



Jackson Hospital & Clinic Family Medicine Residency Program

GME Policies and Procedures Handbook 2023-2024

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GMEC, approval: 07/01/2022

Effective Date: 07/01/2023

Introduction

The GME Policies and Procedures Handbook has been prepared to inform you about your benefits and privileges, as well as the general rules and regulations of Jackson Hospital & Clinic. This handbook sets forth policies, which concern employment and appointment to Jackson's House Staff as an intern, Resident or fellow. It has always been and continues to be a practice to follow these policies and to treat all residents fairly. From time to time, there will be revisions and changes of which Residents will be notified. This handbook is not a contract, and no resident of Jackson has any contractual right to the matters set forth in this handbook. Any reference to a contract refers to the Resident Agreement.

This handbook is not designed to be a total organizational manual; therefore, not all rules and regulations are included. Other institutional policies may apply to Resident activities and may or may not be referenced in this handbook. Each department has specific rules and regulations. Your Department Chair or Program Director will provide program or department policies to you in detail. The GME Policies and Procedures Handbook will be housed on-line and is available for review by existing and prospective Residents. The GME Policies and Procedures Handbook is reviewed at least annually by the institution for the upcoming academic year. Policy reviews, updates and additions may be made throughout the year and will be updated on the Website as approved. Residents are responsible for reviewing the handbook to determine current policy and its new effective date. Residents may request a clarification of policy or request a hard copy of any policy or the handbook in its entirety at any time.

Tenant

THIS RESIDENT HANDBOOK IS NOT A CONTRACT. NOTHING IN THIS HANDBOOK OR ANY FACILITY POLICY SHALL BE CONSTRUED TO BE A CONTRACT OR CREATE CONTRACTUAL OBLIGATIONS OF ANY KIND.

THE FACILITY RESERVES THE RIGHT TO AMEND, MODIFY OR WITHDRAW THIS RESIDENT HANDBOOK, OR ANY PORTION OF IT, AT ANY TIME, WITH OR WITHOUT NOTICE OR CONSENT OF RESIDENTS.

NO STATEMENTS BY ANY PERSON, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE LIMITATIONS SET FORTH IN THIS NOTICE SHALL CREATE ANY CONTRACT UNLESS AGREED TO IN WRITING BY THE FACILITY'S AUTHORIZED EXECUTIVE.

Jackson Background

Jackson Hospital's history is integral to the history of medicine in Central Alabama. The hospital's origin dates back to 1894 when Watkins Infirmary received its 1st patients at the hospital's present location. On September 16, 1946, Jackson Hospital opened with 37 patient beds and 5 attending physicians.

Today, licensed for 344 beds, Jackson Hospital is a community not-for-profit hospital serving Montgomery and the Alabama River Region. Our comprehensive healthcare services include cardiac, cancer, neurosciences, orthopedics, and women's and children's care, along with 24-hour emergency services. It ranks among the largest hospitals in Alabama and is widely recognized for providing excellence in care. Even with our leading-edge technology and facilities, we remain true to our mission of providing superior personal healthcare in a safe, compassionate environment.

Jackson Mission Statement

Jackson Hospital is a not-for-profit organization committed to improving the health of all members of our community by providing superior, patient-centered, and cost-effective care in a safe, compassionate environment.

Jackson Vision Statement

The vision of Jackson Hospital is to be Central Alabama's first choice for healthcare.

Jackson Values

- **Compassion:** We care for our patients with empathy and kindness, regardless of their ability to pay.
- **Diversity:** We embrace the differences in our patients, staff, and community.
- **Education:** We improve the health of our region through the continuing education of our patients, staff, and community.
- **Innovation:** We continually improve the care we provide through evidence-based medicine and technological advancements.
- **Integrity:** We are forthright, honest, ethical, and respectful.
- **Quality:** We strive to achieve excellence in everything we do while providing outstanding customer service.
- **Safety:** We maintain a safe environment for our patients, visitors, and staff.
- **Teamwork:** We work together to achieve common goals.

Generic Health System Profile

At Jackson Hospital, we are committed to providing patient care that is appropriate, effective, and safe. Making quality and safety information available that is understandable, usable, and timely continues with our tradition of high quality and innovation. On this site, you will find nationally recognized, evidence-based quality measurements we use internally to assess how we are doing, how our quality of care compares to that of other similar organizations and what we are doing to improve the care we deliver to our patients.

We hope this information will help our patients and their families become more involved and informed in their healthcare choices. This data may be only one factor in your healthcare decision-making, but it is an important one. However, as with all of your healthcare decisions, please consult with your physician first.

Definitions and Acronyms:

"ACGME": Accreditation Council for Graduate Medical Education.

"Accredited": Graduate education programs that are designed to lead to certification by a specialty organization in medicine, dentistry, pharmacy, or psychology. Unless otherwise specified, all policies are applicable to all trainees enrolled in any Jackson where sponsored accredited or non-accredited training program.

"ACPE": Accreditation Council for Pharmacy Education.

"AOA": American Osteopathic Association.

"CME": continuing medical education.

"CMS": Centers for Medicare & Medicaid Services, the United States federal agency which administers Medicare, Medicaid, and the state Children's Health Insurance Program.

"COCA": Commission on Osteopathic College Accreditation

"DEA number": The number assigned by the Drug Enforcement Agency for writing prescriptions for controlled substances.

"DIO": Designated Institutional Official. The DIO is the individual who has the authority and responsibility for all of the GME programs.

"ECFMG": Educational Commission for Foreign Medical Graduates.

"ED-IRC": Executive Director of the Institutional Review Committee

"EIB": Extended Illness Bank

"External Moonlighting" Voluntary, compensated, medically-related work performed outside the institution where the resident is in training or at any of its related participating sites.

"FML": family medical leave pursuant to the Family and Medical Leave Act of 1993.

"FMLA": the federal Family and Medical Leave Act of 1993.

"GME": graduate medical education.

"GMEC": Graduate Medical Education Committee.

"GME Office": The graduate medical education office consisting of the program coordinator under the direction of the program director.

"Grievance": A dispute regarding any action, which could result in dismissal, non-renewal of a resident/interns' agreement, non-promotion, or other actions that could significantly threaten a resident/intern's intended career development; or grievances related to their professional work environment including those related to the program and/or faculty.

"HIPAA": The federal Health Insurance Portability and Accountability Act of 1996.

"IHS": Generic Health System

"Immediate family member": A spouse, child, stepchild, parent, brother, sister, grandparent, grandchild, foster parent, stepbrother, stepsister, or stepparent, son-in-law, daughter-in-law, or parent-in-law.

"Immediate relative": A nephew, niece, aunt, uncle, great grandparent, brother-in-law, or sister-in-law.

"Internal Moonlighting": Voluntary, compensated, medically-related work (not related with training requirements) performed within the institution in which the resident is in training or at any of its related participating sites.

"IRB": Institutional Review Board.

"IRC": Institutional Review Committee

"JH": Jackson Hospital

"LCME": Liaison Committee for Medical Education.

"Moonlighting": External Moonlighting and Internal Moonlighting.

"NRMP": National Resident Match Program.

"PGY": Resident's postgraduate Year. For example, PGY2 typically refers to the second year of postgraduate training.

"PHI" and "Protected Health Information": are used interchangeably and refer to patient protected health information as defined by the federal Health Insurance Portability and Accountability Act of 1996.

"Resident": Any physician (M.D. or D.O.), dentist, pharmacist or psychology intern performing within an accredited or non-accredited graduate educational program of Jackson. Depending on the context, House Staff may refer collectively to the Residents as a group. In the past, the term House Staff was used interchangeably with the word resident.

"RRC": Residency Review Committee.

"USMLE": United States Medical Licensing Examination.

"Workdays": Calendar days exclusive of Saturdays, Sundays or holidays recognized by Jackson.

Pre-Employment Requirements

Resident Eligibility and Resident Selection Requirements

The primary source of candidates for entry into graduate medical education programs will be graduates of Accreditation Council for Graduate Medical Education (ACGME) and American Osteopathic Association (AOA) accredited medical schools. All programs participate in the National Residency Match Program (NRMP). Medical students may apply to be accepted into the Jackson postgraduate education program before passing the COMLEX Part II, or USMLE Step 2, but will not be ranked in the match programs unless passing documentation is provided prior to match deadlines.

In addition to the requirements above, a physician candidate must be a:

Graduate of a college of medicine in the United States accredited by COCA or LCME.

Graduate of an accepted international medical university.

Must have completed an accredited United States college or university, undergraduate premedical education of the quality acceptable for matriculation in an accredited United States medical school.

Jackson requires that Residents meet all federal standards as may be required by CMS and other regulatory agencies. Applicants that are designated by CMS as "Excluded Providers" shall not be eligible to apply or remain in a Jackson residency program.

Residents selected outside the normal matching process, whether through the match 'scramble' or during the 'off-cycle', must be reviewed and approved by the Graduate Medical Education Committee (GMEC). Program directors should base their selection on the eligible candidate's ability, aptitude, and preparedness as evidenced by their academic credentials including, but not limited to, class rank, course evaluations, standardized licensure qualifying examination scores, communication skills both written and verbal, and letters of recommendation from faculty and the dean of their school verifying their ability, aptitude, as well as their motivation and integrity. Program directors and selection committees are responsible for adhering to the Resident Technical Standards Policy outlined in this handbook outlined in the selection of interns, residents, and fellows.

When an individual enters a Graduate Medical Education Training program it is expected that all necessary accommodation will be detailed and agreed to by the program before (s) he begins training.

