

INTERN/RESIDENT POLICY MANUAL

ACADEMIC YEAR 2009-2010

Revised June, 2009

PLEASE NOTE: THE RESIDENT MANUAL MAY BE REVISED DURING THE
ACADEMIC YEAR.
THE RESIDENT MANUAL CAN BE FOUND ON COMPUTER FILE: WORD\DRIVE
I.....WITH REVISIONS AS THEY ARE MADE.

TABLE OF CONTENTS

Acronyms	4
WVHCS Vision & Mission Statement	5
WVHCS Confidentiality Statement	6
WVFMRP Mission Statement	7
Residency Goals, Behavioral Expectations	8
Resident Selection Criteria	9
Essential Job Functions	9
Resident Work Hours	10
Curriculum	12
Advisor Groups	13
Advisor Relationship	13
Family Care Center Experience	14
Mother-To-Be Program	16
Library Resources	17
On-Call Schedule	18
On-Call Policy	19
After Hours Telephone Calls	22
Night Float Guidelines.....	24
Inpatient Coverage Responsibilities.....	26
Sign Out / SBAR Policy.	28
WVFMR Conferences	29
Journal Club.....	31
Hospital Admissions	32
Hospital Discharges	32
Documentation of Intern/Resident Clinical Activities	33
Evaluation of Family Medicine Interns/Residents	36
Advancement of Family Medicine Interns/Residents	38

Academic Probation	43
Suspension	43
Termination of Contract	44
Grievance Process for Family Practice Interns/Residents	45
Moonlighting	46
Impaired Intern/Resident Policy	48
Vacation and CME Policies	50
Travel and CME Guidelines	55
Holiday/Compensation Time/Personal Days	56
Maternity/Paternity/Adoption/Parent as Primary Caretaker Leave	58
Communications and Auto Attendant/Voice Mail	62
Dress Code	60
Conflict Resolution	64
The "S" List	65

APPENDICES A - H

Appendix A	Resident/Intern Checklist for Hospital/On-Call Duties
Appendix B	Night Float Evaluation Form
Appendix C	American Osteopathic Association Intern/Resident Log
Appendix D	Procedure Receipt Book
Appendix E	Rotation Evaluation Forms <ol style="list-style-type: none"> 1. Resident evaluation 2. Rotation experience evaluation 3. Attending evaluation
Appendix F	Chart Review Form
Appendix G	Moonlighting Approval Form
Appendix H	Request for Leave Form
Appendix I	Journal Club Evaluation
Appendix J	Telephone Emergency Forms
Appendix K	WVFMRP Compliance Policy

ACRONYMS

ABFM	=	AMERICAN BOARD OF FAMILY MEDICINE
ACGME	=	ACCEREDIDATION COUNCIL FOR GRADUATE MEDICAL EDUCATION
ACOFFP	=	AMERICAN COLLEGE OF OSTEOPATHIC FAMILY PHYSICIANS
AOA	=	AMERICAN OSTEOPATHIC ASSOCIATION
FCC	=	FAMILY CARE CENTER
GMEC	=	GRADUATE MEDICAL EDUCATION COMMITTEE
IRAC	=	INTERN/RESIDENT ADVANCEMENT COMMITTEE
MTB	=	MOTHER-TO-BE
RRC	=	RESIDENCY REVIEW COMMITTEE
WBAM	=	Wilkes Barre Academic Medicine, LLC
WBGH	=	WILKES-BARRE GENERAL HOSPITAL
WVFMRP	=	WYOMING VALLEY FAMILY MEDICINECE RESIDENCY PROGRAM and OSTEOPATHIC FAMILY MEDICINE RESIDENCY PROGRAM
WVHCS	=	WYOMING VALLEY HEALTH CARE SYSTEM

WYOMING VALLEY HEALTH CARE SYSTEM

VISION STATEMENT

Excellence and Leadership...Improving the health of our community.

MISSION STATEMENT

Our comprehensive health system will meet the changing health needs of our community in a compassionate, collaborative and cost-effective manner...consistent with our Core Values

CORE VALUES

Our Core Values – integrity, accountability, teamwork, compassion and courtesy – are the foundation upon which all our interactions take place.

CONFIDENTIALITY

WVFMRP Residents are expected to adhere to the Wyoming Valley Health Care System HIPPA policies. These policies can be found on the System's Intranet.

WVFMRP FAMILY MEDICINE RESIDENCY PROGRAM

VISION STATEMENT

We will provide quality family medicine education and care in a compassionate and cost-effective manner. We will facilitate the multidisciplinary education and personal growth of all staff and patients through teamwork, self-motivation, and personal responsibility.

MISSION STATEMENT

PHILOSOPHY

The faculty and staff of WVFMRP FAMILY MEDICINE RESIDENCY (sponsored by Wilkes Barre Academic Medicine, LLC.) are committed to teaching medical students, interns, and residents patient-centered health care and to providing comprehensive, therapeutic, and preventive health care services to individuals and families within the context of their community. We provide patients with comprehensive continuing medical care regardless of age or sex and with consideration of the cultural, physiological, and psychological dimensions of their health. Interns and residents learn to mobilize the individual, the family, the office, and community resources in evaluating and maintaining health.

Medical education is a lifelong process involving clinical reasoning, problem solving, and critical evaluation of the medical literature and our own practices. WVFMRP encourages all staff to be involved in evaluating our activities and in teaching family medicine.

WVFMRP is an organization that fosters personal and professional growth with an appreciation of the roles each employee has at work, at home, and in the community.

RESIDENCY GOALS, AND BEHAVIORAL EXPECTATION

The WVFMRP Residency is a community-based residency program affiliated with Philadelphia College of Osteopathic Medicine, Lake Erie College of Osteopathic Medicine, Drexel University, The Commonwealth Medical School, and Penn State/Hershey Medical School. Our Family Care Center handles nearly 20,000 outpatient visits per year. We provide comprehensive care to our patients and their families. The FCC is a site for clinical experiences for nurse practitioners, physician assistants, and pharmacy students. We are supported by the Wyoming Valley Health Care System, financially and in our efforts to improve the health care of our community.

The goal of the Wyoming Valley Family Medicine Residency (WVFMR) is to graduate competent family physicians and to serving the needs of our community including those of the disadvantaged. In compliance with the American Board of Family Medicine (ABFM), the Accreditation Council on Graduate Medical Education (ACGME), American Osteopathic Board of Family Medicine (AOBFP), and the American Osteopathic Association (AOA).

WVFMRP Residency does not discriminate in its training of medical students, interns, or residents on the basis of race, sex, age, national origin, ancestry, religion, disability, or veteran status.

RESIDENTS WILL

- Participate in 36 months of clinical training through various medical rotations.
- Osteopathic residents will demonstrate practice habits consistent with osteopathic philosophy and manipulative medicine.
- Provide patient care that is compassionate, appropriate, and effective.
- Apply medical knowledge of accepted and evolving standards of clinical medicine.
- Demonstrate the ability to critically evaluate both their clinical practices and evolving scientific evidence to improve patient care.
- Demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships.
- Demonstrate professionalism with a commitment to professional responsibilities and ethical principles.
- Demonstrate an understanding of health care delivery systems to utilize system resources to provide effective, high quality patient care.

BEHAVIORAL EXPECTATIONS

1. Punctual and dependable participation.
2. Maintenance of a professional image and appearance.
3. Honesty in relationships with staff, patients, and co-residents.
4. Maintenance of confidentiality.
5. Empathetic and respectful treatment of patients and health care personnel.
6. Awareness of self-limitations.
7. Involvement in independent learning activities.

RESIDENT SELECTION CRITERIA

WVFMRP screens all applicants to the Program and will only enroll interns and residents who satisfy the eligibility criteria outlined in the Basic Standards for Residency Training in Osteopathic Family Practice and Manipulative Treatment, Sections 2.13 – 2.18 (www.do-online.org) and the ACGME Institutional Requirements Manual under Roman Numeral II Residents, Sections 1, 2, and 3 (www.acgme.org) regarding resident eligibility and selection. The Program will not enroll noneligible applicants.

WVFMRP will select from eligible applicants on the basis of their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity.

The Program will not discriminate with regard to sex, race, age, religion, color, national origin, disability, or veteran status.

ESSENTIAL JOB FUNCTIONS

The following list includes tasks that are representative of those required of an intern/resident in WVFMRP. The list is not meant to be all-inclusive, nor does it constitute all academic performance measures or graduation standards. It does not preclude the Residency from temporarily restructuring duties, as it deems appropriate for interns/residents with acute illness, injury, or other circumstances of a temporary nature.

The intern/resident, without the use of an intermediary, must be able to:

- Take a history and perform a physical examination, including the osteopathic structural Exam (as appropriate)
- Administer injections and obtain blood samples
- Use sterile technique and universal precautions
- Perform cardiopulmonary resuscitation
- Move throughout clinical sites and hospitals to address routine and emergent patient care needs
- Deliver a baby and learn to repair obstetrical injuries
- Assist at operations
- Communicate with patients and staff, in a manner that exhibits good professional judgment, demonstrates good listening skills and is appropriate for the professional setting
- Demonstrate timely, consistent, and reliable follow-up on patient care issues, such as laboratory results, patient phone calls, and other requests
- Input and retrieve computer data through a keyboard and read a computer screen
- Read charts and monitors
- Perform documentation procedures, (e.g. chart dictation, progress notes), in a timely fashion
- Manage multiple patient care duties at the same time as per level of training
- Make judgments and decisions regarding complicated, undifferentiated disease

presentations in a timely fashion in emergency, ambulatory, and hospital settings
Demonstrate organizational skills required to care for up to 10 outpatient cases per half day
Be on-call for the practice or service, which requires inpatient admissions and work shifts of up to 30 hours
Present well-organized case presentations to other health care personnel.
Satisfactorily complete all required and elective rotations in the curriculum.
Teach all Health care profession Students, medical students, fellow residents, and other health care professionals

WORK HOURS

Effective July 1, 2003 per the AOA/RRC requirements, total intern/resident work hours are limited to no more than 80 hours per week, (averaged over a 4 week period) including in-house night call and all moonlighting activities.

The AOA/RRC requires a duty hour limitation to 24 hours, plus an additional 6 hours for patient-care transfer, follow-up of existing patients, conference attendance, or other educational activities. After 24 hours of straight duty, an intern/resident who has spent the previous night in-house on call may not admit new inpatients. However, new patients may be scheduled and seen in the office setting for the morning following in-house night call.

The “24 hour plus 6” rule noted above, does NOT apply to night call that is permitted to be taken from home, however any time spent in the hospital is counted toward the 80 hour work week. Because the upper year residents in our Program are frequently present in the hospital at night when on call, we are applying the “24 plus 6” rule above to upper year night call as well.

No resident is permitted to take call more than every third night, averaged over a 4 week period. This includes at home call.

All residents must take one day off in 7 days averaged over a 4 week period. All residents must have 10 hours off between duty shifts.

Due to the limitations imposed by these requirements, limitations to intern/residents’ switching night call must be implemented. No intern/resident will be scheduled, or permitted to self-schedule, back-to-back in house night call. An intern/resident will not be permitted to switch to a required in-house call night if that intern/resident is scheduled to see office patients the following afternoon.

Finally, by accepting a contract with this Program and signing the required form stating that you, the intern/resident, have read this manual, you agree to be bound by these rules. All residents will record their clinical activity each week in the on – line tracking software.

May work:

- Maximum 24 hours in the hospital plus an additional 6 hours for transfer of patient care or didactics.
- After 24 hour in the hospital, no new patients may be seen by the resident.
- Maximum 80 hours/wk work time.
- 1 day in 7 off averaged over 1 month per block.
- Call every 3rd night
- Minimum of 10 hour rest period between shifts.

CURRICULUM

The curriculum is designed to provide interns and residents with learning experiences so they may develop as competent family physicians. Changes are made as necessary to ensure the best possible education and to meet the Special Requirements set forth by the Residency Review Committee for Family Medicine. Further details of each curricular component, including goals, objectives and responsibilities are in the Curriculum Manual.

