must be worn for identification. Unprofessional conduct or behavior will lead to disciplinary action.

6.2 Responsiveness

Resident Physicians must respond promptly to calls. When a call is received from the nursing unit involving an emergency situation, it is imperative that the resident go to the patient area as quickly as possible to assess the situation rather than depend on telephone impressions and oral orders. This is important to protect the welfare of the patient.

6.3 Communication with Patients

One of the most important features of residency training is the continuous development of interpersonal communication skills. The resident's approach with the patient influences the patient's attitude and perception of GMC. Resident Physicians should communicate with patients amicably and satisfactorily. Resident Physicians are reminded that the family of a patient who is very ill is alert to chance remarks made concerning the patient's condition. Therefore, all

statements should be guarded. In no way should a conversation reflect upon the attending physician's or other attendant's ability. Conversations over the bedside are ill advised. Relatives of the patients may often hear "Hallway consultations".

Also, each patient must have an identifiable, appropriately credentialed and privileged attending physician who is ultimately responsible for their care. This information should be available to Resident Physicians, faculty members and patients. Resident Physicians and faculty members should clearly explain their respective roles and responsibilities with each patient.

6.4 Inter-professional Teams

Resident Physicians must care for patients in an environment that maximizes effective communication. This must include the opportunity to work as a member of effective inter-professional teams that are appropriate to the delivery of care in the specialty. Unresolved conflict and misunderstandings should be brought to the attention of the residency Program Director for resolution.

6.5 Transitions of Care

Clinical assignments must be designed to minimize the number of transitions in patient care. Programs are responsible for ensuring that Resident Physicians are competent in communicating with team members in the hand-over process. Effective, structured hand-over processes that facilitate both continuity of care and patient safety must be in place and monitored. Schedules that inform all members of the health care team of attending physicians and Resident Physicians currently responsible for each patient's care must also be available. (See also Transitions in Care Policy, GMEC 9380-13)

6.6 Vendor Relations

The purpose of this policy is to present guidelines for Resident Physicians, faculty and staff to follow in their interactions with industry representatives. Full and appropriate disclosure of sponsorship and financial interests is required at all program and institution sponsored events. It is the responsibility of the Program Director to determine which contacts between Resident Physicians and industry representatives may be suitable, and exclude occasions in which involvement by industry representatives or promotion of industry products is inappropriate.

- GMC expects all vendors, contractors, and other agents to comply with applicable laws and regulations when providing their services to and/or for us. Failure to comply with GMC's Code of Conduct may result in suspension of the privilege to conduct business at GMC, and/or other penalties.
- GMC will not extend any business courtesies that might jeopardize compliance with billing and coding and any other regulations and policies.
- GMC employees will not accept nor offer money or gifts to patients or their families in exchange for furnishing health care services. Holiday gifts of cookies, cakes, pies, candies, fruit, popcorn and other similar food items

offered by patients, physicians, contractors, subcontractors, suppliers and vendors are permitted as long as such gifts are motivated by personal relationships, not business considerations, and are shared with the entire department.

- Because GMC is a public hospital, it is a violation of Georgia law for any Medical Center employee to accept any gift or favor, other than advertising items or souvenirs of nominal value ($25 or less) from any vendor, contractor or subcontractor. Employees are not permitted to accept food or meals from vendors unless it is part of a formal educational program and is not solely for the benefit of GMC employees. The Medical Center will select suppliers and vendors based on the quality and price of products or services provided and our satisfaction with those services.

Resident Physicians, faculty and staff should be aware of and follow the AMA Council on Ethical and Judicial Affairs (CEJA) opinion for assistance in identifying appropriate industry interaction.

CEJA Guideline 1- Any gifts accepted by physicians individually should primarily entail a benefit to patients and should not be of substantial value. Sample medications, textbooks are appropriate if they serve a genuine educational function. Cash payments are never acceptable and should not be accepted.

CEJA Guideline 2- Individual gifts of minimal value are permissible as long as the gifts are related to the physician's work. Educational materials, pens and notepads are acceptable examples. Consistent with GMC Standards of Conduct and Corporate Compliance Program, solicitation or acceptance of personal gifts, favors, loans, cash, uncompensated services or other types of gratuities or hospitalities from organizations doing business with GMC is inappropriate.