Equal Employment Opportunity

Jackson shall make every effort to employ the most qualified residents available. The human resources policies and programs of Jackson are designed to assure equal opportunity in employment and in all other human

resources functions. They incorporate state and federal regulation and Executive Order pertaining to Equal Opportunity.

Jackson, as an Equal Opportunity Employer, provides all qualified applicants an opportunity to enter in and continue in employment without regard to race, color, sex, religion, sexual orientation, age, gender identity, disability, national origin, marital status, disability, citizenship, veteran status, military, or uniformed services, in accordance with all applicable governmental laws and regulations. Jackson seeks to employ the best-qualified person available for a particular job. Jackson strives to compensate each resident in an equitable manner.

In addition, the Facility complies with all applicable federal, state, and local laws governing nondiscrimination in employment. This applies to all terms and conditions of employment including, but not limited to, hiring, placement, promotion, separation, transfer, leave(s) of absence, compensation, and training.

Background Investigations

At the time of employment, the Facility performs reference and background investigations which may include, but are not limited to prior employment, education, Office of Inspector General's list of individuals who have been excluded or disbarred from government payer program(s), credential sanctions, criminal conduct and driving history or credit information. Applicants or residents whose background checks reveal adverse information, or who are found to have falsified information in the application process or during employment, are subject to non-selection for, or separation of employment. Periodically, updated background investigations may be performed at the Facility's discretion and/or as required by law. Residents will be required, as a condition of continued employment, to consent to additional background investigations.

Residents are asked annually to disclose any criminal, licensure and certification events that have occurred since their pre-employment background investigation. This includes government oversight events such as convictions, pleas, probation and loss or limitations of licenses or certifications. If such an event occurs before the annual disclosure, residents must report it to Human Resources as soon as the resident becomes aware of the event. Note that each report is addressed individually – a report does not automatically bar continued employment. Human resources may be contacted by calling **334-293-8834**.

Resident Technical Standards

All candidates/residents must possess the physical and mental skills and abilities necessary to successfully complete the Residency Program Curriculum. To be successful, one must progress with increasing independence throughout the program and, by the time of program completion, must be capable of competent and independent practice in that field. To achieve the optimal educational experience, residents are required to participate in all phases of the training program. The faculty of Jackson residency programs recognizes its responsibility to recommend applicants for residency training who have the knowledge, attitude, and skills to function in a broad variety of clinical situations and to render a wide spectrum of patient care. The faculty is responsible for adhering to these standards during the selection of resident applicants and promotion of residents in the residency program. This policy is not meant to be all-inclusive or to constitute all measures or standards.

Residency requires a specific set of minimum physical, mental, emotional, and social abilities necessary to be successful. Candidates/Residents must possess all abilities listed in the five categories outlined in this policy. The use of an intermediary that would, in effect, require a candidate/resident to rely on someone else's power of observation or communication would not be permitted. Although these standards serve to delineate the necessary physical and mental abilities of all candidates/residents, they are not intended to deter any candidate/resident for whom reasonable accommodation will allow the fulfillment of the complete training program. This policy does not preclude the residency from temporarily restructuring resident duties as it deems appropriate for candidates/residents with acute illness, injury, or other circumstances of a temporary nature.

Observation, or Audition

During the application process, the candidate may be allowed to, or may be required to, participate in an observership, or audition. The activities that will be allowed during this include:

- a. Observe materials presented in the learning environment including, but not limited to, audiovisual presentations, written documents, tissues and gross organs in the normal and pathologic state and diagnostic images.
- b. Accurately and completely observe patients directly or at a distance and assess and summarize findings.
- c. Obtain a medical history and perform a complete physical examination to integrate findings based on these observations and to develop an appropriate diagnostic and treatment plan.

Communication

- a. Communicate effectively, efficiently, accurately, respectfully, and sensitively with patients, their families, and members of the health care team.
- b. Clearly and effectively communicate verbally in English with patients and other health care professionals in a variety of patient settings.
- c. Read and comprehend printed, handwritten, and computerized record systems and clearly and accurately utilize English to initiate correspondence, documents or to record accurate medical information.
- d. Recognize and assess non-verbal communications, including facial expression, body language and affect.
- e. Respond appropriately to emotions communicated verbally and non-verbally.
- f. Accurately and quickly synthesize large volumes of medical information from different source documents, forms and medical records of varying formats/styles including electronic, electronic, typed, or handwritten, that constitutes medical history or documentation.

Motor function

- a. Elicit information from patients and perform physical examinations and diagnostic maneuvers.
- b. Perform diagnostic and treatment protocols and procedures as required within the specialty area.
- c. Respond to emergency situations in a timely manner and provide general and emergency care necessitating the coordination of gross and fine motor movements, equilibrium, and sensation.
- d. Adhere to universal precaution measures and meet safety standards applicable to inpatient and outpatient settings and other clinical activities.
- e. Manipulate equipment and instruments to perform basic laboratory tests and procedures as required to attain residency goals.

Intellectual/conceptual, integrative, & quantitative abilities

- a. Perform calculations necessary to solve quantitative problems as required by patient care and testing needs.
- b. Collect, organize, prioritize, analyze, synthesize, and assimilate large amounts of technically detailed and complex information in a timely fashion and with progressive independence. This information will be presented in a variety of educational and clinical settings including lectures, small group discussions and individual clinical settings.
- c. Analyze, integrate, and apply this information for problem solving and decision-making in an appropriate and timely manner for the clinical situation.
- d. Comprehend and learn factual knowledge from readings and didactic presentations.
- e. Apply knowledge and reasoning to solve problems as outlined by the curriculum.
- f. Recognize, comprehend, and draw conclusions about three dimensional spatial relationships and logical, sequential relationships among events.
- g. Formulate and test hypotheses that enable effective and timely problem solving in diagnosis and treatment of patients in a variety of clinical modalities.
- h. Develop habits for lifelong learning.

Behavioral and social attributes

- a. Possess and demonstrate the maturity and emotional stability required for full use of intellectual skill, exercise good judgment, and can complete all responsibilities attendant to the diagnosis and care of patients.
- b. Develop a mature, sensitive, and effective relationship with patients and colleagues.
- c. Function in the face of uncertainty and ambiguity in rapidly changing circumstances.
- d. Behave in an ethical and moral manner consistent with professional values and standards.
- e. Exhibit sufficient interpersonal skills, knowledge, and attitudes to interact positively and sensitively with people from all parts of society, racial and ethnic backgrounds, and belief systems.
- f. Cooperate with others and work collaboratively as a team member.
- g. Demonstrate insight into personal strengths and weaknesses and recognize and accept the need for performance improvement.
- h. Seek the advice of others when appropriate.
- i. Be punctual, present at all assignments when expected or notify superiors.
- j. Be able to complete work assignments and patient care duties including documentation, dictations, and medical records requirements in a timely manner.
- k. Acknowledge conflicts of interest, mistakes and adverse outcomes and cooperate in their resolution.
- l. Remain awake and alert for assigned duty periods and teaching activities within duty hours and abide by rules and policies.

Ethical and legal standards

- a. Candidates/residents must meet the legal standards to be licensed to practice medicine or to train in the State of Alabama. As such, candidates/residents must acknowledge and provide written explanation of any felony offense or disciplinary action taken against them during the application or match process with any Jackson GME Program.

- b. Candidates/residents must not be listed on any excluded provider list including that of the Excluded Providers List System (EPLS) or the Office of the Inspector General (OIG) which renders them ineligible for certain federal financial and nonfinancial assistances and benefits.
- c. Candidates must meet the requirement for participation in the residency match programs. As such, candidates must disclose any offense to the match process during the applicant's interview phase of candidacy.
- d. Should the intern, resident or fellow be convicted of any felony offense, or any offense that puts medical licensure or training status at risk, while in a GME Program, he/she agrees to immediately notify the Program Director and the GME Office as to the nature of the conviction.
- e. Failure to disclose prior or new offenses can lead to disciplinary action that may include dismissal.

Questions about this policy should be directed to the Office of Graduate Medical Education where your inquiry can be directed to the appropriate individual.

Accommodation for Disability

Admission to any of Jackson's GME programs is conditional on the candidate/resident having the willingness and ability to satisfy the technical standards, with or without reasonable accommodation. Candidates/residents who have a disability and need accommodation should initiate discussions with the Program Director as soon as the offer of admission/promotion is received and accepted. It is the responsibility of a candidate/resident with a disability to provide sufficiently current information documenting the general nature and extent of his/her disability, and the functional limitations proposed to be accommodated. GME reserves the right to request new or additional information.

Should a candidate/resident have or develop a condition that would place patients, the candidate/resident, or others at risk or that may affect his/her ability to perform the essential functions of his/her job, an evaluation with Jackson Human Resources and the Employee Health Department may be necessary. As in initial assessments, a complete and careful reconsideration of all the skills, attitudes and attributes of each candidate/resident will be performed.

Jackson GME Programs, program directors and selection committees are responsible for adhering to these technical standards and process during the selection and/or reappointment of interns, residents, and fellows. When an individual enters a Graduate Medical Education Training program it is expected that all necessary accommodation will be detailed and agreed to by the program before (s) he begins training.

Terms and Conditions of Appointment

Appointment

This appointment is authorized by Jackson and is subject to the provisions of the rules, regulations, and policies of the governing board.

Conditions of Employment

Consistent with the provisions of the rules, regulations, and policies of Jackson and the requirements set by accrediting boards and regulatory agencies, the appointment, continued appointment and/or compensation and benefits of the position is contingent upon fulfillment of the responsibilities of the position during the term of the appointment, the availability of funding and the conditions listed below. Failure to comply with these conditions may jeopardize the Resident's ability to complete the residency program or delay the Resident in his/her completion of the residency program.