CURRICULUM PGY-1

12 weeks	-	Adult/Internal Medicine/Renal
8 weeks	-	Pediatrics
8 weeks	-	Obstetrics/Gynecology
8 weeks	-	Surgery
4 weeks	-	Emergency Medicine
4 weeks	-	Family Medicine - Office Rotation/Practice Management
4 weeks	-	Cardiology
4 weeks	-	Night Float

CURRICULUM PGY-2

4 weeks	-	Medicine Subspecialty*
4 weeks	-	Adult/Internal Medicine
8 weeks	-	Community Medicine
4 weeks	-	Obstetrics
4 weeks	-	Emergency Medicine
4 weeks	-	Pediatrics
6 weeks	-	Orthopedics (Musculoskeletal /Sports Med / Rheumatology)
4 weeks	-	Gynecology
4 weeks	-	Behavioral Sciences
4 weeks	-	Family Medicine - Office Rotation/Practice Management
4 weeks	-	Night Float
2 weeks	-	Dermatology

CURRICULUM PGY-3

4 weeks	-	Adult/Internal Medicine
4 weeks	-	Emergency Medicine
4 weeks	-	Pediatrics
4 weeks	-	Family Medicine Office Rotation/Practice Management
4 weeks	-	Medicine Subspecialty*
2 Weeks	-	ENT
2 Weeks	-	Urology
2 Weeks	-	Ophthalmology
2 Weeks	-	Orthopedics
22 weeks	-	Electives
2 weeks	-	Night Float

* Medicine Subspecialties	Allergy/Immunology Endocrinology Gastroenterology Hematology/Oncology	Infectious Disease Neurology Pulmonology Rheumatology
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Integrated Curriculum

Osteopathic Principles and Practice		
Environmental Medicine	Occupational Medicine	Research
Geriatrics	Sports Medicine	

2009-2010 ADVISOR/ADVISEE LISTS

Dr. Litchman	Dr. Spring	Dr. Gross	Dr. Narins	Dr. Shanbaky
Gurinder Chatha	Myrthi Gollapalle	Mike Flynn	Mokarroma Sharmin	Chetna Dua
Shanti Eranti	Sumaira Khan	Keino Johnson	James Wornyo	Govind Kachhadiya
Rabia Hasan	Reza Azadfard	Lisa Tabbitt	Dhirendra Kumar	Pardeep Kumar
Parul Walia	Fatima Fazili	Arpita Mukherjee	Kira Kiriakidi	Vijay Jarsania
	Obianuju Mba			

THE INTERN/RESIDENT - ADVISOR RELATIONSHIP

The faculty advisor has the following responsibilities:

1. Meet with the intern/resident a minimum of four times a year to review evaluations and provide feedback to the intern/resident regarding their performance. This review includes but is not limited to evaluation forms, correspondence, in-training assessment exam scores and the intern/resident's perspective regarding their educational experience. Advisors are responsible for scheduling these quarterly meetings, and filling the IRAC form
2. Recommend methods to identify and address areas of strength, limitations, interest and concern. These may include specific CME, scheduling elective rotations, directed readings, etc.
3. Serve as an advocate and liaison for the intern/resident as needed with faculty, residents, attendings, etc. The faculty advisor should recognize when their roles as evaluator and advocate conflict. The advisor should facilitate the intern/resident identifying another individual (e.g., Chief Resident, co-resident, other faculty member) who may be a better advocate in this circumstance.
4. Identify the circumstances which may lead or have led to the intern/resident being impaired. Situations which may interfere with the intern/resident's performance and education include stress, depression, drug and alcohol abuse. The advisor should help the intern/resident identify the problem (s) and review options available for addressing them (e.g. formal counseling).
5. Identify if the intern/resident and advisor pairing is problematic so that any necessary changes can be made.

The intern/resident has the following responsibilities:

1. Meet with their advisor at scheduled times. The advisor and intern/resident are responsible for notifying the other if they cannot meet at the designated time. Either the advisor or the intern/resident may schedule additional meetings as needed.
2. Utilize the advisor as a resource for information and guidance concerning rotations and practice selection, as well as a source of support.
3. Identify if the intern/resident and advisor pairing is problematic so that any necessary changes can be made.

FAMILY CARE CENTER EXPERIENCE

The Family Care Center serves as the major site for the outpatient educational experience during Residency training. Interns/residents learn how to provide continuity of care in a comprehensive manner to their own patient panel in the Family Care Center. Areas of focus include provision of health care to patients of all ages with emphasis on ambulatory record keeping, data retrieval, patient education and health maintenance.

PATIENT ASSIGNMENTS

Interns and residents are assigned patients in the Family Care Center from a variety of sources. If the resident feels that a particular patient should be assigned to a different provider or terminated from the practice, this should be reviewed with their advisor.

MEDICAL RECORDS

Medical records and appointment scheduling are done on a computerized system using Practice Partners software. Documentation in the medical record must be entered by the health care provider seeing the patient or providing telephone advice. Medical records need to be completed in a timely manner to maintain quality patient care and meet medical-legal standards for documentation.

A progress note must be completed and on the chart within 2 working days of seeing the patient. Please refer to the WVFMRP Compliance Policy (Appendix K).

SCHEDULING

Interns/residents have office hours and approximate number of patients in their panel as follows:

The intern/resident follows a panel of patients developed over the first year. During the first six months of the first year, the intern/resident is scheduled to see no more than one patient every 40 minutes to allow adequate time for the interview, examination, and review with the preceptor. During the second half of the year, each appointment is 20 minutes. Second and third year residents see patients every 20 minutes in the Family Care Center. The RRC requires that interns/residents see the minimum number of patients per year in the FCC as follows:

PGY-1 150
Combined Pgy-2 and PGY-3 = 1500

PRECEPTOR CASE REVIEW

All admissions, outside referrals, and special tests must be reviewed with the preceptor.

- All interns/residents with less than six months of post graduate training in a Residency Program will review each patient encounter with the preceptor. The preceptor will see and examine each patient, documenting their presence and involvement during the key component of the visit in the patient's chart as determined by the E/M code.
- All interns/residents with >six months training in a Family Medicine Residency Program will review all patient encounters coded as Level 1, 2 or 3 with the preceptor. The preceptor will review the selection of the E/M code level and the patient's history, physical examination, and the clinical decision-making involved with the intern/resident. The preceptor will not see these patients unless clinically indicated. The preceptor will document this review in the patient's chart.
- All encounters coded as Levels 4 or 5 will require that the preceptor has seen, examined, and reviewed with the intern/resident the key component of the visit as determined by the E/M code. The preceptor will document their presence and involvement in the patient's chart.
- All procedures MUST be supervised in person by the preceptor for the "key components".
- All encounter forms need to be signed by the preceptor for all patient visits to interns/residents, within 48 hours of the patient visit.
- Medical Records: Timely chart completion and appropriate E/M coding of services is a requirement for completion of the Residency Program. A WVFMRP Residency Compliance Program (Appendix K) has been established and adherence to said program is mandatory for all WBAM employees.

MOTHER-TO-BE PROGRAM

The WVHCS sponsors a program for pregnant women, called Mother-To-Be (MTB). Women enrolled in this program are assigned to interns/residents according to their due date. This assignment corresponds to when the intern/resident is scheduled to be on their OB Rotation. Under the supervision and guidance of the faculty, the intern/resident assumes management of their own panel of patients. These patients are seen by the intern/resident on a routine basis in the Family Care Center. This provides the intern/resident with longitudinal obstetrical experience and allows the development of a strong physician-patient relationship.

A preceptor is scheduled for each MTB session. Interns/residents must review their patients with the preceptor according to the schedule posted. Each MTB patient also has a nurse care coordinator the residents are expected to work jointly with the nurse care coordinator in providing care. The nurse care coordinator provides antenatal education and identifies social/psychological issues needing attention.

Interns/residents receive a Curriculum Manual which describes the MTB Program and obstetric protocols at the beginning of the year. Interns/residents must read this and refer to it as it is needed for the Obstetrics Rotation.

MTB calls after hours are handled by the senior resident on-call. These calls should be documented in Practice Partners and notifying MTB staff for filing in the patient's chart at MTB. If a patient needs to be seen after hours, they should be directed to the ER. The on-call intern/resident will evaluate and discuss patient management with the Senior resident and/or OB faculty, if greater than 16 weeks gestation or requested by the ER.

LIBRARY RESOURCES

There are two medical libraries available for intern/resident use. They are located at Wilkes-Barre General Hospital (Ground floor, 829-8111 ext. 1175) and The Family Care Center (FCC) Library. Each library can provide, with no cost to you, all the necessary resources for clinical assistance, research, and presentation preparation. Texts, journals, slides, video tapes, Medline and computer software are accessible. Since some materials may carry retrieval cost, ALWAYS INFORM THE LIBRARIAN OF YOUR PARTICIPATION WITH THE RESIDENCY TO AVOID INADVERTENT BILLING TO YOU. If you need specific help at the WBGH Library please contact Rosemarie Taylor, Head Librarian, at the above extension. Photocopies may be made at the WBGH Campus Library. The Library requires a photocopy card that is available through the librarian. Copies are free but individuals losing or not returning cards will be assessed \$10.00. Audio/visual equipment available at the FCC include: slide projection, overhead projection, computer multimedia with LCD projection, video-tape, and X-ray view boxes. Internet capabilities are available.

Medline is accessed at the FCC through a computer program called Pub med or Physicianaccess. Orientation to this program is available through faculty and co-residents. It is strongly suggested that one become familiar with this software as soon as possible. It will greatly expedite literature searches. At the WBGH library, MDconsult and Up-to-Date are also available.

The WBGH Library does offer some on-line network information. At present, the Residency Program can access the MAXX Lippincott-Raven handbooks, Harrison's Principles of Internal Medicine, MD Consult, A to Z Reader Site, ACCESSMEDICINE, EBSCO Host, and OVID (an "off-line" method of journal searching). Please contact the librarian for assistance. You will need to obtain a password and User ID to access this service. These may be obtained from the System librarian. Interns/Residents are required to become familiar with the INVISION System which allows access to hospital test results and dictation.

ALL MATERIALS BELONGING TO WVFMRP ARE TO REMAIN IN THE LIBRARY OR PRECEPTOR AREAS. TEXTS ARE NEVER TO LEAVE THE BUILDING AND ALL MATERIALS MUST BE RETURNED TO THEIR PROPER AREA WHEN NOT BEING USED. THEFT OF LIBRARY PROPERTY WILL BE OFFICIALLY RECOGNIZED DURING INTERN/RESIDENT ADVANCEMENT PROCEEDINGS.

	Friday		Saturday		Sunday		Wkday		Holiday	
	START	END	START	END	START	END	STAR T	END	START	END
NIGHT FLOAT	5:30PM	9:00AM	9:00AM	9:00A M	9:00am- 5:30pm 5:30pm- 7:30am	7:30A M	5:30P M	7:30A M	N/A	N/A
	START	END	START	END	START	END	STAR T	END	START	END
NON NIGHT FLOAT	5:00PM	9:00AM	9:00AM	9:00A M	9:00AM	8:00A M	5:00P M	8:00A M	9:00AM	8:00AM

ON-CALL SCHEDULE

The intern/resident on-call schedule is the responsibility of the Chief Resident(s), within established guidelines (see next page). Copies of the schedule are distributed to the interns, residents, faculty, FCC operator, MTB, and Answering Service. The two interns/residents involved with the on-call schedule change must agree with the change in writing to the Chief Resident. It is the responsibility of the intern/resident initiating the schedule change to notify the FCC operator in advance of the change. Other areas that should be notified include Labor and Delivery, Pediatrics, Nursery and the Emergency Room.

On call begins at 5:00 p.m. and continues to 9:00 a.m. the next day. Saturday call starts at 9:00 a.m. and continues 9:00 a.m. Sunday. Sunday call begins at 9:00 a.m. Sunday and continues to 9:00 a.m. Monday. During Night Float, on-call begins at the end of afternoon office hours (5:30 p.m.) and continues until 7:30 a.m. the next day. Friday call begins at 5:00 p.m. then continues until 9:00 a.m. Saturday. Saturday call begins at 9:00 a.m. and continues until 9:00 a.m. Sunday. Sunday call begins at 9:00 a.m. and continues until and continues until 5:30 p.m., at which time the Night Float Resident will assume responsibilities until 7:30 a.m. on Monday. Weekend/Holiday call begins at 9:00 a.m. and continues until 9:00 a.m. on weekend days and holidays as 7:30 a.m. for night float. Out of courtesy for the intern/resident giving sign-out, the on-call intern/resident should be present at least ten minutes prior to the start of call.

ON-CALL POLICY

The On-call Policy is contingent upon a full complement of interns/residents.

Every effort is made to make an equitable call schedule, as drawn up using the following guidelines, however, unforeseen circumstances affecting resident numbers or residents off cycle may necessitate changes.

1. Residents/Interns are not allowed to switch OB/Peds on-call for Medicine on-call without prior faculty and/or Chief Resident approval. The schedule is made to balance the experience in both areas.
 - a. Residents may not be on-call two nights in a row.

2. OB/Peds on-call:
 - a. Residents on OB, PEDS, GYN services and residents on services other than Medicine, Medicine-Renal are expected to cover.
 - b. Each week, two other interns (excluding interns on MED, IMR) may be incorporated into the OB/Peds on-call schedule with frequency of call being every four to five nights.
 - c. Interns must be in-house for call.
 - d. Residents must be in-house in the following situations:
 - i. Any MTB patient in Labor & Delivery as an outpatient for initial evaluation
 - ii. MTB patient in unstable condition (e.g. premature labor, vaginal bleeding) that need repeated examinations.
 - iii. MTB patient in labor until delivery
 - iv. Pediatric admission from the Practice or community pediatric/FP attendings until evaluated and reviewed with attending physician.
 - v. Pediatric/newborn patient in unstable condition.

3. Medicine on-call:
 - a. Interns in-house every three to five nights.
 - b. Second years, out-of-house call, frequency of every five to seven nights, as the Senior resident on-call. In-house call is required by intern availability.
 - c. Third years, out-of-house, frequency of every 10-12 nights as the Senior resident on-call. No in-house call after the intern/resident probationary period during July and August. Depending on upper year resident availability within the program weekend call during the intern/resident probationary period during July & August may be necessary.