CEJA Guideline 3- Defines a legitimate "conference" or "meeting" as an activity held at an appropriate location dedicated to promoting objective scientific and educational activities when the main incentive is to further knowledge on the topics being presented. Disclosure of financial support and the potential for conflict of interest must be reported by the presenters and meeting provider. If oral disclosure only is made, an appropriate individual (e.g. course director, resident faculty, meeting coordinator) must document full disclosure was made.

CEJA Guideline 4- Allows industry subsidies to underwrite the costs of continuing medical education (CME) conferences or professional meetings that contribute to the improvement of patient care. Payments to defray the costs of conference production or attendance should not be accepted directly from the company by the physician(s). Any subsidy should be paid to GMC consistent with CME accreditation standards.

CEJA Guideline 5- Subsidies from industry should not be accepted directly or indirectly to pay for the costs of travel, lodging or other personal expenses of

physicians or relatives attending conferences or meetings. Subsidies for hospitality should not be accepted outside of modest meals or social events held as a part of a conference or meeting. It is appropriate for faculty at conferences or meetings to accept reasonable honoraria and to accept reimbursement for reasonable travel, lodging and meal expenses. Honoraria and reimbursement of travel-related expenses for accredited CME conferences must be paid to faculty by the accredited CME provider or joint sponsor, not a commercial entity.

CEJA Guideline 6-Scholarships or other special funds to permit Resident Physicians to attend carefully selected educational conferences may be permissible. The selection of the attendees who will receive the assistance must be made by GMC and not the company. Carefully selected educational conferences are defined as major scientific, educational or policy-making meetings of national, regional or specialty medical associations.

CEJA Guideline 7-No gifts should be accepted if they are given in relation to the physician's prescribing practices. Gifts of any size should not be taken if there is any correlation between the awarding of the gift and prescribing practices.

6.7 Medical Treatment of Employees

Resident Physicians shall not treat GMC or employees or discuss personal physical problems, but should refer these employees to the Occupational Health Service, the Emergency Department, or to the employee's physician. Resident Physicians should not prescribe medications for themselves, their spouse, family members, or GMC and employees.

6.8 GMC Service Excellence Standards

At GMC, our vision is to be the health system of choice in our community by enhancing the health of our patients and other customers. As part of our commitment to excellence, we also strive to provide the best customer experience for our patients, guests, and fellow associates. The Service Excellence Standards serve as a guide to fulfill this vision. The Service Excellence Standards are expected behaviors for all associates, at all times, during every interaction as follows:

- **Be Professional**
  -Have a "can do" attitude
- **Be a Team Player**
  -Place the good of patients, GMC, and team members over personal issues
- **Be Knowledgeable and Competent**
  -Seek out opportunities to improve the patient, customer, and associate experience.
- **Be Safety Focused**
  -Demonstrate and guide others in safety focus with all our work, especially hand washing.
- **Be Responsive**
  -Offer assistance to patients, customers, and fellow associates.

- **Be Respectful**
  -Uphold the dignity and self-esteem of patients, families, and team members.
- **Communicate**
  -Follow the 10 & 5 Rule (when walking past someone, at 10 feet you make eye contact and acknowledge them; at 5 feet you respond verbally: "Hello, Good morning/afternoon" for example)
  -Communicate in terms that the patient or customer understands.
  -Thank patients and customers for choosing Gwinnett Medical Center.

6.9 Patient Flow

Patient Flow at GMC is driven by physician orders. Once an order is written for a patient to be transferred from one level of care to another (for example, an order is written to transfer a patient from an ICU bed to a surgical bed), this order is communicated to the Bed Management System (BMS): Electronic system that enables Bed Coordinators to monitor the status of every bed thus allowing decisions to be made that facilitate smooth, timely placement of patients. The Bed Coordinator constantly monitors the Bed Management System and communicates with nursing units on an ongoing basis to determine bed availability for incoming patients. Using information from the Bed Board, Bed Huddles and various other sources the Bed Coordinator determines the Capacity Status of the hospital.

The Patient Flow Manager/Bed Coordinator completes a Bed Huddle report, which is posted to the intranet, available for all to review. If the Capacity Status is "Red", detailed emails and pages are sent for additional notification.
The Patient Flow Manager/Bed Coordinator collaborates with the respective nursing unit(s) to facilitate the transfer process as quickly as possible.