License to Practice

Alabama law requires Residents to hold a current training license for practice in his/her specialty; your appointment is subject to maintaining a training license or unrestricted license from the State of Alabama and from any other state's licensing authority where the Resident may be assigned. Upon renewal of a required license, Resident must provide a copy of current license renewal to the GME office immediately. Resident shall notify the GME office of any action threatened or taken against his/her license.

If Resident has or elects to obtain an unrestricted license during residency, Resident shall provide documentation of licensure to the GME office along with any renewal information and any action threatened or taken against his/her license. All licensure requirements as defined by state law and Jackson must be met prior to entry into the residency and to continue residency.

Appointment Term

Appointment of a Resident is contingent upon the ability of the Resident to be physically present at Jackson and to fully participate in the residency program during the term identified in the Resident contract. If a Resident is unable at any time to be present and to fully participate, the GMEC in its sole discretion may allow a grace period of up to thirty (30) days, may alter the initial appointment and duration of term, and may cancel the appointment. Under no circumstance is Jackson obligated to hold a position for a new or continuing Resident.

Contracts to Residents will be issued approximately 60 days prior to the beginning of the academic year. Residents may not continue residency beyond the current contract period. The Resident contract year will typically be for a one-year term; however, a term may be less than one year in special circumstances. Jackson is not obligated to hold a position for a Resident who has not signed a contract within 14 days of receiving contract.

In addition to the resident contract, residents will be given a Professional Practice Contract and will be asked to sign that they have read and understood the terms of the contract. A copy of the Professional Practice Contract is in Appendix C.

House Staff ReSponsibilities

Appointment or reappointment is conditional upon the Resident obtaining and maintaining permission to work at Jackson and other affiliated hospitals or institutions to which the Resident is assigned by the program and

Jackson. The Resident shall be subject to all policies, rules, and regulations of those hospitals or other locations of assignment.

Education and Service Responsibilities

Appointment is conditional upon the Resident maintaining physical and mental ability to perform or to be assigned to patient care and education responsibilities with or without reasonable accommodation.

Resident and Employment Policies

Residents must comply with the rules, policies, and procedures of the Jackson. These policies include benefit options, conditions of call rooms, meals, professional liability, health and disability insurance and others and may be accessed by contacting the office of the Director of Medical Education.

E-Mail, Internet & Electronic Systems Access

Users authorized to use e-mail and/or the Internet as part of their job duties may also choose to engage in responsible, incidental personal use, provided that: (1) it does not interfere with the performance of job duties, (2) such use does not limit or impede their use or access for legitimate business purposes, or (3) it does not violate this or any other Facility policy. It is important to realize that electronic systems store information that is introduced to them. Therefore, residents should not introduce any personal data to a system that they want to keep private and out of the workplace.

A resident who obtains or uses an unauthorized pass code or otherwise obtains unauthorized access to e-mail or other Internet communications intended for other individuals will be subject to disciplinary action, up to and including separation. Without prior written permission from the Facility President, electronic systems, including e-mail and the Internet, may not be used for the dissemination or storage of commercial or personal advertisements, solicitations, promotions, destructive programs (i.e., viruses or self-replicating code), political material, or any other unauthorized use. Material that is fraudulent, harassing, embarrassing, sexually explicit, profane, obscene, intimidating, defamatory, or otherwise unlawful or inappropriate may not be sent by e-mail or other form of electronic communication (such as bulletin board systems, newsgroups, chat rooms) or displayed on or stored in Facility computers. Users encountering or receiving this kind of material should immediately report the incident to their supervisor.

The Facility's e-mail and Internet are for its benefit, residents who have access should have no expectation of privacy and expressly waive such rights when using these resources or with respect to anything that the resident creates, stores, sends, or receives using a Facility computer, e-mail, and Internet resources. Subject to other applicable policies (e.g., patient confidentiality or access to proprietary information), all usage, data and information contained within or generated in connection with the use of these facilities are subject to review and monitoring. The Facility may utilize monitoring software and/or other techniques to ensure that residents adhere to this policy. Such monitoring will be conducted without prior notice to users. The Facility shall have the right to block transmission or access by users; for example, access may be blocked to all Internet websites that display or link to sexually explicit material and/or gambling websites. Residents should understand that the activities in connection with monitoring usage and access do not create any duty to or right of the user.

Each resident is assigned a personal Jackson email address and account by the IT Department. These accounts are to be used for all residency-related communications and notifications and should be checked daily. Any email sent to a full inbox will be deemed to have been delivered and received, and the resident will be responsible and accountable for the information sent in such cases.

Since residents are required to check their medical school email every day, the date an email is sent to the residents' Jackson email address is the date of official notification or correspondence. ***Thus, notice sent to a Jackson maintained email address will constitute receipt by the resident.*** Residents must be cautious in the use of programs to forward email from their official Jackson accounts to a different email address. Neither Jackson nor the office of GME is responsible for the failure of such systems to deliver your official notifications and will not send emails to any alternative address to any resident enrolled in any program at Jackson.

Use of this email system is to be always in a professional manner. Any use of email that violates Jackson professional policies, or other provisions, can and will result in disciplinary action. Residents will be held responsible and accountable for all information transmitted.

Personal Web Sites, Blogs, and Social Media

Residents may use personal web sites and web logs (blogs) during their personal (non-work) time. If a resident chooses to identify himself or herself as a Jackson resident on a personal web site, blog, or other social media, he or she must adhere to the following:

- That the views expressed are solely of the residents, and are not necessarily those of the Facility
- That patient confidential information under HIPAA or other laws is not disclosed or identifiable

Unacceptable behavior by Jackson Residents through such technology includes, but is not limited to, the following:

- Behavior that promotes or produces an unlawful end.
- Action that promotes an act of violence or harm
- Action that meets judicial standards of harassment, defamation, and obscenity
- Action that is counterproductive to the mission of Jackson or any of its affiliates

Specific Assignments

Specific assignments of this appointment will be determined by Jackson or designated representatives of Jackson and reappointment is conditional upon fulfillment of responsibilities as assigned.

Non-competition

Neither Jackson nor any of its affiliates/programs may require Resident to sign a non-competition guarantee or restrictive covenant as a condition of appointment to a Jackson sponsored residency program.

Mandatory Orientation

An annual resident orientation for matched residents is held during the end of June prior to the start of a new academic year. Residents matching into Jackson residency programs will receive a schedule and are expected to be in attendance for the duration of orientation. Failure to attend orientation could result in a delay in the start of residency. Residents will be given the opportunity to complete all required life support certifications during orientation. Off-cycle residents will be required to attend a two-day corporate orientation before starting residency.

Required Certifications

All Residents are required to obtain and maintain Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), and Pediatric Advanced Life Support (PALS). Residents must take all life support training courses at Jackson approved sites. Residents are responsible for meeting and maintaining these requirements.

Life Support Training Requirements by Program

Family Medicine requires BLS, PALS, and ACLS

Health Information and Testing Requirements

Upon initial appointment at Jackson, Resident must provide all health information as may be required by Jackson for resident to perform assigned duties. Such information may be required upon notification of initial appointment at Jackson or may be required prior to the date of employment/assignment. Resident shall not assume on site duties without meeting all requirements defined by Jackson Resident Health and Safety policies. Non-compliance with such policies and/or failure to present required documentation will result in the cancellation of resident's appointment to the residency program.

Residents appointed to Jackson residencies will be required to meet all resident health requirements prior to assuming resident duties. Requirements include but are not limited to:

Completion of the Health Assessment Form (Attachment A) which is considered part of the resident contract. Upon appointment, residents must complete and return a completed signed contract including the Health Assessment Form. Failure to complete and return the form shall result in voiding the resident agreement/contract; submission of supplemental information or additional testing documentation as may be deemed necessary by the Resident Health Department; completion of an on-site resident health evaluation that may include examination, immunization and/or any additional health testing as prescribed by the Resident Health Department; submission to drug testing for the purpose of determining drug use or alcohol abuse as required of all Jackson residents; and other requirements as may be deemed necessary by the Resident Health Department upon initial appointment to the program.

All health information including on-site examination, immunization and testing results shall become part of the Resident Health record at Jackson.

Periodic Testing

After the Commencement Date, residents must submit to periodic (post-appointment) health examinations and supplementary tests, provided by Jackson Employee Health, which may include tests for drug use and/or alcohol abuse, as are deemed necessary by Jackson to ensure that the resident is physically, mentally, and emotionally capable of performing essential duties and/or as are otherwise necessary to the operation of the program. Further, the resident agrees to continue to meet Jackson's and the State of Alabama's standards for immunizations in the same manner as all other Jackson personnel. The results of all examinations of the resident shall be provided to the Jackson Employee Health Office. The same requirements concerning Resident's health status that applied at the time of the resident's initial appointment shall apply thereafter and shall constitute a continuing condition of this agreement and the resident's appointment to the medical staff unless Jackson changes these requirements after the commencement date hereof.

National Provider Identifier (NPI)

The National Provider Identifier (NPI) is a 10-digit identifier that resulted from a HIPAA mandate that a standard, unique identifier be adopted for health care providers. Once assigned, a provider's NPI will not change and will remain with them regardless of location or employer changes. All health care providers who bill for services will need to use their NPI in the processing of health care claims covered under HIPAA. Residents may apply individually for a number at any time and are asked to do so immediately upon accepting their residency position. There is no charge, and the process only takes a few minutes to complete. NPPES will send you an email notice with the assigned NPI number, which you will have to share with the GME office and your program coordinator.