5. Holidays include:

July 4	Christmas Day
Labor Day	New Year's Day
Thanksgiving	Memorial Day

Holiday schedules are determined by each individual class, excluding July 4, 2007, (designated observance of holiday) which is scheduled by the Chief Resident. In order to facilitate the on-call schedule being available in a timely manner, the incoming first year class has until July 13, 2007 to submit their holiday schedule to the Chief Resident. Otherwise the holidays will be assigned by the Chief Resident.

First Call

Interns/Residents provide 24-hour in-house call at Wilkes-Barre General Hospital. The frequency of this call is in compliance with ACGME Program requirements in Family Medicine, but may be less frequent if more interns are available, and may be more frequent during times of intern shortage -- such as vacation, illness, or other circumstances beyond the control of the Program. All interns and residents during their first 2 months of in-house on-call are required to complete an Intern/Resident Checklist for Hospital/On-Call Duties (See Appendix A).

Duties include, but may not be limited to:

1. Admitting and caring for patients on teaching services of nursery pediatrics, medicine, and OB.
2. Responding to acute emergencies in the hospital.
3. Evaluating and managing OB outpatient problems (e.g., bleeding, UTI, vaginal infection, rule out ROM, rule out labor).
4. Assisting with C-sections.
5. Keeping OB faculty on-call apprised of all activities and laboring patients.
6. Responding to acute emergencies as requested by hospital personnel or attending physicians. Attendance is expected at all codes, as part of the code team, with the ER staff required to manage the code.
7. Please note that when you are on-call, if a patient's clinical condition changes significantly for the worse, regardless of the hour, the back-up resident, faculty and family need to be notified. The resident in-house is responsible for notifying the back-up resident and the faculty on-call. The family member can be notified by nursing or the resident. It must be clear to both the resident and nursing staff who will assume responsibility for notifying the family if the patient has taken a turn for the worse.
8. Contacting the Senior Resident, when appropriate, regarding patient problems.
9. All new interns/residents must have at least their first two blocks in-house on-call time with a senior resident in-house.
10. Evaluating and co-managing patients referred for consultation from other services.
11. Attendance at Morning Report is required unless excused by outside preceptor or faculty attending to perform necessary clinical duties. The morning report excuse form, found on the I-Drive must be completed by the residents attending and handed in to the faculty secretary. This notice must be given within 48 hours of the absence, either written or by call faculty secretary at 552-8956.

Senior Resident Call

Second and third year residents share a Senior Resident on-call schedule determined by the Chief Resident(s). The Senior Resident is responsible for "coverage of the practice" and backup of the in-house interns/residents. Second year resident call frequency is expected to be four or five times a month. A senior resident is in-house in Blocks 1 and 2. Third year residents are expected to be on call once or twice per month. Duties will include, but may not be limited to:

Responding to telephone calls from patients of the Practice and MTB. Patients who need to be seen should be seen at Wilkes-Barre General Hospital Emergency Room. OB patients who need to be evaluated must be seen by the resident. It is expected you personally see all patients referred by you to the E.R. between 8:00 AM – 11:00 PM, and see all patients who may be unstable and could require hospital admission after 11:00 PM till 8:00 AM.

A. Emergency Room Protocols

1. If a Family Care Center patient becomes unstable in our office and requires movement to the Emergency Room, it must be communicated to the Emergency Room staff that will be caring for the patient in the Emergency Room. An ambulance should be called for transport to the Emergency Room.

B. Responsibilities

1. The Wilkes-Barre General Hospital ER physician should contact the faculty covering or on-call for admissions. The faculty notifies the in-house intern/resident who notifies the Senior Resident.
2. The Senior Resident requests help from the faculty as needed to assure patient safety and appropriate supervision of the in-house and senior interns/residents.
3. Reviewing admissions, in person, with the in-house intern/resident, including review of orders, exam of patient, and progress note on chart.
4. Assisting in primary patient care at Wilkes-Barre General Hospital when the intern/resident has an excessive amount of admissions/emergencies.
5. Responding to telephone calls from Nursing Homes and Hospice and managing patients as required
6. The upper year resident on call is responsible for presenting all admissions to the faculty on-call and keeping the faculty member apprised periodically of all activities of the practice
7. Communicating at Morning Report any admissions or problems encountered with patients while on-call.
8. Attending Morning Report. This is MANDATORY for all interns/residents, with the exception of the Renal service intern and residents on Pediatrics.

Residents on-call must be within a reasonable driving time of Wilkes-Barre General Hospital, i.e., no greater than 20 minutes. Accommodations in the hospital are available for those residents who have greater than 20 minutes driving time.

AFTER - HOURS TELEPHONE CALLS/EMERGENCY ROOM VISITS

We use our answering service, Signius, on weekends, holidays, and weekdays after hours. A patient call is answered by the Exchange Operator, who then notifies the Senior Resident on-call by pager. The Operator provides the patient's name, telephone number and a brief description of the problem to the Senior Resident. The Senior Resident has the responsibility of contacting the patient as soon as possible. If the patient needs to be seen, THE SENIOR RESIDENT EVALUATES THE PATIENT IN THE ER OF THE WILKES-BARRE GENERAL HOSPITAL. Unstable patients can be seen by the ER physician until the Senior Resident arrives. If the Senior Resident feels an admission is warranted, they should discuss this with the faculty on-call.

Telephone or Emergency Room contacts are to be recorded in Practice Partners under template: telephone contact. This is to be forwarded to the faculty on call for review/ and signing. Telephone/ ER forms (Appendix I) are available if needed for documentation in the event of a failure of the system but the note should be entered into Practice Partners as soon as the system is back online.

The Senior Resident on-call has the responsibility of being available by pager and notifying the answering service and hospital page-operator of their whereabouts when appropriate. He/she is responsible for calling the answering service if he/she was in an area where the pager may not receive a signal, e.g., Emergency Room.

Beepers should be checked, daily, to be sure the battery is charged. Six batteries (six months supply) are issued to the residents in advance by the Family Care Center Telephone Operator.

OB Call

Continuity of care is an important principle for all patients especially for obstetric patients. We encourage all Interns/Residents to attend the births of their patients as much as possible.

If an Intern/resident's patient is admitted in labor, the primary physician should be contacted. At this time, the primary physician should advise the on-call Intern/Resident if they want to be present for the delivery. One should be sure that documentation in the patient's chart is complete regarding labor management because one may be unable to attend the delivery.

1. The intern/resident on-call for OB/Peds will manage OB inpatients and outpatients from 5:30 p.m. - 7:30 a.m. (Night Float Resident (s) weekdays and 9:00 a.m. - 9:00 a.m. weekends and holidays).
1. Interns/Residents must notify the on-call OB faculty of all outpatients evaluated and all laboring patients. The faculty or staff obstetrician should be present for all deliveries.

Attending Faculty On-call

An attending faculty member is on-call at all times and available for consultation and assistance. All admissions must be discussed with the OB faculty on-call. All intern/resident deliveries must be supervised by an attending faculty member. The level of supervision will vary according to the experience of the intern/resident. All interns/residents should notify the appropriate faculty when an OB patient is admitted. The interns/residents should call the faculty to assist in clinical duties when there are conflicting situations requiring immediate attention.

Multiple Patient Care Duties

When there are multiple patient care duties requiring immediate attention, the following guidelines should be followed:

1. The intern/resident should complete what they are doing and the Senior Resident or faculty should handle the new situation until the intern has completed their current activity.
2. If there are concurrent patient care duties, the activity that is pertinent to the intern/resident's clinical rotation should be the one they are most involved in. (e.g.: An intern is on Pediatrics and there are two admissions at the same time, an acute MI and a sick child; the intern should complete the pediatric admission and the Senior Resident should do the initial stabilization of the acute MI and the H & P.
3. Do not be reluctant to ask for help.

NIGHT FLOAT GUIDELINES

The night float rotation is designed to allow for better patient coverage while lessening the demands of a rotating call schedule. This year, it is scheduled to start with the 4th rotation for senior residents and the 7th rotation for first year residents. This is an educational rotational and therefore, the behavior expectations are as follows:

1. Hours will be Sunday through Thursday nights starting at 5:30pm and ending at 7:30 am. Office hours will be Friday morning and the residents are expected to present at morning report prior to starting their office hours.
2. Residents are expected to carry out their normal daytime duties including but not limited to: record keeping in Practice Partners and medical records, patient call backs, review of lab data, answering voicemail messages, reviewing email, reading, lecture preparation, and any other responsibilities or assigned duties that may arise.
3. Evening rounds are required on all inpatients for our covered services (including adult medicine, pediatrics, and obstetrics). Your patient logs should include all admissions and patients seen on rounds. Please also keep track of you readings to be submitted for review with the patient logs.
4. Admissions and patient evaluations on adult medicine, pediatrics, and obstetrics are to be performed by the first year resident and discussed with the senior resident to formulate an appropriate intervention. Once this discussion is complete, the senior resident will contact the appropriate attending to review plan.
5. Any calls received regarding clinical change in the status of an inpatient should be responded to IN PERSON, with evaluation of the patient and the situation. Examples of this would include, but are not limited to, the following: development of a fever, complaint of any type of chest pain, excessive postpartum bleeding, transitional tachypnea of the newborn, change in other vital signs, the development or worsening of agitation, and a change in mental status. Proper documentation of this interaction is expected.
6. All unusual orders for medications, or the performance of any invasive procedures should be reviewed with the on-call faculty prior to carrying them out. Both the senior resident and on-call faculty are available to review any questions or concerns that may arise.
7. Sign-out with the medicine, ob, and pediatric residents is expected to occur in person prior to starting the evening and again in the morning.
8. The residents on night float are responsible for presenting a case-based presentation each Friday morning. Typically, each resident will do one presentation per 2 week rotation. However, in the event that only one resident is assigned to night float, that resident will be responsible for both Friday morning presentations. It is expected that this presentation will cover a new topic each time it is completed. All presentations will be evaluated by the faculty present. Appendix B is a copy of the form to be used for this evaluation. An unsatisfactory result will require a make-up presentation in order to successfully complete the rotation.

Full explanation of the rotation is available in the curriculum manual.

Inpatient Coverage Responsibilities

It is understood that interns/residents on the in-patient services (OB, Medicine and Pediatrics) will cover for each other in the event of illness, office hours, etc. If one of these services is left without a resident, the policy will be as follows:

If Medicine or OB is left without resident coverage, the senior of the two pediatric residents will be pulled to cover the deficient service. If this is not possible (e.g. the senior resident is on Neonatal Service at CMC), the senior OB resident will be pulled for Medicine and vice versa.

If both Pediatric Residents are away, the service will be covered by the more senior of the OB Residents or the resident designated by the OB Faculty.

The above policy does not apply if all the residents are scheduled for an activity, (e.g. educational seminars or in-training examinations). It should be used to cover for a single Medicine Resident during their office hours. Residents covering in this way are not credited on the S-List. The S-List may be used, at the discretion of the Medicine or OB Faculty Physician, if the above procedures cannot be followed.

Weekend Rounds

Interns/Residents assigned to teaching services, such as Internal Medicine/ Family Practice, Pediatrics, and Obstetrics/Gynecology, are required to make weekend and holiday rounds on those services. Following completion of the rounds, one should sign-out to the Interns/Residents and the faculty on-call. **Interns and residents assigned to teaching services are expected to assume responsibility for the care of their patients and must not leave the hospital at night or on the weekend without signing out those patients to the covering intern/residents and the faculty on-call.**

Service Call Responsibilities

The Family Practice Residency Program are responsible for service call according to defined guidelines. Service patients are those admitted through the Emergency Room without a primary care physician. The guidelines include:

1. OB—Service call is taken on one month at a time. During this month we take all unassigned patients as well as MTB.

Inpatient Coverage Responsibilities

The following responsibilities are for those covering the inpatient services whether they are the assigned resident or on-call, covering resident.

1. ALL patients on in-patient services must be signed out daily to the on-call covering physician. See sign out protocol, page 28.
2. Interns/Residents should speak to all consultants regarding patients.
3. Orders reviewed by an attending must be written as discussed. If you feel an order needs further analysis or clarification you must notify the covering attending physician. All orders must be written in compliance with Hospital policy. (E.g. avoidance of dangerous abbreviations)
4. Time off from the rotation needs to be discussed ahead of time with the attending and/or co-resident covering. Patient responsibility needs to be pre-arranged by the intern/resident taking time off.
5. The attending physician must be notified of all WVFM patient deaths or AMA leaves at the time of occurrence.
6. All interns/residents and faculty are expected to perform in a professional and exemplary manner. Deviation from this expectation is subject to System review.
7. All patient complaints should be evaluated, when possible, by directly speaking with the patient. All problems should be well-documented.
8. ALL calls and pages received from nurses, physicians or patients must be answered within a reasonable and expedient amount of time. In the WBGH E.R., Radiology and Medical Records Departments, pages may not be heard. Notify the service where you are if you are in any of these areas.
9. 24 hour coverage must be maintained for all our patients in the hospital.
The in-house intern/resident covering medicine is required to carry the code beeper in addition to their personal beeper at all times. The code beeper will personally be handed over at sign out.
10. All admissions to the hospital need to be reviewed with the attending physician prior to the senior resident leaving the hospital.
11. Prior to doing weekend rounds, the intern/resident must contact the on-call intern/resident to review any new admissions and patient concerns from the previous night.
12. The intern/resident covering in-house should attend all procedures our patients have, if clinical duties permit.
13. All WVFMRP inpatients must be evaluated, have their records reviewed, and progress notes on their charts completed daily.