Bed Coordinator GMC-L: (678) 312 4115, Cell; (770) 891 4177
Bed Coordinator GMC-D: Cell; (770) 891 4095

7.0 The American Osteopathic Association (AOA)

The American Osteopathic Association (AOA) is a member association representing approximately 64,000 osteopathic physicians (DOs). The AOA serves as the primary certifying body for DOs and is the accrediting agency for all Osteopathic Medical Colleges and health care facilities. The AOA's mission is to advance the philosophy and practice of osteopathic medicine by promoting excellence in education, research, and the delivery of quality, cost-effective health care within a distinct, unified profession.

Recognizing the need for a new system to structure and accredit osteopathic graduate medical education, the American Osteopathic Association established the Osteopathic Postdoctoral Training Institutional (OPTI) in 1995. Each OPTI is a community-based training consortium comprised of at least one college of osteopathic medicine and one hospital. The Appalachian Osteopathic Postgraduate Training Institute Consortium (A-OPTIC) is a continuation of the Pikeville College School of Osteopathic Medicine's mission.

AOA Approved residencies: GMC joined the A-OPTIC to be able to offer AOA approved residencies for osteopathic graduates. Applicants who enter their postgraduate training in Family Medicine and Internal Medicine at GMC will be able to complete their residency training in an AOA approved program while also meeting the ACGME requirements in those programs.

The Family Medicine Residency Program is a dually approved program (ACGME and AOA/ACOFP approved). Osteopathic Resident Physicians completing the residency will be eligible for BOTH American Board of Family Medicine and American Board of Osteopathic Family Practice.

The Internal Medicine Residency Program is a dually approved program (ACGME and AOA/ACOIM approved). Osteopathic Resident Physicians completing the residency will be eligible for BOTH American Board of Internal Medicine and American Board of Osteopathic Medicine.

8.0 Appendices

A. House Staff Agreement of Appointment

B. Report of Employee Occupational Injury: OhNo! form on SharePoint site http://gwinnettwork.ghs.ghsnet.org/onlineforms/ohno.aspx

C. Process for Resident Hearing

Appendix A

House Staff Agreement of Appointment
Gwinnett Medical Center
Lawrenceville, GA

XXXXXXX,MD is hereby appointed to the House Staff of Gwinnett Medical Center (GMC) in the capacity of (PGY yr.) at an annual salary stipend of $xx,xxx to be paid biweekly. This appointment shall last from (start to end, one year) and is based on the following conditions:

The House Staff Physician

1. Agrees to abide by all applicable rules, regulations, and policies of GMC and its clinical departments and those of the Georgia Composite Medical Board (GCMB) and those of other appropriate governmental agencies and departments.
2. Agrees to perform diligently and conscientiously those responsibilities that may be reasonably required to the best of his or her ability and to the satisfaction of GMC. These responsibilities are outlined in the department policy and procedure manual and the resident's manual
3. In reference to outside employment (moonlighting), agrees to the conditions set forth as outlined in the House Staff Manual and further understands that malpractice coverage provided during training may NOT cover such activity whether approved by policy or not.
4. Agrees to submit proper documentation to the GMC Graduate Medical Education office (GME) to obtain a resident training license from the GCMB prior to the effective date of this appointment. Understands that if a training license is not issued by the effective date of this agreement of appointment, he/she will not be an employee of GMC and will not receive any pay or associated benefits until the training license is obtained. Will be responsible for timely completion and submission to the GME office of the renewal application for training license annually by his/her date of birth for the duration of the appointment. Permanent license renewals will be submitted and paid annually by the resident through the GCMB on his/her birthdate. If the resident is transferring to GMC and has a permanent Georgia Medical License, GMC will pay for the annual renewals up to the amount allowed for the annual renewal of a resident training license ($XXX)
5. Has received, understand and agrees to abide by the GME policies and procedures as outlined in the respective department policy and procedure manual and the GMC House Staff Manual.
6. Has received and understands the Due Process and Grievance/Adjudication procedure as outlined in the House Staff Manual. (Grievance/Adjudication Procedure set forth in the house staff manual shall be the exclusive GMC Administrative grievance procedure available to the resident.
7. Will be required to take an initial employment physical examination before entering the training program performed in the Occupational Health offices on GMC's Lawrenceville campus. This includes passing a toxicology screening test, breath analysis and immunization update as required.
8. Agrees to adhere to the Duty Hour Policy as outlined in the house Staff Manual.
9. 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 presidency 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 at any time as needed.