As outlined in the Federal Regulation, The Health Insurance Portability and Accountability Act of 1996 (HIPAA), covered providers must also share their NPI with other providers, health plans, clearinghouses, and any entity that may need it for billing purposes. Residents need to write their NPI number on all prescriptions.

Instructions for the application of an NPI are available from your program coordinator or on the NPI link at <https://nppes.cms.hhs.gov>.

Provider Enrollment, Chain and Ownership System (PECOS) Number

Residents will need to apply for a Provider Enrollment, Chain and Ownership System (PECOS) number using form CMS-8550 from the Centers for Medicare and Medicaid Services found on their website found on <https://www.cms.gov/MedicareProviderSupEnroll>. PECOS is a system used by Medicare. Residents need to register for a PECOS number solely for the purpose of ordering and referring items or services for Medicare beneficiaries.

Institutional Drug Enforcement Agency Number (DEA)

Residents are assigned an Institutional DEA number plus a resident identifier suffix when they begin residency with Jackson. Residents should write their institutional DEA number on all scripts provided through their duties as a Jackson resident.

The DEA numbers assigned will be specific to this institution, can only be used for Jackson patients, and cannot be used for patients seen at affiliated institutions or on outside rotations, friends, family, or other Jackson employees. In those circumstances, the resident would have to rely on the supervising physician for prescribing.

If a resident applies for and receives an independent DEA number for the purposes of moonlighting or other reasons, the resident must provide that information to the GME office. Residents are required to use their unique identifier for all non-residency related activity.

Diploma/Transcripts

An official copy of a resident's diploma and final transcript showing the resident's professional degree with graduation date must be received by the GME office before the resident can commence training with Jackson. Under unusual circumstances, residents unable to obtain a transcript and diploma before the start date should consult the GME office for guidance.

Administrative Policies and Procedures

Jackson's Administrative Policy and Procedure Manual is available on the hospital's intranet page, which can be accessed using any hospital-based computer or through VPN remote access.

A loose-leaf copy of the manual is available in each hospital's Emergency Department for use during computer downtime procedures. Residents are expected to be familiar with the scope of the manual and act in accordance with relevant Jackson policies at all times. The manual is updated on an as-needed basis on-line and in paper format in the Emergency Departments. If the Resident cannot locate a particular policy book, he/she should ask to speak to the Nurse Manager or supervisor of the area.

Documentation of Orders

The standard for order entry is electronic in the EHR "Epic". In the event of an emergency requiring back-up paper entry, orders should be in a physician's own legible handwriting or electronically as allowed by institutional policy. All orders should be dated and include the time the order is written. Verbal orders and telephone orders are discouraged and are acceptable only when the physician's presence is not possible. When physicians are present, nurses or other health professionals may require written orders from the residents. If verbal orders are necessary, they must be reduced to writing by nursing personnel and signed by the Resident within 24 hours.

An error in writing orders should be marked out with a single line through the error and the word "error" written above, signed, dated and the order given directly to the nurse or unit clerk. Changes may not be made after the nurse signs an order. Any change must be written as a new order.

In the event of emergency paper back-up, Resident documentation must be provided in legible handwriting. Residents should provide pager numbers as an additional identifier for all required documentation to avoid potential identification issues. Handwriting consultation will be available to the residents who may need

assistance in meeting legibility requirements. Residents may be required to attend special courses or consultation at their own expense.

Informed consent for procedures requires the signature of the attending physician prior to any procedure. Residents may provide informed consent and document with signature only if they are directly involved in the care of the patient.

Medical Records

The completion of medical records is essential to assuring the highest quality of patient care. Therefore, it is imperative to complete medical records immediately. Residents must comply with medical records policies set forth by the institution which states that “the patient’s medical records shall be made complete at the time of discharge and include progress notes, final diagnosis, and clinical summary, but regardless of any other circumstances medical records should be made complete within 72 hours of the emergency department visit discharge, 24 hours for order co-signatures and as otherwise specified by Jackson.” The Resident will be notified of any delinquencies and all delinquencies will be reported to the Graduate Medical Education Office and the Residency Program Director. Residents not in compliance with medical records policies are subject to disciplinary procedures.

Requirement of Chaperone in Patient Examinations

Unless otherwise specified by the program or medical staff department policy, the presence of a chaperone of the patient’s gender is required whenever a resident of either sex examines sensitive areas such as female patient’s breasts or any patient’s genitalia. Further, a chaperone may be requested in any other circumstance deemed appropriate by either the patient or the physician. The only exception would be in the event of a true emergency.

Non-Hospital/Non-Jackson Settings Assignments

Residents may not provide services to patients in non-hospital settings without the expressed permission of the residency program director. All non-hospital or non-Jackson location assignments must be assigned by the program director and are subject to the approval of the Director of Medical Education for GME at Jackson. Jackson’s professional liability insurance program applies only to official resident assignments within the training program requirements as assigned by the official program director and approved by Jackson. All such assignments must be approved in advance and are subject to duty hour policy. Provision of physician services outside the residency training requirements, as assigned by the program director, shall be considered Moonlighting and is subject to Moonlighting policy. Residents shall not engage in physician services at non-Jackson facilities unless assigned as part of the training assignment by the program director or approved as an approved Moonlighting experience.

Overview of Resident Benefits and Support Services:

All Residents are eligible for the same health care, disability, retirement, and other benefits as offered to other residents. These benefits are reviewed annually, and any changes are typically made to be effective January 1st

of each calendar year. An annual benefit enrollment is conducted in the fall of each year for Residents to make changes for the following calendar year. Residents must provide proof of such insurance prior to beginning their program or may elect to enroll in the Jackson benefit plan at orientation. Jackson may be required to document and monitor proof of coverage. New House Staff will have the opportunity to elect coverage of their choice during the Human Resources Benefit Orientation upon entering the program. Benefit materials detailing each benefit will be distributed at that time. Residents are eligible to make changes/additional choices during the fall annual benefit enrollment period. Should you have questions concerning the benefits, please call Human Resource at 334-293-8834.

Education Reimbursements

Educational reimbursements are provided to residents as enhancement opportunities to the residency experience. Residents at the PG2 level and above are eligible to receive reimbursement toward the costs of one (1) GMEC approved continuing medical education (CME) conference during their residency here at Jackson. Approved travel funds are not taxable. To request use of travel funds, residents must complete the “Education-Request for Travel form” and submit required paperwork at least sixty (60) days in advance. This form must be complete with an estimate of all required expenses, justification for travel, and the signatures of your Program Director and the DIO. Submitted travel requests must meet the following criteria:

- Educational activity should be sponsored or hosted by the resident program’s national organizations or societies or a board review course.
- Events must meet current Jackson travel guidelines.
- Out of the country travel is not permissible.

In addition, the Program Directors signature will serve as confirmation of relevance of proposed meeting to the clinical, educational or research assignment at Jackson. All travel reimbursement is subject to Institutional Travel Policy specifying reimbursable and payment processing procedures. Residents will be held responsible for obtaining an updated travel policy upon making travel plans. Residents should contact the GME office to complete and process the “Request for Travel” forms and reimbursement forms. Travel reimbursement requests for all residents must be turned in no later than ten (10) days after the trip. Additionally, seniors must ensure that all travel reimbursement requests are submitted to the GME office no later than 30 days prior to the end of the residents’ residency with Jackson to be eligible for reimbursement.

Board Eligibility

Residents must monitor for the duration of their residency their progression toward board eligibility requirements as defined by their specialty board including, but not limited to, procedural requirements, time away from the training program limits, and months served per PG level. Any interruption in the resident’s training has the potential to impact the duration of the residency training, graduation date and/or board eligibility. For questions regarding eligibility for specialty board examinations, residents should consult the board directly or consult with their program director regarding their board requirements.

Links to each board website are listed below:

Family Medicine – www.theabfm.org

Jackson Professional Liability Protection - Medical Malpractice

Jackson will provide malpractice coverage in the amount of 1 million/3 million for each resident member of staff. Residents may be required to complete annual risk management courses to obtain a discount on the premiums. Report of the completed course will be sent by the program director to risk management. Extended reporting endorsements (tail coverage) will be provided for each resident after they complete their residency requirements or if they terminate their contract with Jackson. Professional medical activities performed outside the requirements of the residency program will not be covered by this policy. The resident will be required to maintain malpractice independent of the Jackson malpractice policy for moonlighting practices.

Obligations of House Staff

The extension of professional liability protection by Jackson to House Staff invokes certain obligations on the part of the House Staff. Jackson does expect cooperation from the House Staff in connection with reporting claims, settling claims, defending lawsuits, and related matters. By accepting the liability protection provided by Jackson, House Staff agree to be available as required and participate in the defense of any professional liability claim in which they are involved in any manner, even after they have completed their residency training.

Jackson reserves the right to make all decisions with respect to the defense and settlement of claims and lawsuits involving Jackson and/or a member of the House Staff. Jackson may be obligated by law to report payments of malpractice settlements and judgments on behalf of physicians to the National Practitioners Data Bank and the Alabama Board of Medicine and shall do so with respect to the House Staff as required by law. House Staff is expected to adhere to all Jackson policies and procedures relating to reporting claims and incidents, whether the same are referred to in this manual or not. House Staff should report any direct knowledge of intent by any individual to pursue a claim against Jackson with respect to an alleged event of medical malpractice by contacting their Program Director. Such contact shall be in addition to any other procedures applicable to the situation.