14. A review of nursing/ancillary care should take place with each patient and their care-giver.
15. All medical records and reports should be kept up-to-date, reviewed and signed. History and Physicals should be performed and dictated within 24 hours after admission. Discharge Summaries must be completed within 2 weeks of discharge.
16. The patient's family should be informed of the patient's care plan if they have been determined to be an integral part of their care (without breach of confidentiality).
17. In compliance with HIPPA regulations, a patient's confidentiality should strictly be maintained and discussed only in private areas in a format set-up for this purpose. Also in reviewing patient charts, the resident must be in HIPPA compliance. Discussing patients in elevators, hospitality shops, walking areas, and other such frequented areas should be strictly avoided.
18. Any pending diagnostic studies must be reviewed prior to sign-out. On-call interns/residents must be notified of any tests that are pending and need review.
19. Patients that are unstable, critical or require closer observation should be highlighted to the on-call intern/resident during sign-out and closely monitored throughout the night. This includes at least one visit to the patient during the on-call shift.
20. Off-service notes are required when both the incoming interns/residents are new to the service.
21. Record all procedures in resident log (appendix D).
22. Record all deliveries, including type, and management of labor.
23. Record all critical care patients (appendix D)
24. Required to teach fellow residents, and students.

Patient Sign Out SBAR Policy

An organized approach to the sign out of inpatients on our various services is an important first step in ensuring good patient care. Below is a stepwise approach to how this communication should occur. Becoming proficient with the SBAR format when signing out patients will provide better communication between providers and decrease the risk of error. This format resembles the SOAP note format used when writing patient notes and having a standardized approach to verbal communication is as important as it is for written information.

Guidelines for inpatient sign out:

Situation (Medical Status) – state what is happening at the present time that has warranted the communication; i. e. name, age, chief complaint or current status.

Background – explain circumstances leading up to this situation; put the situation into context for the listener; i.e. admitting diagnosis, date of admission pertinent medical history, brief synopsis of current hospital course, medications, code status

Assessment-what do you think the concerns are; i.e. most recent vital signs, Physical exam findings, changes that occurred during the day or overnight

Recommendation- what would you do to address the situation; i.e. lab and x-ray findings that need f/u, reviewing consultations, reassessing the patient

Sign out is expected to occur in the morning before morning report and in the evening prior to the start of call. It is expected that all residents involved with inpatient services will sign out to the residents on call for the night. Senior residents should supervise the sign out to ensure the proper information is relayed and junior residents are responsible for the providing the information following the above format.

Conference Committee Mission Statement

Rationale for the educational programming which includes both didactic and experiential learning is as follows: educational programming will focus on enhancing the competency – based learning models set for by the AOA and ACGME.

Conference Objectives

1. To provide, during a dedicated time, an organized method of reviewing and introducing medical, psychosocial, administrative, business, and personal enhancement concepts which address the educational needs and interests of the interns/residents.
2. To have an available forum for interns/residents and faculty to develop their professional presentation competencies and gain exposure to various teaching styles.
3. To provide a forum for intellectual discussions with a diverse selection of topics, presenters, and formats.
4. To assist in fulfilling Program requirements of the AOA and the Residency Review Committee of the ACGME.
5. To help interns/residents address deficiencies in personal and clinical experiences.
6. To enhance clinical decision-making through case review for medical accuracy and cost-effectiveness.
7. To provide a resource for information on community health problems and a means for interaction with other health care providers in the community.
8. To develop an atmosphere which encourages team building and strengthening of interpersonal relationships.
9. To support the curricular activities of the various rotation disciplines within the Residency Program.

Morning Report and Wednesday Afternoon Conferences

Morning Report and Wednesday afternoon Conferences are held daily in the Lauzonis Conference Room. Morning conferences begin at 8:00 a.m. Monday, Tuesday, Thursday and Friday; and 7:30 a.m. on Wednesday.

- A. Morning Report should be primarily an opportunity to present and discuss cases. Interns/Residents, particularly those on-call the preceding night should come to Morning Report prepared to present the admissions, answer questions and discussions. Depending on time constraints, one or two cases should be presented. Wednesday afternoon conferences are scheduled from 1-4p.m.
- B. Lectures are presented by Residency faculty, WVHCS staff physicians, guest physician speakers, interns/residents, and others with expertise in selected topics. Presentations may be in a lecture, group discussion, or workshop format. A resident's meeting takes place from 3:00 – 4:00 on the 2nd week of the month
- C. Each upper year resident (2nd and 3rd) is responsible for periodic case-based and 1 journal club presentation a year. A list of presenters is listed on the bulletin board outside the conference room.
- D. Nursing home rounds take place between 3:00 to 4:00 p.m. on the last Wednesday of the month.

The schedule of conferences for the current month is posted on the bulletin board outside the Lauzonis Conference Room and is available on Microsoft Excel (I:drive) Resident Conferences.

Expectations

1. Regular and punctual attendance of all interns, residents and medical students is required. (Exceptions to attendance are intern/residents on the Internal Medicine/Renal, Anesthesia, Neonatology at CMC, and Night Float).
2. Each intern/resident is allowed a maximum of 3 unexcused absences each calendar month.
3. Sick time (no < ½ day increment), approved personal time, comp time, annual time or CME time are acceptable reasons for absence from morning report/conference with prior faculty approval.
4. All pagers should be set for silent notification (i.e.vibrate) when at a conference.
5. Anyone entering or leaving the Conference Room while the speaker is presenting should be respectful of conference etiquette.
6. Coverage for each service remains the responsibility of the intern/resident(s) on that service.
7. Interns/Residents rotating with attendings outside our immediate practice should advise them regarding the required attendance and participation policy.

Journal Club

Residents are required to participate in presenting at Journal Club on a rotating basis (approximately 2 to 3 times per year). Journal club will occur monthly. Participation as both a presenter and audience attendee allows for development of the evaluation tools needed to stay current with the medical literature. Residents are expected to choose articles of clinical relevance and be able to discuss how the information should be translated into clinical practice. Journal Club presentations will be evaluated on the basis by all faculty in attendance (see Appendix I):

Wyoming Valley Family Medicine Residency Journal Club Evaluation Criteria

1. Described rationale for conducting study and stated study objectives/hypothesis.
2. Appropriately described the study design
3. Described the characteristics of the study population.
4. Identified potential sources of bias.
5. Appropriately assessed whether drug doses and regimens reflect the current standard of care and whether duration of study was adequate.
6. Discussed and assessed appropriateness of statistical tests used.
7. Clearly stated the results by reviewing data in tables and figures and stated whether results were statistically significant.
8. Discussed if the conclusions were valid on the basis of the study's objectives and results.
9. Able to articulate whether statistical significance correlates to clinical significance and how the results of the study can be used in practice.

HOSPITAL ADMISSIONS

ALL hospital admissions must be discussed with an Attending Physician/ or Faculty Preceptor prior to admission. All FCC patients are admitted to the Wilkes-Barre General Hospital to a faculty attending.

Prior to admission, the admitting health care provider must contact the appropriate intern/resident on the service to discuss the patient's problems and initial management. Care of this patient is the responsibility of the intern/residents assigned to that service. It is the responsibility of the intern/resident admitting the patient to notify the primary care provider of that patient's admission. This can be done by leaving a message in her/his voicemail. During the hospitalization, the patient's primary physician is required to follow the patient's progress by making frequent visits and discussing the case with the interns/residents on the service. An attending physician oversees and manages the service with the interns/residents.

Obstetrical and gynecological cases are admitted to the OB attending at WBGH. Patients admitted for Labor/Delivery are the primary responsibility of the resident who is on call. Each patient's continuity resident physician should be notified when their patients present to Labor and Delivery. If they are unable to be present, they should discuss the patient with the interns/residents covering OB or covering OB/Peds on-call. They are expected to visit the baby and mother the next day.

HOSPITAL DISCHARGES

All patients discharged from the hospital need a follow-up appointment scheduled by the intern/resident who is discharging the patient. Every effort should be made to schedule a follow-up appointment with the patient's primary care provider. If this is not feasible, consideration should be the patient's preference or physician having the most contact with the patient while hospitalized. The intern/resident should leave a brief summary of the patient's hospital course on the primary care provider's voicemail and fax a discharge medication list to ensure continuity of care.

POST HOSPITAL FOLLOW-UP PHARMACY CLINIC APPOINTMENTS

Patients admitted to WBGH should be followed by a physician in the office within one week of discharge. To enhance the continuity of care, avoid adverse medical outcomes, and optimize medical management, one should consider referring patients to the Pharmacy Clinic. It is **STRONGLY RECOMMENDED** that patients taking multiple medications on admission to, or discharge from the hospital be referred for an appointment at Pharmacy Clinic for medication review and additional patient education. Both appointments should be scheduled before the patient is discharged. Ideally the appointments should be made for the same day. If there is a conflict in scheduling and it is not inconvenient for the patient, appointments can be made for separate days.

HOSPITAL MEDICAL RECORDS

Please refer to WVHCS Physician Orientation Handbook which is designed to provide general information regarding the Medical Records Department at WBGH.

Discharge summaries must be completed within two weeks.

Interns/Residents are required to become familiar with all hospital record keeping systems which allows access to hospital test results and dictation.

DOCUMENTATION OF INTERN/RESIDENT CLINICAL ACTIVITIES

The American Osteopathic Association and the Residency Review Committee for Family Medicine of the ACGME require documentation of intern/resident clinical activities. Documentation of intern/resident clinical activities is used to assess intern/resident completion of rotations. Documentation of intern/resident clinical activities is also used to evaluate the educational value of rotations and the Residency Program. Documentation of intern/resident clinical activities, including procedures, is required for future credentialing of privileges at hospitals and in group practices. Requirements for such documents are becoming increasingly stringent for various healthcare systems and medical groups.

Rotation Specific Documentation

Interns and residents must complete an AMERICAN OSTEOPATHIC PHYSICIAN INTERN/RESIDENT LOG for each rotation (Appendix C) as appropriate. These must be reviewed and signed by both your attending and advisor at the completion of each rotation. They are part of the IRAC Report. A copy of the logs is maintained by the Program and the intern/resident. **Family Care Center office hours do not need to be included, except for specialty clinics. Logs must be completed and signed by the Rotation Preceptor and given to the Faculty Secretary or Residency Coordinator within 2 weeks of completing the rotation.** Logs are considered complete only if signed by the rotation preceptor. Discovery of non-compliance with this policy will result in the initiation of a disciplinary procedure documentable in the intern/resident file.

Visit Documentation

The WVFMRP Residency provides interns/residents the opportunity to interact with patients that require proficiency in both a cognitive knowledge base and compassionate care in a different setting. Interns /Residents are expected to understand the special needs of these patients. Residents are expected to record the interactions with their ICU and Nursing home patients in a separate log which will be reviewed at the IRAC meeting.

Procedure Documentation

The ACGME Program Requirements for Residency Education in Family Practice (www.acgme.org) and the AOA Basic Documents for Postdoctoral Training (www.do-online.org) require residencies to “provide the opportunity for residents to learn, in the hospital and ambulatory settings, those procedures that can be anticipated as part of their

future practices.” They require procedures to be documented, evaluated, and kept on record.

The WVFMRP Residency provides interns/residents the opportunity to perform technical activities defined as medical skills that require proficiency in both a cognitive knowledge base and manual dexterity. Interns /Residents are expected to understand the indications, the contraindications and complications for these medical procedures. Listed below are the procedures available to the interns / residents. The procedures where competency is required prior to graduation are designated.

The level of proficiency is determined and documented by the Preceptor Supervisor. Each intern/resident will have a PROCEDURE RECEIPT BOOK (Appendix D) for documentation. Credit will be given only when procedures have been appropriately recorded and supervision documented.

Procedure receipts should be reviewed with and initialed by one’s advisor and summarized at IRAC. After completion of the Residency, this summary will be available to credentials committees (upon request) when applying for staff procedural privileges. Each intern / resident will keep their own procedure logs for future documentation needs.

The Levels of Proficiency include:

Learning: One requires preceptor supervision

Mastery: One may perform the procedure with no immediate supervision. Designation of “Mastery” is only upon completion of minimum standards and authorization of an attending supervisor.

Supervisory Capable:

One may observe, precept and instruct other interns/residents in this procedure. Designation of “Supervisory Capable” is only upon authorization of an attending supervisor. A resident cannot certify another resident to a “Mastery” or “Supervisory Capable” level.

It is important that you maintain a copy of all your rotation evaluations, logs and procedures.