10. Agrees to provide legal proof of citizenship of legal immigrant status and proper employment authorization document by the effective date of this agreement. Documentation will be provided to the GME office. No visas will be sponsored by GMC.
11. Will be required to pass Part III of the USMLE/COMPLEX exam as stipulated by the policy in the House Staff Manual.
12. Agrees to participate in and institutional committees or councils which the resident is appointed, assigned, or selected.

Gwinnett Medical Center

1. Agrees to meet the Commitments of Faculty in terms of overall responsibilities and supervision as outlined in the house Staff Manual and as required by the Accreditation Council for Graduate Medical Education (ACGME) and the American Osteopathic Association (AOA).
2. Agrees to provide professional medical liability insurance to include tail coverage, with a summary of pertinent information regarding the basics of the coverage; disability insurance; uniforms and laundering of same; meals in the hospital cafeteria at employee's' cost and reimbursable while on call; and sleeping quarters for Resident Physicians taking formal night call. (The resident understands that GMC shall not cover him/her for professional liability activities NOT directly associated with the training program authorized by the Program Director. By way of example Moonlighting is an activity NOT covered by GMC's Medical liability insurance).
3. Agrees that appropriate medical and family leave may be authorized by the Program Director as outlined in the House Staff Manual.
4. Agrees to provide health insurance benefits in accordance with the medical center's health insurance plan. The health insurance premium for both individual and dependent coverage will be paid by the medical center. The resident will be responsible for deductibles and co-insurance on services provided. Insurance benefits will be effective the first day of the month following the date of employment.
5. Agrees to provide sick leave and vacation each year and time off for medical meetings as described in the House Staff Manual under Vacation/sick leave. Vacation time is to be scheduled through the Program Director
6. Agrees to provide life and dental insurance that are optional and are further explained in the House Staff Manual
7. Will pay for the resident's initial training license application and the annual renewals but not for the resident's permanent license and its renewals. If the resident transfers in from another program and has a permanent Georgia State Medical License, GMC will pay for the renewals annually up to the cost or renewing a Resident Training License ($xxx)
8. Will administer appropriate policies in place that address harassment and exploitation as outlined in the House Staff Manual.
9. Agrees, in accordance with the Physician Impairment Policy as described in the House Staff Manual, to provide confidential, professional counseling services through the Employee Assistance Program also as outlined in the House Staff Manual. Resident Physicians may also choose to utilize the Georgia State Physicians Health Program that is also explained in the House Staff Manual.
10. In the event that this residency program will have to reduce its complement of Resident Physicians in training or close, Resident Physicians will be informed as soon as possible as current Resident Physicians can complete their training o year and/or assistance will be given in finding a suitable position in another training program.
11. Agrees not to require Resident Physicians to sign a noncompetitive guarantee (restrictive covenant).

12. Agree to provide Resident Physicians with access and eligibility information regarding Board Certification in the event that the length of the training program is extended.
13. Agrees to provide disabled resident with such reasonable accommodations as are necessary for the performance of their duties.

Termination of Employment

1. Employment during the term of this contract is expressly conditional upon your satisfactory performance as Judged by the Program Director. In the event that the program Director judges that you have not performed satisfactorily at any point during the term of this contract at the option of GMC and the GME office, you may not be promoted to the next level or you may be terminated for employment in accordance with the terms of Due Process as set forth and outlined in the House Staff Manual.
2. In the event that the Program Director judges that the resident had not performed satisfactorily and that promotion to the next level or future employment shall be terminated during the term of the contract presently in effect, notification will be given four months prior to the end of this current contract year and this contract and any renewal contract at GMC shall be void.
3. Parties further agree that the Grievance/Adjudication Procedure set forth in the House Staff Manual shall be available according to its terms for the review of stated grievances.

The Parties have entered into this agreement in good faith and acknowledge their respective legal and ethical obligation to fulfill this agreement contingent upon satisfactory performance by the resident until its expiration date, except in the case where the resident is unable to do so because of an incapacitating illness.