A House Staff resident who is served with a summons and complaint or any other legal document with respect to an alleged event of medical malpractice must contact their Program Director immediately. Failure to do so could result in a default judgment against the House Staff member and a voiding of the protection of the House Staff member by Jackson.

House Staff are expected to cooperate fully in their own and Jackson's defense. While Jackson pays expenses associated with lawsuit defense, House Staff is expected to give whatever time is necessary to participate in the defense of a case that involves a House Staff resident, whether the House Staff resident is actually a named party in the lawsuit or not.

In-service training sessions are conducted periodically for House Staff with respect to insurance and liability matters. House Staff are required to attend such sessions as notified and directed by their Program Director or as directed by Jackson administration. These in-services will be designed to prevent and to protect House Staff members and Jackson from liability for alleged acts of medical malpractice.

Leave

It is expected that a resident's leave time is subject to review by all parties involved with the resident assignment with sufficient advance notice and consideration of appropriate provision of patient care services. All vacation and educational leave must be approved in advance by the Program Director responsible for the resident, as well as the Program Director and attending of the service to which the resident is assigned.

Residents are expected to fulfill their contract and be in attendance for the full contract term unless they are on scheduled leave or granted a leave of absence. Attendance or approved leave is required for the duration of the contract even if the resident has completed all program requirements before the contract's end date.

Family and Medical Leave of Absence (FMLA)

CALL FMLA SOURCE 1-855-247-3652

A leave of absence may be granted to residents who have completed at least one year of service and a minimum of 1,250 hours during the previous 12-month period for:

- Incapacity due to pregnancy, prenatal medical care, or childbirth
- Care for resident's child following birth or adoption or placement with the resident for foster care
- Care of a resident's family member (spouse, stepchild, child, or parent) with a serious health condition (as defined in the FMLA)
- A resident's own serious health condition which makes the resident unable to perform the job
- Qualifying military exigency leave or military caregiver leave (as addressed below)

See the FMLA poster and/or speak with Human Resources for more detail. Residents who do not meet these requirements may apply for a Personal Leave of Absence.

Duration of Leave

With the exception of "military caregiver leave," as defined below, FMLA will be granted for a period of up to 12 weeks or longer if required by state law, in any rolling 12-month period.

Required Notice

Residents must provide 30 days advance notice of the need to take FMLA leave when the leave is foreseeable. When 30-day notice is not possible, the resident must provide notice as soon as practicable. In situations where the need for leave is unforeseen, a resident should notify his or her supervisor and the Human Resources Department as soon as the resident is aware of the need for the leave pursuant to the Facility's call-in procedures.

If the leave is for a resident's serious health condition, the resident will be required to submit appropriate medical certification from the resident's or family member's healthcare provider regarding the need for leave. The Human Resources Department will provide residents with the appropriate certification for the relevant healthcare provider to complete.

In certain cases, the Facility may seek clarification and authentication of the medical certification submitted by a resident. The resident or family member may be required to obtain a second opinion from a healthcare

provider designated by the Facility and at the Facility's expense. The Facility may periodically request FMLA leave recertification.

Failure to request leave in advance or to return the required medical certification form may result in the requested leave being delayed or denied. If, after a leave has begun, the Facility discovers that the leave is for a qualifying FMLA purpose, the entire leave period or a portion of the period may be retroactively counted as FMLA leave.

A resident who is not receiving wage loss benefits under any workers' compensation plan or statute is required to use paid time off (PTO, EIB, sick or vacation hours, according to their utilization guidelines) in place of normally scheduled hours until a zero balance is reached in each account. Residents who are receiving wage loss benefits under any workers compensation statute or plan cannot use paid time off while receiving such benefits.

All benefits that operate on an accrual basis (e.g., vacation and sick leave) will cease to accrue for any leave extending more than one full pay period. Group health benefits (medical, dental, and vision insurance) may continue during the period of authorized FMLA leave. Other benefits, such as 401(k), supplemental life insurance, and other voluntary coverage will be governed in accordance with the terms of the benefit Plan and each Policy's particular provisions.

Returning from FMLA Leave

Eligible residents are entitled upon return from FMLA leave to be reinstated to their former position or an equivalent position with equivalent employment benefits, pay, and other terms and conditions of employment, with certain limited exceptions. If a resident takes continuous FMLA leave for their own serious health condition, before he/she returns to work, the residents' health care provider must complete certification indicating whether the resident is able to return to work.

If a resident is unable to return from FMLA leave at the end of the approved leave period, the resident may apply for an unpaid, Personal Leave of Absence – see below.

Military Exigency FMLA Leave

Eligible residents with a spouse, son, daughter, or parent on active duty or called to "covered active duty" may use their 12-week leave entitlement to address certain qualifying exigencies. "Covered active duty" means the deployment of a member of the regular Armed Forces to a foreign country and the order to active duty of a member of a reserve component of the Armed Forces or a member of the National Guard. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, emergent Parental Care, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

Military Caregiver FMLA Leave

Eligible residents may take up to 26 weeks of leave to care for a covered service member during a single 12-month period. A covered service member is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness, or aggravated a preexisting injury, incurred in

the line of duty on active duty that may render the service member medically unfit to perform his or her duties for which the service member is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list. Veterans are also considered to be “covered service members.”

so long as the veteran is undergoing medical treatment, recuperation, or therapy for a serious injury or illness that was incurred or aggravated while on active duty in the Armed Forces, and the veteran was a member of the Armed Forces, National Guard, or Reserves at any time during the five-year period before he or she began the treatment, recuperation, or therapy.

Note: This is merely a summary of the key provisions governing FMLA. The Human Resources Department can provide a complete copy of the policy and forms the resident will need for FMLA leave. They can also explain your benefit status during the leave and any extension that may be granted, subject to the benefit Plan and each Policy’s particular provisions.

Military Leave (other than FMLA)

While residents are entitled to leave in various circumstances under the FMLA, residents are also entitled to military leave, reinstatement, and reemployment in accordance with other state and federal laws, including the Uniformed Service Employment and Reemployment Rights Act of 1994 (“USERRA”). Any resident absent from employment due to service in the “uniformed services” is eligible for military leave and reinstatement. For purposes of this policy, “uniformed services” consist of the following: Army, Navy, Marine Corps, Air Force, Coast Guard, Army Reserve, Naval Reserve, Air Force Reserve, Coast Guard Reserve, Army National Guard, Air National Guard, Commissioned Corps of the Public Health Service, or any other category of persons designated by the President in a time of war or emergency. For questions relating to USERRA or other laws reflecting the rights of those in or joining the uniformed services, please contact Human Resources Department.

Personal Leave of Absence

For other types of leave or for leaves not eligible for FMLA or military leave, residents may request personal leave. The Facility may, in its discretion grant, an unpaid, Personal Leave of Absence for up to 90 calendar days. The Facility does not guarantee that at the end of a Personal Leave of Absence, a resident will be returned to his/her position.

Domestic and Sexual Violence Leave

If a resident, a resident’s spouse, or a resident’s child is a victim of domestic or sexual violence, the resident may also be given time off for court appearances or to obtain support services, medical or legal assistance, or safe housing. The Facility will grant time off, as it is required by law. The time off will be unpaid unless the absence qualifies for use of EIB or if PTO is used.

Jury Duty, Facility Witness Duty

A resident should notify his/her supervisor immediately when he/she is called for jury duty. The resident will receive his/her base wage or salary for the time served up to 15 workdays or longer, if required by state law, for days that fall during the resident’s regular schedule. This includes time spent reporting for an interview or

examination for jury duty, even if the resident is not chosen to serve. If the resident is dismissed prior to the end of his/her scheduled shift, he/she is expected to report to work for the balance of his/her shift unless other arrangements are made with the supervisor's permission. The resident must present his/her Program Director with a statement from the court clerk certifying the times and dates of actual jury service.

If a resident is required by subpoena or otherwise, to appear as a witness in a Facility-related lawsuit or hearing, the resident will be paid his/her base rate for all hours spent as a witness. If the resident is required to travel a greater distance than he/she would normally be required to travel to the Facility, the resident may be eligible to receive mileage for the additional mileage.

Funeral (Bereavement) Leave

If a resident is scheduled to work at least 24 hours each week and has completed his/her introductory period, the resident's supervisor may grant the resident up to three (3) workdays (up to 8 hours each workday) off with pay for bereavement leave in the event of a death in the resident's Immediate Family. For the loss of a Spouse, Parent, Child or Sibling, the resident may take up to three (3) days of leave within a consecutive five (5) day period). For the loss of a Grandparent or Grandchild, the resident may take up to three (3) days of leave within a consecutive three (3) day period.

"Immediate Family" member includes the resident's: current Spouse; Parent (current stepparent or those of the resident's current spouse); Child or Grandchild (by lineage, legal adoption, or current court appointed guardian/custodian); Grandparent (by lineage or legal adoptive grandparent); sibling or half sibling.

If the deceased immediate family member resided more than 100 miles from the resident's residence, the resident's immediate supervisor may grant additional unpaid bereavement leave of up to five (5) calendar days (regardless of the number of shifts scheduled). The resident may choose to use vacation/PTO for unpaid bereavement leave. A resident who is not granted funeral (bereavement leave) may request a Personal Leave of Absence.

Extension of Residency Due to Leave Time

In general, extended absences (greater than 20 days per year) from the training program will require extension of the training program subject to the program requirements in each department and specialty board requirements. Residents are entitled to timely notification from their program regarding the effect the extended time away from the training program will have on meeting their training requirements necessary for program completion, graduation, and board eligibility.