RESIDENT NAME: _____

Competency must be demonstrated prior to graduation

PROCEDURES:

SKIN

LOCAL ANESTHESIA INJECTION

EXCISIONS

SUTURING

ABCESS I & D

PUNCH BIOPSY

OB/GYN

PAP

SVD

MANAGEMENT OF NL L & D

AMNIOTOMY

KOH/WET PREP

PIT AUG/INDUC

MUSCULOSKELETAL

SPLINTING

JOINT INJECTIONS

MISC

ACLS

NEONATAL RESUSCITATION

PALS

INSERTION OF URETERAL CATHETER

CIRCUMCISION

ENDOTRACHEAL INTUBATION

OFFICE MICROSCOPY

OFFICE SPIROMETRY

EKG INTERPRETATION

EVALUATION OF FAMILY MEDICINE INTERNS AND RESIDENTS

Evaluation of interns and residents focuses on fund of knowledge, technical skills, interpersonal skills, attitudes, behavior and professional character. A record of all evaluations is kept on file in the individual folder of each intern and resident. It is available in the Residency Coordinator's office for review by the intern/resident during regular business hours. Interns/residents wishing to review their files must sign and date a form, indicating they have done so. Files must be reviewed in the Residency Coordinator's office.

The individual intern/resident's faculty advisor meets with the intern/resident a minimum of four times per year to review evaluations and provide feedback to the intern/resident about performance on rotations, to identify significant stresses, problems, or other barriers that may be interfering with their performance, and to discuss curricular choices and future plans. Interns/residents are expected to present their procedure receipt books for review at these meetings. Interns/residents may also schedule an appointment with their faculty advisor at any time.

The evaluation process is intended to establish academic standards for intern/resident performance and to indicate an intern/resident's ability to proceed to the next level of responsibility. This process should provide positive feedback and early identification of deficiencies in an intern/resident's fund of knowledge, technical and interpersonal skills, attitudes and professional character. Early identification of deficiencies allows for appropriate remedial action to assist an intern/resident to satisfactorily complete the requirements for residency training in Family Practice.

The Intern Resident Advancement Committee (IRAC) reviews the intern/resident's overall performance, identifies deficiencies, and makes recommendations for continuance in the Program and/or completion of remedial educational requirements. The performance review includes:

A. In-Training Examination

Both the ACOFM and the ABFM require participation with their yearly in-training examinations. The exams are broad-based, similar to for certification. They specifically measure cognitive knowledge in all areas essential to Family Medicine. Clinical problem-solving skills also are reflected as a major section.

All osteopathic family medicine interns and residents are required to complete both exams. All Family Medicine interns and residents ARE REQUIRED to complete this examination in November each year. The next scheduled exam is November 2007. Minimum performance standards on this examination are based on equaling or exceeding the following composite score levels for all interns/residents (combined PGY-1, PGY-2, and PGY-3): PGY-1 - 390; PGY-2 - 390; and PGY-3 - 390.

If an intern/resident fails to meet acceptable performance standards, the Program Director will ask for a review by the IRAC. This Committee considers the individual's overall performance, identifies deficiencies, and makes recommendations for completion of remedial educational requirements.

If an intern/resident's score in any of the major areas is below the 10th percentile, the intern or resident is notified that this performance is unsatisfactory. The IRAC reviews the recommendations for remedial educational requirements.

An intern/resident who scores below the 10th percentile on the In-training Examination in any two or more major areas in two consecutive years may not be allowed to advance to the next level of training responsibility.

B. Rotation Evaluations

The Rotation Evaluation evaluates an intern/resident performance in six areas, patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. This form is completed by the preceptor at the end of each rotation. Each evaluation form is reviewed by the faculty advisor and the intern/resident after the completion of the rotation.

Each intern and resident receives their OUTSIDE PRECEPTOR RESIDENT'S PERFORMANCE EVALUATION (Appendix E) and is responsible for assuring that their preceptor completes and returns the form in a timely manner. This encourages direct discussion of the evaluation with the preceptor. Interns and residents should give the form to their preceptor early in the rotation.

Automatic review by the IRAC will occur if there is:

1. A Final Evaluation is of "Failed" or "Incomplete"
2. A rating of less than 3 is given in two or more of the six areas on the evaluation form

Interns and residents receive an electronic evaluation packet for each rotation, including a RESIDENT EVALUATION OF ROTATION and RESIDENT EVALUATION OF ATTENDING from MyEvaluations.com. These forms should be completed and returned to the Program Director. This information is used to make curricular changes and give feedback to attendings. Some rotations have specific rotation competency sheets. The faculty in charge of these rotations will determine when the intern/resident has completed these rotations.

C. Videotape & Direct Observation Interview Assessment

Each intern and resident is scheduled for videotaped patient interviews in the Family Care Center. This is arranged with the intern/resident's advisor or other faculty member. Videotaped interviews are assessed using a VIDEO REVIEW FORM (Appendix F).

D. Office Performance

Advisors complete a CHART REVIEW FORM (Appendix F) as part of the Quarterly Intern/Resident Advancement Review. Chart Reviews address issues of completeness of notes, timeliness, appropriate diagnosis and treatment, appropriate documentation of preceptor interaction and use of computer-generated prescriptions.

E. Resident logs/Resident evaluation of rotations

Completion of all logs including OB, Nursing Home visits, ICU Patients will be reviewed. Completion of all rotation evaluations will be reviewed. These items timely and thorough completion will be used as a reflection of resident's professionalism. Failure to complete these items will severely impact the resident's letters of recommendation in the area of professionalism. It also may impact the resident's ability to obtain hospital privileges in the future.

F. Temporary File

Documentation of "special" communications is maintained in a temporary file. This temporary file may be discarded completely if the intern/resident's subsequent performance is determined to be satisfactory by the Faculty Advisor and Program Director. The Faculty Advisor, with input from the Program Director and IRAC committee, decides which documentation becomes part of the intern/resident's permanent file.

ADVANCEMENT OF WVFMRP INTERNS AND RESIDENTS

The WVFMRP Intern/Resident Advancement Committee (IRAC) meets quarterly to review the performance of each WVFMRP intern/resident. The IRAC decides if an intern/resident may continue in the Program and advance to increased levels of responsibility. This Committee is chaired by the Program Director, with all Residency faculty members and a WVHCS representative as members.

The Criteria are as follows:

Criteria for Advancement from Resident Level One to Resident Level Two

The following are the minimal competency criteria that residents must demonstrate in order to advance to the second year level:

Patient Care

All R1 rotations must be passed satisfactorily with evaluations sent to the Program Director prior to advancement.

1. Outpatient:

- a. Demonstrate ability to handle 2-3 patients per hour working with medical assistance and to see patients within twenty to thirty minutes of assigned time. This includes ability to:
 - Identify chief complaint, perform appropriate exam for chief complaint and formulate plan of management in conjunction with preceptor
 - Obtain partial or complete database and add to this on subsequent visits
 - Maintain legible charts using SOAP format with appropriate problem list, health maintenance screening guides and signature
- b. Perform basic office skills commensurate with level of training
- c. Must have seen at least 150 patients at the FMC

2. Inpatient:

- a. Pass Advanced Cardiac Life Support Course
- b. Pass Pediatric Advanced Life Support
- c. Pass Neonatal Resuscitation Course
- d. Ability to perform usual duties required to take obstetrical night call as determined by the Director of Obstetrics and Gynecology
- e. Ability to assess acutely ill patients, making appropriate management decisions, including seeking appropriate medical consultation, as determined by inpatient attending physicians and Family Medicine faculty

Professionalism

- a. Completion of all inpatient charts
- b. Have taken the USMLE Step III/COMLEX Step III, or be scheduled to take the exam within the first 2 months of the R2 year, or 3 months if resident is doing an away rotation
- c. Display appropriate integrity, compassion, and respect for patients
- e. Attend all assigned committees

System Based Practice

- a. Demonstrate active participation in patient care
- b. Practice cost effective health care and resource allocation that does not compromise quality of care as reflected in monthly rotation evaluations and patient 360° evaluations

Medical Knowledge

- a. Meet all attendance Requirements
- b. Score of at least 390 on the Family Medicine In-Training Examination. Residents who score less than 390 must have signed verification by their advisor of completion of an individualized learning plan.

Practice Based Learning

- a. Display the ability to supervise, instruct, and facilitate the learning of students.

Interpersonal and Communication Skills

- a. Work effectively with others as a member of a health care team
- b. Display appropriate interpersonal skills with attendings, colleagues and staff, and
- c. Create and sustain a therapeutic and ethically sound relationship with patients as demonstrated by 360° evaluations, monthly rotation evaluations and Family Medicine faculty
- d. Handle conflict effectively
- e. Complete Oral Presentations

Criteria for Advancement from Resident Level Two to Resident Level Three

The following are the minimal competency criteria that residents must demonstrate in order to advance to the third year level:

Patient Care

All R2 rotations must be passed satisfactorily with evaluations sent to the Program Director prior to advancement.

- a. Demonstrate satisfactory performance in office setting including ability to care for 3-4 patients per hour
- b. Perform basic office skills commensurate with level of training
- c. Demonstrate ability to supervise, teach and direct junior residents.
- d. Demonstrate ability to handle patient telephone inquiries
- e. Must have seen a cumulative total at least 650 patients at the FMC

Professionalism

- a. Completion of all inpatient charts
- b. Attendance and participation at all conferences
- c. Active participation in hospital and residency committees as assigned

System Based Practice

- a. Demonstrate active participation in patient care including the ability to partner with health care managers and providers to assess, coordinate and improve health care as demonstrated by monthly rotation evaluations
- b. Practice cost effective health care and resource allocation that does not compromise quality of care

Medical Knowledge

- a. Meet all attendance Requirements
- b. Passage of USMLE Step III. Failure to do so will result in dismissal from the residency.

- c. Score of at least 390 on the Family Medicine In-Training Examination. Residents who score less must have signed verification by their advisor of completion of an Individualized Learning Plan.

Practice Based Learning

- a. Initiation of QA project
- b. Compliance Committee participation
- c. Proficiency in nightfloat case based presentation.

Interpersonal Skills

- a. Create and sustain a therapeutic and ethically sound relationship with patients
- b. Display appropriate interpersonal skills with attendings, colleagues and staff.
- c. Work effectively with others as a leader of a health care team as demonstrated by 360° evaluations, monthly rotation evaluations and Family Medicine faculty
- d. Demonstrate conflict resolution skills

Criteria for Completion of Resident Level Three

The following are the minimal competency criteria that residents must demonstrate in order to complete to the third year level:

Patient Care

All R3 rotations must be passed satisfactorily with evaluations sent to the Program Director prior to graduation.

- a. Demonstrate competence on the FCC inpatient rotation, with the ability to function as a junior attending
- b. Demonstrate satisfactory performance in office setting including ability to see 4 patients per hour, for a minimum cumulative total of 1650 patient visits by year end
- c. Documented completion of at least 2 home visits, chosen from patients in the Family Care Center, and long term care of patients in SNF.
 - d. Documented ability to perform basic office skills competently.
- e. Documented completion of a minimum of 40 OB deliveries, with at least 10 being continuity deliveries from the resident's FCC, and 30 vaginal
- f. Document care of a minimum of 15 ICU patients

Professionalism

Completion of all patient charts in a timely fashion.

System Based Practice

- a. Demonstrate active participation in patient care, including the ability to partner with health care managers and providers to assess, coordinate and improve health care
- b. Practice cost effective health care and resource allocation that does not compromise quality of care

- c. Demonstrate the ability to work within the larger context and system of health care, serving as patient educator and advocate

Medical Knowledge

- a. Attend all required conferences.

Practice Based Learning

- a. Completion of QA project
- b. Completion of at least 5 chart audits-Compliance Committee

Interpersonal Skills

- a. Create and sustain a therapeutic and ethically sound relationship with patients
- b. Display appropriate interpersonal skills with attendings, colleagues and staff
- c. Work effectively with others as a leader of a health care team as demonstrated by 360° evaluations, monthly rotation evaluations and Family Medicine faculty

If the Committee decides an intern/resident may not advance in the traditional way or identifies deficiencies in the intern/resident's performance, the intern/resident is notified in writing by the Program Director.

An intern/resident has the right to appeal any decisions made by the IRAC. Appeals should be made in writing according to the process outlined in this manual (see next pages).

ACADEMIC PROBATION

An intern/resident may be placed on Academic Probation when their performance is considered unsatisfactory. Academic Probation may result from significant deficiencies in clinical knowledge, interpersonal skills, professional character, behavior and/or identification of intern/resident impairment or insubordination.

While on Academic Probation, an intern/resident MAY NOT:

1. Moonlight
2. Submit vacation/conference requests without pre-approval from their Faculty Advisor or Program Director
3. Function as Chief Resident (Co-Chief).

One goal of the probation period is to allow for remediation and as such, must allow for sufficient time for the required change or improvement to occur. This may be an extended time period, e.g. 90-180 days. Specific standards for satisfactory performance are delineated by the intern/resident's Advisor and Program Director and reviewed with the intern/resident. During probation periods, rotation evaluations are obtained at the half-way point and at the completion of each rotation (e.g. 4 week rotations have an additional two week evaluation and two block rotations have an additional 4 week evaluation). The Faculty Advisor meets at least monthly with the intern/resident to review progress and provide feedback.

SUSPENSION

Any action that breaches commonly accepted professional standards (e.g. failure to carry out assigned responsibilities) is sufficient grounds for immediate suspension. Significant deficiencies that jeopardize the continuation of an intern/resident should be identified in writing by any faculty or attending physician, with appropriate notice to the intern/resident and Program Director.