Date: _____ Signed: _____
Resident

Appointment
Date: _____ Approved By: Signed: _____
Program Director

Date: _____ Signed: _____
Designated Institutional Official
(DIO)

Appendix C

Process for Resident Hearing

The process below is to be employed as a means of carrying out the hearing procedure when a resident has properly and in a timely manner requested a hearing as provided in Policy 4.15, Grievance Adjudication of the GMC House Staff Manual.

Appointment of a Hearing Officer or committee—neither a hearing Officer or any members of a Hearing Committee shall be individuals who are in economic or academic competition with the

individual who is requesting the hearing ("Resident"). Such individuals should not be attending physicians in the resident's program; however they may have supervised the Resident during rotations on other services. If a Hearing Committee is selected, one member shall be the chairperson and that person shall act as the Presiding Officer. The Presiding Officer shall act to present the relevant oral and documentary evidence. He/she shall determine the order of procedure during the nearing and shall make all rules on matters, procedure, and admissibility of evidence. The hearing need not be conducted according to rules of law relating to the examination of witnesses or presentation of evidence.

Presence of Hearing Committee Members—A majority of the hearing Committee must be present throughout the hearing and deliberations. If a committee member is absent from any part of the proceedings, he/she shall not be permitted to participate in the deliberations or the decision.

Pre-hearing Conference—At least three days prior to the hearing, the Presiding Officer shall have a pre-hearing Conference. The Presiding Officer may receive advice from the Medical Center attorney. The purpose of the Pre-hearing Conference is to simplify the issues, stipulate (agree to) the facts that are uncontested by the parties, determine the procedure and schedule for presenting evidence and consider any other matter which may expedite and streamline the hearing. The Presiding Officer shall do the following at the Prehearing Conference:

1. Receive a list of witnesses from the Program Director (or other individual representing the program) and the Resident (henceforth the "Parties"). If the Resident does not testify in his/her own behalf, the Resident may be called to testify and be examined by the Program Director of other individual representing the Program or the Hearing Officer of the Hearing Committee Members. Witnesses at the hearing may, at the Presiding Officer's discretion, be required to take an oath or affirmation that the testimony and evidence he/she is about to present is the truth, the whole truth, and nothing but the truth.
2. Receive any and all documents and information that Parties intend to present. The Parties will be allowed to present only evidence determined to be relevant by the Presiding Officer, regardless of its admissibility in a court of law.
3. Any objections to the process, witnesses, or evidence shall be raised by the Parties at the Pre-hearing Conference and determined by the Presiding Officer. Any objections which can be made and are not made, and are not made at the Pre-hearing Conference may be deemed waived at the hearing.
4. The Presiding Officer shall set time limits for the presentation of evidence by the Parties. Unless the Presiding Officer determines otherwise, the time limits shall be set at two hours for the Resident to present his/her evidence and two hours for the Program Director or the individual representing the program to present his/her evidence. The Resident shall go first. At the conclusion of all of the evidence, the Resident shall have 15 minutes for a conclusion statement if so desired. The Program Director or other individuals representing the Program will likewise have 15 minutes for a conclusion statement.
5. The Hearing Officer or Chairperson shall act upon the request of either Party to have a record made if the hearing. The record may be by electronic recording and/or by a note taker.

Rights of the Parties – Each Party shall have the right to:

1. Call and examine witnesses
2. Introduce exhibits
3. Cross-examine (question) any witness on any matter relevant to the issues

4. Discredit (impeach) any witness
5. Rebut any evidence

Burden of Proof – The Resident has the burden of proving by clear and convincing evidence that the adverse decision, which it the subject of the appeal, lacks any substantial factual basis, or that such basis or the conclusions drawn from it are arbitrary, unreasonable, and capricious.

Recess – The Presiding Officer may recess and reconvene the hearing at a later time if, in his/her sole discretion, it is deemed necessary for the effective administration of the hearing.

Written Statement – The Parties may present a written statement at the close of the hearing and such a statement need not be presented at the Pre-hearing Conference.

Close of Hearing – All information reviewed for, or presented at, the hearing is confidential. Neither the Parties nor the witnesses are to discuss or otherwise disclose this information.

Conflict – In the event of a conflict between those procedures and Policy 4.15, Grievance/Adjudication, in the GMC House Staff manual, The House Staff Manual will supersede.

03/2013