Board Requirements Regarding Absences from the Training Program

Residents should be familiar with their specific program and certifying board requirements regarding absences from the training program when requesting time off. Most specialty boards have policies regarding absence or from the training program for absences inclusive of vacation, illness, personal business, or other leave, and the impact that absence during the residency may have on the Board eligibility of that candidate. Many boards do not allow more than twenty (20) days absence away from the training program without requiring an extension in residency or specify minimum program requirements of time on certain services to receive credit. This limit

includes vacation, sick days, bereavement, and other types of leave. Residents should be aware of their specific program and certifying board requirements. Excessive time off may result in an extension of the residency program. Residents who have taken a leave of absence during the residency should communicate with their Program Director to ensure that their total leave time does not exceed the maximum allowed by the Board.

Vacation Leave

All residents are allocated three 168 hours or three, seven-day weeks of personal/vacation/sick time during the academic year. The vacation time must be taken in three seven-day blocks. The Program Director may, at his/her discretion, allow smaller increments to be used for a maximum of one week or seven (7) days of total annual vacation time. The Program Director may, at his/her discretion, assign vacation as appropriate to meet educational or patient care requirements or may approve individual vacation requests. Vacation time is allocated with the understanding that it will be used within the allotted time. No vacation days can be carried over.

A workweek block is counted as seven (7) consecutive days. As vacation is assigned or approved, changes to the schedule are not permitted without expressed approval of the program director or as otherwise defined by program policy. Residents are responsible for notifying all necessary individuals, including paging operators, of changes immediately.

There is no compensatory vacation leave for holidays worked by the resident. Efforts will be made to respect holidays when considering holiday schedules. It is up to the program director to structure or assign leave during holiday periods, such as December and January, in such a manner to maintain quality patient care and fairness to residents and to assure compliance with duty hour requirements.

Education and Professional Leave

Education leave is provided at the discretion of the program director for purposes of supporting educational activities that require the resident to be excused from clinical duty. Up to a maximum of seven (7) additional days can be approved during an academic year for the purpose of attending medical meetings or other medical education activities.

Up to three (3) professional leave days may be used over the duration of your residency for the sole purpose of interviewing for residency, fellowship, or practice positions. Residents may be required to provide documentation of an interview to their Program Director.

Education and professional leave should be granted to residents with the following contingencies:

- Allotted time must not result in an extension of the residency period or have potential impact to affect board eligibility as defined by the respective Board.
- Educational leave time may not be accumulated and carried over to the following academic year.
- Education and professional leave time may not be converted to vacation days and shall not be used for other purposes.
- At the discretion of the program director, educational leave time may also be used for interviews for senior or preliminary residents.

Workers' Compensation Insurance

Workers' Compensation provides for payment of medical expenses and for partial income replacement in the event of a work-related accident or illness. The benefits payable and the duration of payment depend on the nature of the injury or illness and upon applicable law. In general, however, all appropriate medical expenses incurred in connection with an injury or illness are paid, and partial income replacement is provided after the applicable elimination period.

All residents MUST report all injuries, regardless of the severity, including needle sticks, bumps, bruises and scratches to your Program Director and Employee Health. If the resident requires medical attention during normal business hours, please contact Employee Health. If medical attention is needed after hours or in emergency situations, please contact the house supervisor and report to the Emergency Department.

Time Off to Vote

Residents are encouraged to vote before or after work. However, requests for time off with pay to vote on Election Day (federal, state, municipal) may be granted, at Jackson's discretion, if the resident will not have sufficient time to vote before or after his/her scheduled shift. Requests must be submitted at least one day in advance of Election Day for consideration.

Employment Benefits

Flexible Benefits Program

Through the Facility's Flexible Benefits Plan, residents can pay for certain benefits with before-tax earnings. This benefits residents through participation in lower cost group programs as well as providing substantial tax savings.

Health Insurance

Residents are eligible for group health insurance for themselves and their dependents. Coverage begins immediately on employment, subject to the terms of the group health policy. Please refer to the group health plan's Summary Plan Description for additional information.

Health Insurance Benefits Continuation (COBRA)

The Consolidated Omnibus Reconciliation Act of 1985 (COBRA) allows residents who separate or otherwise become ineligible for the Facility's group health insurance coverage to continue their coverage for a specified period. COBRA coverage may also be available for dependents. The Human Resources Department can provide additional details regarding COBRA coverage. Be sure to notify the Human Resources Department of any changes in your marital status or your dependents reaching an ineligible age for group insurance coverage within 30 days of the life event.

Other Resident Benefits

Based on the resident's employment category and hours regularly scheduled to work, the resident may be eligible for other employer paid coverage such as life insurance, business accident travel coverage, and long-term disability. Residents may also be eligible to elect other voluntary benefits for themselves and their dependents.

Courtesy Discount

All residents with health insurance through Jackson are eligible for a courtesy discount for hospital services at Jackson facilities.

Employee Assistance Program (EAP)

The Facility realizes that residents occasionally need guidance and assistance with their daily lives. A confidential professional counseling service is available for residents and their dependents. EAP counselors can provide assessments and referral services for assistance with personal issues that may include substance or physical abuse, legal or financial difficulties, marital and family relations, personal or job-related stress as well as parenting or care for the elderly. Residents may call 1-855-775-4357 or go to rsli.acieap.com to arrange EAP services.

401(k) Plan

To be defined later.

Work Week/Pay Period/Pay Day

A workweek is comprised of seven consecutive days. A pay period consists of two consecutive workweeks that are bi-monthly. The pay period starts on a Sunday and runs to the 2nd following Saturday.

Any resident not on direct deposit will have their paycheck mailed to them.

Pay Corrections

A resident is required to immediately report any errors on his/her paycheck to his/her supervisor or Department Director. The Human Resources department will be notified as soon as possible. Generally, any corrections will be made in the next paycheck, unless approved by the Facility President, CFO or Vice President of Human Resources.

Pay Advances

The Facility does not permit advances against future paychecks or against future paid benefits, such as vacation. Paychecks will not be distributed early.

Payroll Deductions

The Payroll Department will deduct from a resident's earnings those deductions required by law, plus Facility approved and resident-authorized deductions.

Miscellaneous Benefits Provided for Residents

Resident Call Rooms

Although the program provides coverage by 'Home Call', call rooms are available at the hospital for the use of all residents when extended presence is required overnight. Residents are often expected to remain on premises for call duty as dictated by patient needs. Jackson provides safe, quiet, and private sleep/rest areas to accommodate on call assignments. All furnishings and equipment provided in the call room is for use by all assignment Residents and remains the property of the Jackson. Residents who intentionally destroy equipment for furnishings in any of Jackson call rooms or other facilities shall be subject to disciplinary procedures.

Safe Ride Home

Jackson is committed to ensuring residents get home safely after extended shifts and anytime driving might be hazardous due to fatigue or illness. To support our commitment to resident safety, Jackson will provide residents safe rides home utilizing cab services. Residents wishing to utilize the cab service must be picked up from their assigned duty location and dropped off at their local home address only. Jackson will also pay for the return trip to the hospital, when necessary. The cab company will provide written documentation to Jackson Graduate Medical Education stating the resident's pick-up time, pick up address, drop off time, drop off address, total mileage and required resident signature.

Jackson is happy to provide this service to ensure resident safety. Residents that try to abuse the taxi service program for purposes other than a safe ride home may be subject to disciplinary action. If a resident is too tired or too ill to drive home safely and they do not wish to sleep in the call room, a resident may utilize the taxi service for a safe ride home.

Residents needing to use this service should call the Program Director or Program Coordinator. The Taxi Company and cab driver will need to know that Jackson has an account, and they should bill the hospital for this service. The resident will be asked to provide their name, pick up location, drop off location, and signature. The resident will have to tell the cab driver that they are a Jackson Hospital and Clinic Family Medicine resident. If a resident encounters a driver that is unaware of the policy, they should ask the driver to contact the dispatcher.

Meals

Residents are provided access to meals in all hospital-based cafeterias and the Doctors' lounge. In addition, Jackson maintains food-vending services at the hospital for after hour use.

Lab Coats

All residents will be provided with three monogrammed white coats upon admission into a Jackson residency program. Additional coats are not provided but may be ordered periodically at the resident's expense.

Medical Library

Jackson Medical Center has aligned with the Alabama College of Osteopathic Medicine (ACOM) to use their medical library resources. The ACOM library has three full-time medical librarians and one senior library associate who will be available to assist our residents. The ACOM library is a 21st-century digital academic library that gives 24/7 digital access to a host of resources.

The ACOM library is a member of the National Network of Libraries of Medicine which hold over 1,400 e-books and approximately 3,000 e-journals. For any items not in their collection, we will be able to use interlibrary loan using ILLiad and DOCLINE.

Our residents will have 24/7 access to the following databases and resources:

Access Medicine

Books@Ovid

Cochrane Database

JAMA Evidence

LWW Medical Education Library

Medline Plus

Epocrates

DynaMed

Trip Database Pro

UpToDate

The ACOM library faculty will provide classes and training for our residents on the following:

Introduction to the ACOM library resources

Using Point of Care Apps

Systematic Reviews

Health Literacy and Consumer Health Resources

Epidemiology and Basic Biostatistics

Searching PubMed

Using EndNote citation manager software

In addition to the state-of-the-art digital library, the program will maintain a core set of paper-based reference medical textbooks in the designated library of the FMP. This will include textbooks such as Dermatology, Anatomy, Radiology, etc. In short, this will be a select group of books that lend themselves to efficient visual based reference, bringing expediency to problem solving in the clinical environment.