NON-RENEWAL OF APPOINTMENT OR NON-PROMOTION

In the event a resident will not be offered continuation of training, or will not be advanced to the next year of training, the WVFMR will notify the resident in writing no later than four months prior to the end of the current contract. If the primary reason(s) for the non-renewal/advancement occurs within the four months prior to the end of the current contract, the WVFMR will provide the resident with as written notice as circumstances will reasonably allow.

TERMINATION OF CONTRACT

Repeated or serious violations of WVHCS Human Resource policies, Residency Policy or accepted professional standards may lead to termination of contract. Appeal of such termination of contact may only be made by following the process outlined in the Grievance Process (see below).

GRIEVANCE PROCESS FOR FAMILY PRACTICE INTERNS/RESIDENTS

The responsibilities, evaluation methodologies, and advancement criteria for interns and residents have been described above. This description is presented to each intern and resident via this manual prior to the commencement of each intern/resident's year of training.

At times, the Intern and Resident Advancement Committee (IRAC) may make decisions with regard to an intern/ resident's performance that an intern/resident may view as negative, or that adversely affects their participation or advancement within the Residency Program. In the event of such an occurrence, the affected resident may request a review of the decision. The request for such a review must be in writing and delivered to the program director or designee within 10 calendar days of the resident's receipt of the IRAC decision. Examples of such adverse actions may include, but may not be limited to, placement of the intern/resident on probation, suspension from duties, or termination/nonrenewal of the employment contract.

Upon receipt of said request, the Program Director or designee will schedule a meeting between the initiating intern/resident and the IRAC. The date and time of said meeting will be set such that said meeting will occur within fifteen working days from the date of the receipt of said request.

The initiating intern/resident of said request for review is required to attend said meeting and is permitted to be accompanied by any senior resident involved in the immediate supervision of said intern/resident. The purpose of this required attendance of the involved intern/resident is to provide said intern/resident an opportunity to present his/her concerns regarding said decision directly to the Committee.

The IRAC will determine their recommendation(s) and the Program Director or designee will communicate, in writing, the IRAC's decision(s) to the initiating intern/resident within two working days.

The intern/resident may write an appeal within 15 calendar days to the President of the Board of Directors of United Health and Hospital Services, Inc. If an appeal is made, the President will convene the Board of Directors of United Health and Hospital Services, Inc. to review issues. This meeting must take place within 10 working days of receiving a written appeal. The President must notify, in writing, the intern/resident and the Program Director of any decisions of the Board of United Health and Hospital Services, Inc., within 2 working days of the meeting.

Legal counsel for any party in the grievance may not be present or participate in any meeting convened among the parties in this process.

MOONLIGHTING

A resident's primary commitment is to the activities of the Residency Program. Moonlighting activities must not interfere with the Program responsibilities. Examples of such interference by moonlighting include, but are not limited to absence from duty because of moonlighting or following moonlighting, impaired performance or leaving Program duties early.

All moonlighting activities performed by residents must be recorded and approved by the Program Director. MOONLIGHTING APPROVAL FORMS (Appendix G) are available from the Residency Coordinator. Records are to be kept current by each resident and placed in the resident's file after the Program Director has reviewed and approved.

Moonlighting Privileges are suspended for a minimum of one month at the first instance of interference or failure to record and/or have moonlighting activities approved by the Program Director. The second instance of interference results in termination of an individual's moonlighting/Extended Hours privileges for a minimum of six months.

No moonlighting activities may occur while a resident is "on-call." For example, a resident may not work in the Wilkes-Barre General Emergency Room while being "on-call" for the Residency Program. No moonlighting may occur when a resident is on "sick leave", family medical leave or probation.

As of July 1, 1987, state licensing regulations affect the opportunities for moonlighting. State regulations for allopathic and osteopathic physicians differ:

- A. Osteopathic Physicians: Osteopathic Physicians can obtain an unrestricted license after one year of accredited post-graduate training with approval of the State Board of Osteopathic Physician Medicine.
- B. Allopathic Physicians: An allopathic physician graduate of an accredited (LCME) medical school (most US medical schools qualify) can obtain an unrestricted license after two years of post-graduate training with approval of the State Board of Medicine. Allopathic physician graduates of unaccredited schools can obtain an unrestricted license only after successful completion of three years of post-graduate training.
- C. An "interim-limited license" is available for graduates of accredited schools after one year of training. There is a special form available from the state board. Program Director approval must be obtained.

In general, any resident with an unrestricted license can moonlight at any location that is approved by the Program Director. Residents with "interim-limited license" can moonlight only:

- A. Performing H & Ps for specific physicians.
- B. At other locations by specific application. The Program Director and the State Board of Medicine must approve the application. The resident must submit documentation demonstrating proficiency in the skills necessary to function in the proposed moonlighting setting.

General Restrictions

- A. Unapproved moonlighting is not covered by WBAM, LLC. (Wilkes Barre Academic Medicine, LLC), malpractice insurance.
- B. Each site where a resident moonlights should periodically complete an evaluation form on the resident. This needs to be completed for continued approval to moonlight.
- C. A resident may not moonlight when "on-call" for the Residency Program.
- D. A resident may not bill patients for professional services rendered.
- E. Moonlighting is not allowed during or contiguous with sick time.
- F. If impairment of a resident's performance is thought to be caused by excessive moonlighting, their faculty advisor must explore this issue with the resident. If this intervention is unsuccessful, the Program Director will be notified and take whatever steps are necessary.

Specific Restrictions

- A. The resident's first employment commitment is to the supporting institution, Wyoming Valley Family Health Care System and the Family Practice Residency Program.
- B. Moonlighting must never interfere with Residency duties or the care of the Family Care Center patients.
- C. Moonlighting may not conflict with the time demands of specific rotations, e.g., a resident may not moonlight when scheduled for evening hours or hospital rounds.
- D. Moonlighting is not allowed during maternity/paternity or adoption / parent as primary caretaker leave.

Malpractice Coverage

The WBAM malpractice policy covers approved moonlighting activities with tail-coverage provided.

IMPAIRED INTERN AND RESIDENT POLICY

According to the 1973 AMA Council Mental Health Report, physician impairment is defined as the "inability of any physician to practice medicine with reasonable skills and safety to patients because of one or more enumerated (physical or mental) illnesses." In a residency, this can be expanded to include the inability to participate in the educational activities of the residency. Family physicians have the responsibility to detect and treat early variations and impairment of both physical and mental health. In order to preserve the highest state of function, faculty and interns/residents must use their favorable positions to provide methods of detecting and dealing with pre-impairment conditions.

Methods used to identify interns and residents at risk for impairment and to provide education regarding stress include:

- A. The faculty advisor, during quarterly meetings with interns and residents should assess and discuss personal risk factors (e.g., relative with chronic illness, new baby.)
- B. The faculty should demonstrate an "open door policy," i.e., availability to discuss problems.
- C. Interns and residents should be informed that psychological services are an acceptable way of seeking help.
- D. Faculty, interns and residents should watch for signs and symptoms seen in at-risk and impaired interns/residents. These include, but are not limited to:
 - 1. Chronic tardiness
 - 2. Frequent illness
 - 3. Excessive presence in the hospital after hours
 - 4. Evidence of drug and/or ETOH abuse
 - 5. Personality change (e.g., from outgoing to withdrawn)
 - 6. Frequent outbursts of anger
 - 7. Excessive moonlighting
 - 8. Slipping academic performance

- E. The Behavioral Science Curriculum includes conferences which address stress in residency training.
- F. Materials are readily available to interns and residents regarding stress management.
- G. It is strongly encouraged that interns and residents form support groups. Spouse support groups are also encouraged. The Program provides resources, such as an outside or in-house facilitator, as needed. A faculty member can facilitate these support groups.

If, through the above methods and evaluations, it is determined that an intern or resident is impaired, the following should occur:

- A. Faculty and co-intern/residents are responsible for discussing concerns of impairment with the intern or resident in question. A review of options with the intern or resident should include:
 - 1. Professional evaluation and counseling.
 - 2. Leave of absence.
 - 3. Support from faculty/resident groups.
- B. Impairment of the intern/resident should be brought to the attention of the Program Director and faculty advisor. If no significant change in behavior is noted, a meeting of the faculty advisor and impaired intern/resident to develop a specific plan for intervention and probation should take place.
- C. If no significant change in performance has been noted, there should be a re-evaluation of the situation. At this point, the Program Director has the option of requesting that the intern/resident be dismissed from the Program.
- D. If the intern/resident feels that dismissal is inappropriate, they have the right to request a meeting of the Board of Directors for appeal of the case, pursuant to the Grievance Process. (See page 40).

VACATION AND CME POLICIES

- A. Interns and residents are allotted paid vacation time as approved by the Board of Directors. AOA interns are allowed a maximum of 14 days away from the Residency including vacation, sick, professional/CME and personal time.
1. A resident may be granted vacation time of 5 days and be permitted to attend a locally provided course such as ACLS, PALS, and NALS in the same block rotation.
 2. A resident can be granted vacation time of 5 days and attend "recruitment" day(s) in the same block rotation.
 3. These local educational and recruitment days shall be considered as regular work days and be considered part of resident duties. Thus they will NOT count toward the total of 30 days off allowed annually by the ABFM, nor should they be taken from the resident's pool of other leave time, i.e. vacation, sick, personal, and CME.
- B. Paid vacation time may **not** be carried from one year to the next. Interns and residents are encouraged to utilize their vacation time during the 12-month period per the American Board of Family Practice.

ABFM Requirements: The program complies with all requirements of the ABFM, which may be reviewed on the website at www.theabfm.org. Consistent with the ABFM requirements:

1. A resident must complete 36 months of training to be recommended by the program director to the ABFM as eligible to sit for the certification examination.
 2. Time away from duties of no more than 1 month per calendar year is permitted. A Leave of Absence (LOA) for a longer period of time may be granted by the program as per Wyoming Valley Health Care System Policies. However, Residents, who are away from their training duties for longer than this time period, will need to extend the projected date of completion of the required 36 months of training.
 3. A resident absent from duties for more than three months in a calendar year is considered in violation of the ABFM requirement for continuity of care, and may be required by the ABFM to complete additional continuity of care time requirements to be considered eligible to sit for the certification exam. The decision as to whether the resident will be permitted to return to the program to complete any additional training required by the ABFM will be made on an individual basis.
- C. Interns/residents are allotted a maximum of five (5) working days (Monday through Friday) per twelve (12) months of residency for Continuing Medical Education (CME) programs. Each intern/resident is allotted a stipend as approved by the Board of Directors to cover expenses for CME. All CME must be AAFP or AOA prescribed for approval.

WVHCS Policies and Procedures: Unless otherwise specifically stated in this manual or other relevant Program documentation, the Program complies with all WVHCS Policies and Procedures.

- D. Money and time for CME may not be carried from one year to the next. Money may be applied to CME home study courses, computer software/hardware (limited to \$675.00 during course of training for hardware), CD-ROM and books if an intern/resident is unable to use the CME time. Travel/CME Guidelines are on page 46. All CME reimbursement must be submitted prior to June 1st of the academic year.
- E. Conference request forms (with a copy of conference information attached) should be submitted to the Program Director for approval. **Interns and residents are to have reservations, registration, and travel arrangements coordinated by CHS. Receipts must be turned in within 30 (thirty) days after the last date of the conference.**
- F. Documented conference attendance and completion must be maintained in the intern/resident's file.
- G. A REQUEST FOR LEAVE FORM (Appendix H) must be completed by the intern/resident. These forms are in the supply closets located in the Administrative Area and the Business Office.
 - 1. Prior to giving the form to Sharon Mattson or Natalie Hoprich for approval, the Request for Leave must be completed correctly. This includes signature of the physician covering the absent intern/resident's duties.
 - 2. Forms SHOULD be given to Sharon Mattson or Natalie Hoprich for signature at least six weeks prior to the date of the requested time off.
 - 3. One form for each month in which time is requested should be completed. For example, if one wishes to be away April 28-May 4, one form should be completed for days April 28-30 and another for days May 1-4.
 - 4. Request for leave forms must be completed for any time away; e.g., vacation, CME, recruitment.

- H. Leave Time must meet the following guidelines:
1. No more than one week per block of a rotation may be used as vacation/seminar time.
 2. Appropriate coverage of clinical responsibilities must be obtained for time away (service coverage, on-call weekend rounds, MTB Clinic, obstetrical patients, ER coverage, Wilkes University, Nursing Homes, House Calls, etc.) and documented on the Request for Leave Form, prior to Center Director signature. Arranging this coverage is the responsibility of the intern or resident. The Chief Resident(s), the attending faculty on rotation, co-intern, or co-resident on rotation, if any, and Sharon Mattson or Natalie Hoprich must be made aware of what arrangements have been made.
 3. Forty-two (42) calendar days advanced notice should be given to the Sharon Mattson or Natalie Hoprich.
 4. The Business Office Team Leader notifies the FCC appointment clerk of time away from office hours. The Residency Coordinator includes the time-off information with rotation confirmation letters to rotation preceptors.
 5. No vacation/seminar time is allowed on surgical subspecialties, (e.g., ophthalmology, ENT, urology, dermatology) Renal Service and night float rotation.
 6. An attending, Residency Coordinator or Business Office Team Leader has the authority to disapprove vacation time should it appear an intern/resident is away an excessive amount of time from a given rotation over the three-year training period.
 7. Time taken for Boards should be designated as "Administrative".
 8. Leave time should be reviewed by the intern/resident's faculty advisor.
 9. Office hours canceled on short notice on days used as sick, vacation or personal time must be rescheduled at a time agreed upon by both the intern/resident and the Clinical Team Leader.
 10. Leave time may not be taken for vacation, sick, professional or personal time in less than ½ day increments.