Certificate of Service

At the successful completion of training/appointment, a certificate of service will be awarded to the resident. Jackson will provide one original certificate. Duplicate originals will be at the expense of the resident.

Residency Training Verifications

Physicians who trained with a Jackson sponsored internship, residency, or fellowship program may request verification of their training. Requests for verifications from third parties must be accompanied by a signed authorization from the former trainee. Official verification requests must be mailed or faxed to the Office of Graduate Medical Education for completion. Graduate Medical Education faculty and administrative staff cannot provide verbal confirmation, verification, or evaluative information on former trainees via email or telephone. Verification requests requiring confirmation of training years can be completed by the Office of Graduate Medical Education and can typically be completed in a few business days. However, requests requiring assessment of training and evaluative information must be forwarded to that specific training program and can take a few weeks to complete and return.

Professional Standards of Jackson's Residency Program

Communicating Issues on the Educational Experience and/or Work Environment

Jackson wishes to promote a learning environment of open communication, performance improvement and opportunity for direct dialogue among Residents, faculty, and administration. Jackson and its affiliates uphold an environment of open communication where quality of care, patient safety and work safety are emphasized. As a member of the House Staff, residents have a professional responsibility and are obligated to report issues of quality and safety concerns in a timely fashion. Residents should feel free to raise and resolve issues without fear of reprisal and with a spirit of improving quality of care, patient safety, educational experience, and the overall work environment. Residents are strongly encouraged to report retaliatory actions and unprofessional behaviors using one of the many avenues for reporting concerns outlined in this policy.

Residents should notify administrative staff or faculty immediately of any patient related issues that require immediate attention. Administrative officials are on call 24/7 and may be reached by contacting the hospital operator. Administration will schedule periodic forums or departmental based forums for discussion with Residents or meetings may be scheduled at the request of the Chief Resident.

Your Program Director should always be a first source of communication contact. They should be able to address your issues, route you to the appropriate officials or to speak to officials on your behalf. Residents are also encouraged to report issues of non-compliance with regulatory requirements or issues contradictory to institutional policies or professional ethics.

Residents are encouraged to report any such issues to any individual as named above or other individuals in Jackson Administration or the compliance office. Residents who wish to discuss issues or concerns in a confidential and protected manner may choose among options at their discretion depending on the nature of the situations as may arise. Residents must understand, however, that total confidentiality is not always possible. Residents may provide information through several communication mechanisms:

Residents are encouraged to bring forth issues and concerns to department Chairs, the Program Director, or Program Faculty of their choice and comfort level. Residents may bring issues to staff in the Graduate Medical Education office who may serve to advise them on appropriate communication options. Residents may bring issues to other program representatives including the Chief Resident, the program coordinator and other non-faculty program staff representatives. Residents may bring issues to non-program-based representatives including attending medical staff, clinical directors or any administrative or institutional officials. Residents may bring issues to corporate representatives of the Human Resources Department. The Resident may at any time seek confidentiality and protection via the Designated Institutional Official, who may serve, at the request of the Resident, as liaison between institution and program officials. A Resident who discovers any event or behavior which is of a questionable, fraudulent, or illegal nature or which appears to be in violation of the corporate Code of Ethical Conduct should report the event or behavior immediately to the Program Director or Graduate Medical Education Office. There will be no retribution for asking questions or raising concerns about the Code of Ethical Conduct or any suspected instance of inappropriate conduct. A safety hotline has also been established to encourage reporting of clinical or other practices that may be considered to place patients, medical staff, or residents at risk. A prompt response to safety issues requires prompt and accurate reporting and should always be encouraged at any time of the day. It is our desire to create an environment of reporting that can result in optimal responsiveness.

Remember---what is most important is that your communication and concern is reported in a timely fashion as you think appropriate. You should select the most comfortable avenue for reporting individual issues.

Professional Conduct

Residents are expected to always maintain professional conduct. Annually, each resident will sign a Professional Practice Contract as part of his or her Resident Agreement. (See Appendix C for the full document). Jackson wishes to promote an environment of professionalism and open communication. A resident who experiences or witnesses unprofessional behaviors has an obligation to report these actions using one of the avenues available for reporting concerns including GME leadership, GME office, and/or Compliance, and Safety.

Everyone should be treated with respect, dignity, and courtesy, and strive to practice high standards of ethical conduct in the institution and in the community. Unprofessional conduct or behavior could lead to dismissal. (Please refer to Appendix B for the Core Values)

Education and Confidential Reporting

The following measures are in place for educating, reporting, and monitoring:

1. Using the HealthStream module on Professionalism, residents/fellows are required to complete the presentation as part of their incoming orientation, and all faculty are required to complete this as part of their incoming orientation. Faculty are encouraged to play an ongoing part in facilitating discussion around these modules with incoming trainees.
2. The process for investigating, monitoring, and addressing reports of unprofessional behavior is as follows:
 - a. Any issue that comes to the attention of the SI or the PD is reviewed by the DIO and the PD. A decision is made as to the best approach to investigate is made and implemented. A fundamental decision is made as to whether this should be explored further by Peer Review, Physician Health, or the Clinical Competency Committee.
 - b. Once the appropriate mechanism has been established to address the problem, then monitoring will be

recommended for the appropriate level (for example, depending on the determined problem, oversight will be given by the PD, the GMEC, the MEC, or a physician health board, or other oversight entity).

Confidential Information and the Health Insurance Portability and Accountability Act (HIPAA)

As a resident, you will have access to information about patients and residents, their illnesses, and other confidential information. In accordance with HIPAA regulations, you must not access or discuss this information with anyone, including other residents, except when necessary for work. Each resident is expected to keep this information confidential. Disciplinary action will be taken for violations of confidentiality.

The Health Insurance Portability and Accountability Act (HIPAA), was enacted in 1996 to protect patients' privacy. Patients' right to privacy and confidentiality must be protected and always respected. Patient information should only be accessed if there is a business need-to-know. Patient information should be protected from others by keeping computer screens from public view; keeping charts closed or blocked from others view, etc.

Verbal communication regarding patients must be protected. Necessary conversations regarding patient information must occur in private settings, away from the general public. Information about patients must not be discussed on an elevator, in the cafeteria, or in any public areas, or with anyone who does not have a right or need to know.

Knowingly accessing Protected Health Information without a business need to know will result in termination. All other breaches of privacy can result in discipline up to and including termination. Criminal penalties can also be imposed on individuals, such as fines and imprisonment by the United States of America for HIPAA violations. Whether on duty or off duty, patient information must always be held in the strictest of confidence.

It is your responsibility to read, understand, and sign a Resident Confidentiality Contract. It is your responsibility to ensure that you understand all aspects of the contract and adhere closely to it. Computer passwords must not be shared under any circumstance. Always log off the computer before leaving. Resident breaches of password security will result in discipline up to and including termination. Identification badges must be worn at all times with photo facing outwards. Potential problems or breaches of information systems security should be reported immediately to your manager, Human Resources.

Professionalism: Interactions with Patients and Families

Residents are reminded that family or visitors of patients are alert to chance remarks made about a patient or concerning a patient's condition. Residents must use caution in public areas to respect the privacy concerns of patients. Hallway or elevator comments or consultations are inappropriate as they may be overheard by unauthorized individuals. House Staff must at all times be respectful and professional in all interactions with patients, families, and visitors and in their communication to other health professional about patients.

Professionalism: Medical Staff Interaction

Residents are reminded that the ultimate responsibility for the care of the patient rests with the attending physician. The attending physician's wishes are to be kept in mind when any changes of treatment are contemplated. Until the resident is familiar with the attending physician's wishes, it is best to contact him/her by telephone or in person before writing an order for other than emergency medication. The attending physician may delegate these responsibilities to the Resident supervising his/her service, as he/she feels appropriate, and for which the Resident is competent.

The health care team is comprised of many individuals but relies on good communication and teamwork among the medical professionals responsible for patients. Residents are expected to promote and maintain a professional and collegial approach to working with attending medical staff in the care of patients. Residents must adhere to the code of conduct for professionalism as outlined by medical staff or GMEC approved policy.

Professionalism: Staff Interaction

Mutual respect in interaction with the nursing and other staff will greatly facilitate patient care and lighten the workload of the Resident. Experienced health care colleagues are good teachers and allies. Building a professional relationship with all staff is an important facet of the Resident's training and is an expectation of all residents. Difficulty with nursing staff or other staff interactions or misunderstandings should be brought to the attention of the Program Director and/or chairman of the department for appropriate action.

Residents are expected to promote a work environment where positive communication and teamwork is emphasized. Professionalism is a key core competency expected of all Residents to successfully complete their training requirements and has been defined by the ACGME as a major component of Resident performance.

Professionalism: Resident and Program Interactions with Vendors

Interactions with industry occur in a variety of contexts, including marketing of new pharmaceutical products, medical devices, and research equipment as well as on-site training of newly purchased devices. Many aspects of these interactions are positive and important for promoting the educational, clinical and research missions of the institution. However, these interactions must be ethical and cannot create conflicts of interest that could endanger patient safety, data integrity, and the integrity of our education and training programs. Furthermore, Residents, faculty and program leadership are expected to maintain a professional environment conducive to learning and adhere to the core competencies as defined by the ACGME. Those core competencies state that Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles, including a responsiveness to patient needs that supersedes self-interest and accountability to patients, society, and the profession.

It is the policy of Jackson that interactions with industry and its vendors should be conducted to avoid or minimize conflicts of interest. When potential conflicts of interest do arise, they must be addressed appropriately.