RESIDENT TIME OFF Request Process

Vacation

- The process of requesting vacation time begins when an email is sent to all residents by the Program in early June asking for submission of time-off requests. All requests for vacation time **must** be received via e-mail. If multiple requests for the same time slot are received, the date/time stamped e-mails will be used to determine which resident(s) will be granted the vacation time. Vacation time is assigned on a first come/first served basis.
- The final determination of resident vacation time off occurs during a Resident meeting held the first week of July.
- Residents who do not submit time off according to the guidelines in this Manual will be assigned time-off according to Program needs.
- No more than 2 residents from the same year of training will be permitted to schedule time off simultaneously. An exception to this rule may be granted in the case of a request to attend an out-of-town CME Conference. Appropriate documentation of the Conference must accompany the request.
- All time off slips must be filled out completely and signed by the resident(s) who will be covering the requesting resident's responsibilities while he/she is away. The time-off slip must also be signed by the Faculty Attending for the rotation in which the resident will be absent.
- PGY-3 residents will be permitted to hold 5 vacation days out of this process. The remaining five "floating" days must be scheduled in accordance with the rules stated herein.
- No more than 5 days can be scheduled off during a rotation. Attendance at locally provided courses such as ACLS, PALS, NALS, or S.T.A.B.L.E., may be permitted, depending on Program needs.
- Once finalized, **no changes** in prescheduled vacation time will be permitted.
- On occasion, a faculty member may request a resident to attend recruitment or other residency-related functions. If the resident has previously scheduled 5 days off in the same block, the resident must obtain approval from the rotation attending physician to be permitted to attend the event.
- To schedule 2 consecutive weeks of vacation, the resident must schedule the last week of one rotation and the first week of the next rotation.

- No scheduled time off is permitted during the rotations of Internal Medicine/Renal, Dermatology, Surgical Subs, and Night Float.
- One week of vacation is permitted during the Pediatric rotation during the PGY-1 year and 1 week in either the PGY2 or PGY-3 years.
- Requests for pre-scheduled personal days should be submitted as above at the earliest possible time. Personal days may be denied, according to Program needs.
- No scheduled time off will be approved between June 15 and July 15, or the final 15 days of employment/residency training.
- Weekends (even around holidays) are not guaranteed off.

CME Time

- CME time must be requested at least 6 weeks in advance and a copy of the coursework must accompany the time off request.

Jury Duty

- If a resident is selected for jury duty, the resident should immediately notify the Practice Manager, Faculty Secretary and the Program Coordinator. Due to specific resident training time requirements as set forth by the American Board of Family Medicine, additional time off for Jury Duty cannot be granted. Therefore, the resident must immediately request to be excused from this obligation.

TRAVEL AND CME GUIDELINES

GENERAL GUIDELINES

Maximum of five (5) days CME time – CME time and money may not be carried from one year to the next.

CME time and money may not be carried from one year to the next.

\$1,350 allowance with receipts required

ACLS and PALS tuition reimbursement

Tuition paid for designated local conferences, without loss of CME or vacation time

If interns/residents travel to present projects or for reasons at the request of the Program Director, they are expected to follow these guidelines. These monies are not being deducted from one's CME allowance.

The Practice Manager must approve CME and conference presentation choices and approve the time off request. The Program Director must approve payment of documented expenses.

MEALS

Food and drink with receipts – per System guidelines.

If conference registration includes cost of specific meals, no other reimbursement is available for those meals.

LODGING

Lodging arrangements must be made by the System Approved Travel Agent. Reimbursement for reasonable expenses beyond the deposit sent by the Accounts Payable, requires receipts turned in within 30 (thirty) days from when the expenses were incurred.

TRAVEL/TRANSPORTATION

Travel arrangements are made for the lowest air fare from Wilkes-Barre Scranton Airport to destination. These arrangements must be made by the System-Approved Travel Agent. If not, reimbursement is not allowed.

Daily Travel Reimbursement with receipts for mileage, parking and tolls is consistent with the WWHCS policy.

PRESENTING GUIDELINES

Days at conference are not counted against vacation or CME time if one is presenting.

Conference presentations must be approved by the Program Director.

Travel guidelines are to be followed.

INTERNS/RESIDENTS FEES & DUES

We do not pay for National Board Examination fees, DEA License fees, and Board Certification fees.

We pay dues for professional organizations on approval by the Program Director.

HOLIDAY / PERSONAL DAYS / SICK TIME

- A. WVFMRP observes the following
Holidays:
- | | |
|------------------|----------------|
| Independence Day | New Year's Day |
| Labor Day | Memorial Day |
| Thanksgiving | Christmas |
- B. A holiday which falls during "vacation time" is not counted as a day of vacation.
- C. Weekends (even around holidays) are not guaranteed off.
- D. Should the observed holiday fall on Saturday or Sunday, WBAM, LLC., may/may not designate a Friday or Monday as the observed holiday.
- E. Any intern or resident who works eight hours or more on a designated holiday is entitled to an alternate day off with pay at a time approved by Sharon Mattson or Natalie Hoprich. The "designated holiday" is the day the office is closed. This may be a Friday or Monday if the calendar holiday falls on a weekend. The holiday make-up day is scheduled within 30 days of the holiday.
- F. Each intern/resident is entitled to a maximum of four personal days with pay per 12 months of residency training. These must be used during the 12-month period. Pre-scheduled personal days should not be requested between June 15 and July 15. Individual requests will be given consideration.
- G. A REQUEST FOR LEAVE FORM (Appendix H) must be completed by the intern/resident for compensation time and personal days. Forms are in the supply closets located in the Faculty Secretary's Office and the Business Office.

After completion by the intern/resident and attending physician, the form is to be given to the Sharon Mattson or Natalie Hoprich for final approval.

- H. During time off, appropriate coverage of clinical responsibilities must be obtained with timely notification to co-residents and attendings. Arranging this coverage is the intern/resident's responsibility. The Residency Coordinator and Business Office Team Leader and Chief Resident(s) must be made aware of what arrangements have been made. Documentation of this coverage must be made on the request form prior to its approval, including the signature of the intern/resident covering.
- I. Interns/residents are encouraged to use half of their vacation time prior to January 1. Vacation time will not be scheduled between June 15 and July 15.
- J. There is a maximum of 8 days per year allowed for compensated sick time. Additional unpaid sick time may be taken, but it may result in the extension of one's required residency time in order to be eligible to sit for the ABFP certification exam. When calling in sick, the intern/resident must notify the following people:
 - 1. **The intern/resident must speak directly to the Chief Resident (or his designee) between 7:00 a.m. and 7:30 a.m. The Chief Resident will then notify the FCC Business Office and the Program Coordinator. An e-mail will be sent to appropriate personnel.**
 - 2. The intern/resident who calls in sick is responsible for notifying the attending, arranging coverage for rotational and/or on-call responsibilities. Appropriate compensation should be arranged among the concerned interns/residents. Obviously, there are exceptional personal needs which may preclude the intern/resident from such obligations but we expect a responsible attitude.
- K. Exceptions to the above policies may be made only by the Program Director and / or Center Director.
- L. There is no carry over of compensation, personal days or sick time from year to year.

If you had the day off last year, you will not automatically be granted the time off again. When all time off requests have been received (deadlines for time off will be published) the time off will be granted to those who did not have off in the previous year in order of date received (first come/first served) by the Business Office Team Leader or Residency Coordinator.

No more than two residents from the same year of training will be granted the same time off.

PGY-1 Residents will be granted time off by date request was received (and according to the rotation they are on for the requested time off).

Please remember- there are specific rotations that scheduled time off is not granted.

CME time and time off for recertification examinations such as ACLS,PALS, and NALS, etc., must be requested 6 weeks in advance with a copy of the coursework to be completed accompanying the request. The request should first go to the Chief Resident for signature, and will be processed from there.

Vacation time is granted per the guidelines in Resident Manual, but is also rotation specific. Time off must be requested per the deadlines established/published and sent to you via email. These deadlines are published months in advance of the actual deadline.

MATERNITY / PATERNITY / ADOPTION / PARENT AS PRIMARY CARETAKER/DISABILITY LEAVE

Parental Leave Policy Purpose

The following policy is intended to allow interns/residents to make informed decisions regarding parental leave during their residency training. The policy allows interns/residents to meet all requirements for residency training under the Special Requirements for Residency Training in Family Practice and remain eligible for Board Certification under the requirements of the American Board of Family Practice upon graduation. The intention is to safeguard the health of the mother and infant, ensure that the intern/resident fulfills all educational requirements, and that patient care is uninterrupted by the intern/residents absence during parental leave.

To arrange an optimal schedule for parental leave, the intern/resident should notify as early as possible the Program Director of the need for absence from training. If medical complications occur which require an intern/resident to be absent from training for a prolonged period of time (see #2 below), the intern/resident must make special arrangements with the Program Director. These absences should be addressed as any other disability or illness that might interfere with Board Eligibility or award of a residency certificate.

Policy for Duration and Category of Leave Credited

The intern/resident requesting parental leave is relieved of educational responsibilities for a maximum of four weeks. These four weeks must be constructed from vacation time, sick time, personal time or comp time. After this initial four week period, two choices for an additional time off may be selected:

Option 1: Option 1 is to define a four week block of time as an elective. This elective is subject to all the requirements and guidelines for an elective. If a research elective is

chosen for this four week time block, the usual requirements for a research project must be met prior to the elective beginning. During this elective time, the intern/resident maintains responsibility for night call (which may be traded) patient care and educational responsibilities at the Family Care Center as required by the Residency Review Commission.

Option 2: Option 2 is a "Leave of Absence." A leave of absence requires the intern/resident to extend the training period past the normal completion date based on the amount of unpaid time they are away from the Program.

Paternity leave must be completed within 30 calendar days of delivery. If a longer leave is considered by the pregnant intern's/resident's physician to be medically necessary, arrangements must be made on an individual basis. This is handled in the same way other disability leave is.

Leave Exceeding 30 Days per Year

Because of the American Board of Family Practice restriction, parental leave that exceeds 30 days per year would have to be made up by extending residency training.

Salary and Benefits during Leave

The intern's/resident's salary and benefits are not interrupted if leave from training does not exceed remaining paid leave time. If absence from training exceeds this, benefits must be arranged on an individual basis.

Use of Vacation/Sick Leave Time

Vacation, personal, comp, CME and sick time may not be saved from year to year. Interns/residents who have already used all paid time for the year, prior to the requested parental leave, must take an unpaid leave of absence. The Residency must be extended for the intern/resident to satisfactorily complete the three years, and be eligible to sit for the ABFP Certification Exam.

Schedule Accommodations

With sufficient advance notice, the Program Director and Chief Resident will attempt to make the following accommodations. Efforts will be made to schedule the most demanding rotations earlier in pregnancy, with less strenuous rotations performed around the time of the intern's/resident's expected delivery date. The rotation scheduled for the time closest to the delivery date should be when the intern/resident is not essential to the service. An intern/resident is expected to have the same amount of on-call as the other interns/residents currently in the program. On-call should be scheduled before or after the leave and expected delivery date.

Adoption Leave

Adoption leave is granted under the same guidelines and restrictions as parental leave.

Procedure

1. The Program Director should be notified as soon as the intern/resident is aware of an impending adoption.
2. The Program Director and Chief Resident will meet with the intern/resident to develop an individual plan to cover educational issues, call responsibilities, patient care responsibilities, and to work within the parameters of the policies of the American Board of Family Practice and the Family Practice Residency Review Committee.
3. A written plan outlining all details of the Leave will be developed with copies to the resident and the resident's file. Appropriate changes will be made to the annual rotation schedule. When necessary, the Program Director will contact the American Board of Family Practice for clarification of requirements.

MOONLIGHTING IS NOT ALLOWED DURING MATERNITY/PATERNITY OR ADOPTION / PARENT AS PRIMARY CARETAKER LEAVE.

DRESS CODE

This Dress Code Policy is to establish reasonable and equitable guidelines for dress, grooming, appearance and personal hygiene for all employees of WVFMRP.

Employees should dress appropriate to the work situation and take responsibility to present an image which conveys a strong sense of professionalism to patients, family members, co-workers and the community served.

- A. All employees are expected to present a professional, business-like image when on duty and representing the organization.
- B. Clothing and Appearance
 1. Dress should be neat, clean and non-restrictive.
 2. Dress should be appropriate for one's professional position.
 3. Dress should not be alluring or provocative.
 4. Jewelry should be worn with caution for it may be damaged or cause harm to others when on duty.

- C. Good standards of personal hygiene and cleanliness are standard requirements.
- D. All employees are required to wear a System Identification Badge. Badges must be prominently displayed above the waist. The photograph and name may not be covered and must be visible at all times.
- E. Other than earlobes, no pierced area of the body, which is visible, may be adorned while on duty.
- F. The following are not permitted while on duty:
 - a. Jeans
 - b. Sweatshirts/Sweatpants
 - c. Extremely short shorts or skirts
 - d. Tight, low cut or cropped tops
 - e. T-shirts
 - f. Scrub suits (unless on-call to the OR or Labor and Delivery area)
 - g. Artificial nails
- G. Employees are encouraged to wear appropriate foot attire, including shoes that are clean and stockings or socks.
- H. It is be the ultimate responsibility of the employee's supervisor to enforce this policy. It is the responsibility of all employees to monitor their own appearance and provide feedback to others when appropriate.
- I. If a dispute arises that cannot be resolved between the supervisor and the employee in question, Human Resources will interpret the policy as it pertains to the circumstances involved with the dispute.
- J. Any employee who is not willing to follow this policy will be subject to disciplinary action.
- K. Employees not meeting the standards of this policy are required to take corrective action, which may include leaving the premises. Any work time missed because of failure to comply with this policy is not compensated and repeated violations of this policy will result in disciplinary action.
- L. Only interns or residents who may be immediately on-call to the Labor and Delivery Room or Operating Room may wear scrub suits in the Family Care Center. Hospital policy requires that surgical scrub suits be covered with a white lab coat when outside Labor and Delivery and Operating Room areas.

COMMUNICATIONS

At the WVFMRP there are over 40 employees. There are various ways in which communication takes place to assist all of us in meeting our two main goals: high quality patient care and medical education. The following describes ways for you to keep current regarding Residency, clinical, and WWHCS information.

AUTOMATED ATTENDANT / VOICE MAIL

The access # for the System's voicemail is 552-1221. You are assigned your own mailbox number. You need to choose your 4-digit password. The telephone operator can assist you in programming your message and remote notification, if desired.

When you call this number, you will be asked to enter your mailbox number and the "pound" sign (#), then your password number and #.

1. To check your messages, dial 1221; enter your mailbox number and #, then your password number and #
2. To leave a message in someone's mailbox directly, dial 1222 and enter the number of their mailbox and #.
3. It is suggested that you do not give your mailbox number to patients to avoid having them access it with an important message that doesn't reach you in a timely fashion.

VOICEMAIL PROTOCOL

The phone system has voice mail to facilitate communication among colleagues and patients. Each intern/resident is assigned a voice mailbox, where callers may leave messages. The voice mail system may be programmed to notify your pager that you have a message waiting. Voice mail should inform outside callers regarding physician availability to return calls.

Greetings:

- Should be appropriate and professional
- Should be the Provider's voice
- Should include a timeline when people can expect a return call (e.g., a few hours, by the end of the day).
- When away from the office (e.g., vacation, conference), one's greeting should state when one will be available. The provider is responsible for changing the message prior to leaving and upon return.
- There should be instructions on how to get out of Voice Mail to reach a designated backup. (nurse, secretary, etc.) For example, "If you need to speak to someone immediately, please press zero now" or "If this is an urgent matter, please press zero...", may be used.

Patient Calls

- All patient calls are triaged by nurses. If, in their judgment, a call needs urgent attention, you should be alpha-paged to call the nurse. Non-urgent patient calls should be placed in voice mail. The nurse should explain to each (non-urgent) patient caller, that the provider may not get back to them until the end of the day.
- Providers and nurses should discuss preferences, within the above guidelines, for which messages should be put into voice mail.

Checking Voice Mail

One should check their voice mailbox for messages a minimum of three times daily to include once in the morning, midday and at the end of the workday.

Residents on night float rotation need to check their voice mail at the start of duty. Patient calls can be returned in the evening and prescription refills can be given to the nurse on evening hours.

Residents who are post-call and therefore away from clinical duties, should check their voice mail upon return to clinical duties and address any messages left while they were off.

PHONE CALLS

1. You must dial a 9 first to make an outside call.
2. To reach a telephone operator, press 0 (hospital operator) or dial 8900, Family Care Center Operator.
3. The Resident Work Room phones do not have long distance access. If you need to make a long distance call, please call ext. 8900 and the phone operator will get a long distance line for you.

For assistance with the phones and voice mail system, please contact the FCC Telephone Operator (ext. 8900).

WRITTEN COMMUNICATION

Mailboxes are currently located in the copier room on the first floor of the Nesbitt Medical Center. This mailbox contains your "US Mail" and Residency Communications. This needs to be checked and cleaned out frequently - at least three separate days per week. The mailbox in the Preceptor Room contains patient reports such as laboratory and X-Ray results and Wyoming Valley Health Care System communication. These should also be checked and cleared at least three separate days per week.

One should initial all clinical reports after reviewing them and put them in the Lab file basket in the Preceptor Room so they can be put on the patient's chart. The nurses review ALL labs prior to putting them in one's mailbox and will either contact the intern / resident or another provider for matters that need immediate attention.

PAGERS / OFF SITE COMMUNICATIONS

Each intern/resident is given a pager. This is used by faculty, nursing staff and office staff to contact interns/residents about pertinent information, e.g., meeting times, calls from other doctors, patients that need to be called back, and hospital consults. Pagers should be turned on no later than 7:30 a.m. and kept on at least until 6:00 p.m. or when on-call is complete. Interns/Residents must keep their pagers in working order. Six batteries are distributed once every 6 months by the Family Care Center Telephone Operator. Repairs are arranged through the Telephone Operator. Assistance with remote notification, pager maintenance or instructions can be supplied by the telephone operator or the Business Team Leader. Please notify the Business Team Leader immediately if you lose or misplace your pager. Please notify the Telephone Operator immediately if you are expecting to be without your pager or out of pager range for any length of time

E-MAIL

Each intern/resident is set up with an e-mail account through the Wyoming Valley Health Care System. For effective communication/notification, it is the intern's/resident's responsibility to check their e-mail daily. You may access your e-mail from several computers at the FCC, the computers in the on-call rooms and any computer with Internet access.

CONFLICT RESOLUTION

Within any group of people that is working together as closely as we do at the Residency Program, conflicts may happen. It is important to deal with conflicts in a direct, adult, and respectful manner. It is also important to acknowledge that we all share common goals of providing the best patient care possible and medical education and resolve conflicts while working toward these goals. Please follow the guidelines below when there is a conflict. Since these are steps, proceed to each succeeding step only if there has been no resolution.

Patient Care Issues

1. First approach the other individual directly to discuss your concerns and develop a mutually satisfactory approach to the patient.
2. Both parties should discuss the concerns together with the preceptor and develop a mutually satisfactory approach.
3. Both parties should discuss the concerns together with the Chief Resident, Clinical Team Leader and/or other appropriate individuals.
4. Both parties should discuss the concerns together with the Center or Program Director.

Personal Conflicts

1. First approach the other person directly to discuss your concerns and try to develop a mutually satisfactory agreement.
2. Both parties should discuss the concerns together with the Chief Resident, Clinical Team Leader and/or other appropriate individuals.
3. Both parties should discuss the concerns together with the Center Director or Program Director.

THE "S" LIST

Services of an intern/resident may be required outside their usual responsibilities. These may include such duties as accompanying a patient during a transfer to a tertiary care center, covering for another intern/resident because of illness or an extraordinary event. On such occasions, the "S" list is utilized. This list consists of all second and third year residents, listed in a random order. There is also an "S" list consisting of all interns, listed in a random order. This list is used for those duties that are normally considered first year duties, (e.g., covering in-house call for a fellow intern.) The criteria for being excused from performing the duty will be the same for both lists, as described below.

The Program Director, Clinical Team Leader or attending faculty consults the Chief Resident when such a need arises.

The only reasons to be excused from being pulled from the "S" list include:

- A. Already scheduled to be on-call
- B. Excused illness
- C. Death in the family
- D. Scheduled for an approved moonlighting experience
- E. Scheduled time-off
- F. Was on-call the night before
- G. Scheduled to be on-call the night after if the service is to be on-call.

If the person pulled for duty has none of the above excuses, they must:

- A. Perform the duty, or
- B. **Find a replacement**, (i.e., it is not the duty of the Chief Resident(s) or Faculty to search further down the list.)

After the intern/resident performs the duty, the Chief Resident or faculty member will notify the Residency Coordinator to move the intern/resident's name to the appropriate position on the list. An updated list is e-mailed and posted with the FCC telephone operator and the Clinical Team Leader, and Answering Service. The Program Director may make changes in the above policy when circumstances dictate that special provisions are necessary.

Appendix A

Intern/Resident Orientation Checklist for Hospital/On-Call Duties

Item	Date	Name of Person Orienting
1. Admission Protocol		
2. Attendance at Codes		
3. Providing Sign-Out		
4. Receiving Sign-Out		
5. Discharge Protocol		
6. Calls from the ER		
7. Night Float		
8. Death Pronouncements		
9. Dictation: H & P; Discharge Summary; all C-Sections; complicated births		
10. Case Presentations		
11. Tumor Board Presentation		
12. Library Access		
13. Cafeteria Hours		
14. Consults		
15. MTB Charts		
16. Referrals		
17. Calling back-up Resident		
18. Calling back-up Faculty		
19.. Labor and Delivery Procedures: a. History and Physical		
b. Standing Orders		
c. Ultrasound to assess AFI/fetal position		
d. Monitoring Labor		
e. Attendance at vaginal birth		
f. Review of notebook with L&D Protocols		
g. Give copy of OB protocols		
20. Surgical scrub technique		
21. Evaluation of patient fall		
22. Nursery Orientation: a. History and Physical		
b. Standing Orders		
c. Follow-up Appointment book		
23. Location of: a. Library		
b. Cafeteria		
c. Nursery/Peds		
d. Labor & Delivery		
e. Emergency Room		
f. CCU,SICU,MICU,CTICU,TCU, KINDRED CARE		
g. Telemetry Units		
h. Dialysis		

i. On-Call Room		
j. Radiology		
k. Operating Room		
l. Medical Records		
24. On service notes of interns/residents		
25. Off service notes of interns/residents		

Appendix B

**Wyoming Valley Family Medicine Residency
Night Float Case-based Presentation Evaluation**

Resident: _____ Date: _____

Faculty: _____

Medical Knowledge, Practice-Based Learning and Improvement

Please rate the following areas on a scale of 1-9 as listed below:

- 1. Clearly stated chief complaint. _____
- 2. Reviewed HPI and pertinent historical information. _____
 - a. Included physical exam findings with attention to pertinent positives/negatives. _____
- 3. Had appropriate assessment and differential, if applicable, based on H&P. _____
- 4. Had diagnostic results available and was able to articulate rationale for ordering. _____
- 5. Presented well-organized overview of an interesting aspect of the case. _____
- 6. Appropriately incorporated audio-visual aides into the Presentation. _____
- 7. Demonstrated effective presentation skills. _____
- 8. Audio-visual aides were well organized and accurate. _____
- 9. Listed educational resources utilized during presentation preparation. _____

Please rate the Resident's competency with the overall presentation:

Unsatisfactory			Competent				Superb	
1	2	3	4	5	6	7	8	9

Comments:

APPENDIX K

Wyoming Valley Family Medicine Residency Compliance and Documentation

The "GE" modifier should be selected whenever faculty precept a resident who is seeing patients, but you do not physically see the patient for that encounter. This modifier can only be used with a resident who has had > 6 months of training completed, and then only with the lower level E&M codes, such as 99201,99202,99203 and 99211,99212, and 99213. Faculty may supervise up to 4 (four) residents at a time and be in compliance with this federal guidelines.

The "GC" modifier should be selected whenever the preceptors physically see a patient with the resident. The billing E&M code can be based upon the a combination of the faculty note and the residents note. Therefore, this "GC" modifier may be used when a higher level visit occurs (99204,99205 or 99214,99215) and the faculty see the patient with the resident.

Not only is this documentation required by law, it must be completed in a timely fashion. A commonly accepted standard of "timely" is 24 hours.

APPENDIX I

Wyoming Valley Family Practice Residency
Journal Club Evaluation

Article Title:

Resident : _____ Date:

Faculty: _____

Appraisal of Clinical Studies

Please rate the following on a scale of 1-5 as outlined below:

1. Describe the rationale for conduction study and stated the study objectives/hypothesis _____
2. Appropriately described the study design.

3. Described the characteristics of the study population (inclusion/exclusion criteria, influence of excluded patient population on study results)

4. Identified potential sources of bias and identified methods used to overcome bias

5. Appropriately assessed whether study reflected the current standard of care and the study duration was adequate.

6. Explained reliability of measurement tool for the response assessment and define the operational definitions.

7. Discussed and assessed appropriateness of statistical tests used.

8. Reviewed data in tables and figures and assessed if data coincided with text/identified dropouts or missing data.

9. Discussed if the conclusions were valid on the basis of the study's objectives

and results. _____

- 10. Able to articulate whether statistical significance correlates to clinical significance and how the results of the study can be used in practice.

Please rate the Resident/Students competency in successfully meeting the expected standard:

Unsuccessful	Successful	Mastery		
1	2	3	4	5

Comments:

Practice –Based Learning and Improvement