Consistent with the guidelines established by the American Medical Association Statement on Gifts to Physicians, acceptance of gifts from industry vendors is discouraged. In addition, each Resident, as a Jackson resident, must comply with Jackson's Code of Ethical Conduct and Conflict of Interest Policy. Any gifts accepted

by a resident should not be of substantial value. Accordingly, textbooks, modest meals, and other gifts are appropriate only if they serve a genuine educational function. Residents may not accept cash payments directly or indirectly from industry representatives. Residents may not accept gifts or compensation for listening to a sales talk by an industry representative. Residents may not accept gifts or compensation for prescribing or changing a patient's prescription. Residents must consciously separate clinical care decisions from any perceived or actual benefits expected from any company. It is unacceptable for patient care decisions to be influenced by the possibility of personal financial gain.

Industry representatives are not permitted in any Jackson patient care areas except to provide in-service training on devices and other equipment and then only in accord with the policies and procedures of Jackson's Materials Management Department. Industry vendors are permitted in non-patient care areas by appointment only and must be at the invitation or advanced approval of the program director/department management. Appointments may be made on a per visit basis or as a standing appointment for a specified period, with the approval of the program director or department chair, or their designated hospital or clinic personnel issuing the invitation.

Industry support of educational conferences or other events involving Resident physicians may be used for official programs or events sponsored by the program/institution provided that the funds are provided to the institution not directly to the resident or faculty. The program director or other institutional official should determine if the funded conference or program has educational merit. The institution or program must not be subject to any implicit or explicit expectation of providing something in return for the support. Financial support by industry should be fully disclosed by the meeting sponsor. The speaker and not the industrial sponsor must determine the meeting or lecture content. The lecturer is expected to provide a fair and balanced assessment of therapeutic options and to promote objective scientific and educational activities and discourse.

Industry representatives for education programs may supply food of modest standards or conferences if in the context of approved or officially sponsored educational programs, in-services, and clinical conferences. It is expected that industry representatives would only make a brief presentation for a specified period to the department and with adequate faculty representation present. Following the industry representative's presentation, he/she should be excused from the meeting to allow the Residents to use their remaining educational program time effectively. Food may not be provided on-site for educational programs or events that are not approved or officially sponsored educational programs.

All continuing medical education (CME) program support or support of receptions/events conducted in conjunction with an approved CME program sponsored by Jackson shall be approved by the GMEC and shall comply with accreditation requirements defined by Jackson, the ACGME.

Scheduling or organizing educational meetings with residents outside the residency program is not encouraged or endorsed by Jackson. Such meetings may not be conducted on the premises of Jackson or be advertised as affiliated with Jackson. Residents participating in educational activities or events supported from industry vendors or organized by industry representatives that are outside the program or are not sponsored or approved by the program or Jackson are doing so at their own discretion and shall do so on their own time. Residents shall not be required or expected to attend any meeting organized or sponsored by an industry representative that is not approved or officially sponsored by the program.

Industry representatives are prohibited from using the Jackson paging systems to contact Residents. All Residents should receive training by the teaching faculty regarding potential conflicts of interest in interactions with industry representatives.

Harassment

It is this Facility's intention to provide a working environment in which residents are free from discomfort or pressure resulting from jokes, ridicule, slurs, threats, and harassment relating to race, color, sex, sexual orientation, gender identity, religion, national origin, age, disability, citizenship, veteran status, military or uniformed services or other legally protected characteristics.

With respect to sexual harassment, this Facility prohibits the following:

- Unwelcome sexual advances, requests for sexual favors, and all other verbal or physical conduct of a sexual or otherwise offensive nature, especially where:
 - Submission to such conduct is made, either explicitly or implicitly, a term or condition of employment.
 - Submission to or rejection of such conduct is used as the basis for decisions affecting an individual's employment; or
 - Such conduct has the purpose or effect of creating an intimidating, hostile or offensive working environment.
- Offensive comments, jokes, innuendos, and other sexually oriented statements.

Examples of the types of conduct expressly prohibited by this policy, when conducted outside recognized and accepted patient care practices, include, but are not limited to:

- Touching, such as rubbing or massaging someone's neck or shoulders, stroking someone's hair, or brushing against another's body
- Sexually suggestive touching, grabbing, groping, kissing, fondling
- Whistling, lewd, off-color, sexually oriented comments or jokes
- Foul or obscene language
- Leering, staring, stalking, or gesturing in a sexual manner
- Suggestive or sexually explicit posters, calendars, photographs, graffiti, cartoons
- Offensive or unwelcome e-mail, pictures, voicemail or other messages
- Sexually oriented/explicit remarks about sexual conduct, body, sexual deficiency, or prowess
- Repeated requests for "dates"
- Conditioning terms of employment on the provision or non-provision of sexual favors or acts
- Sexual assault or rape
- Sexually oriented kidding or teasing

Disputes may arise as to whether conduct was welcome or unwelcome. If a complaint is made that a resident's conduct is unwelcome, the conduct is considered a violation of this policy. If a resident feels he/she has been a victim of sexual or any other form of illegal harassment, or if a resident witnesses such harassment of others, the resident must immediately report his/her concerns to the Program Director and/or Human Resources Department. Each complaint of harassment will be promptly and thoroughly investigated and be treated in confidence as appropriate. Any resident who engages in unlawful harassment, or otherwise violates this policy, is subject to disciplinary action, including separation.

Substance Abuse

Jackson is committed to maintaining a productive, safe, and healthy environment free from unauthorized alcohol and drug use. Jackson has a right to prohibit alcohol and drug use and require that residents be free from the influence of alcohol or drugs at the workplace.

(See the appendix to bylaws for policy on impaired physicians.) As soon as the Program Director learns that a resident may be impaired, the Program Director must consult the Jackson Human Resources Director. The Jackson Human Resources Director shall help the Program Director deal with the situation in a way that complies with applicable state and federal laws.

Alcohol, Tobacco, and Drug Use by Residents

Jackson is committed to promoting the health and safety of residents, patients, and visitors by providing a safe and healthy environment. In support of this, the use of tobacco is prohibited on all Jackson properties. Residents are required to adhere to this policy. Failure to abide by this policy will result in disciplinary action.

The other following activities are prohibited while on Facility premises or business:

- The manufacture, possession, use, sale, distribution, dispensation, receipt, or transportation of any drug, other than as required of a resident to complete job-related duties.
- The consumption of alcohol, except moderate consumption at Facility-sponsored events, where authorized.
- Being under the influence of Substances or having Substances or their metabolites in one's body during working time or while on Facility business, except for legal prescription medication prescribed to the resident and taken as prescribed, that does not impair the resident.
- Performing duties while under the influence of substances whether on or off Facility premises, except for legal prescription medication prescribed to the resident and taken as prescribed, which does not impair the resident.

Note that the Substance Policy is designed to ensure that residents can safely and effectively carry out their duties. Residents and the Facility must comply with all applicable Substance laws and regulations. For example, because marijuana is illegal under federal law, it is an illegal drug throughout the United States. However, even if it were legal, THC (the active ingredient in marijuana), impairs cognitive function, such as short-term memory, and is prohibited by the Policy. The Substance Policy is not subject to the Grievance Procedure.

Testing Under the Policy

Testing for alcohol, illegal drugs and controlled substances and their metabolites ("Substances") is an important part of a safe Facility environment. Human Resources can provide residents with a list of the substances for which the Facility tests.

In addition to pre-employment drug screening, the Facility may also conduct Substance screens under any of the following circumstances, subject to applicable laws:

- Randomly
- When a resident sustains an on-the-job injury that may result in lost time
- When a controlled substance is missing
- When a resident is suspected of being unfit for duty
- When a resident's supervisor or another individual in a management position believes a resident has violated Substance policies
- When a resident returns from a leave of absence of 90 days or more
- As part of a rehabilitative opportunity

Compliance with this Policy is a condition of employment.

Solicited Prescription Medication and Medical Advice

Residents should refer any employee of Jackson or its affiliates to the Jackson Employee Health Department, the Jackson Emergency Department, or to the employee's personal physician if the employee asks the resident for medical advice or prescription medications. In some instances, residents may have one of these employees as a clinic patient. In this case, they are that resident's personal physician. Residents will not prescribe medications for themselves, their spouse, family members, or friends; the Resident may only prescribe for his or her patients.

Solicitation

Solicitation, Distribution and Resident Merchandising

Jackson has adopted the following policy concerning solicitation, distribution, and merchandising to patients, residents, and visitors to prevent disruption of patient care and other operations.

Solicitation and Distribution by Residents

Residents are prohibited from distributing literature or soliciting residents for membership for any organization in a work area on Company property during working time. In addition, under no circumstances may a Resident solicit any gift or contribution from a vendor or supplier or potential vendor or supplier. Residents who are approached by vendors who want to make a philanthropic contribution, or an educational grant, travel sponsorship or any other form of a "gift" should contact or refer vendor representatives to the GME office for proper evaluation and referral.

Resident Merchandising

Residents are prohibited from selling or distributing tickets, merchandise, or services in a work area on Company property during working time. Violation of this policy will subject residents to disciplinary action up to and including discharge.

Security

Safety and security is essential, any acts or threats of violence are to be reported to management immediately. Law enforcement is to be summoned, if necessary. Acts or threats of violence by a resident against co-workers, patients, visitors, or any other persons on Facility premises are prohibited. Nor may a patient or visitor engage in such conduct.

Weapons may not be on the premises or in Facility-owned vehicles; an exception exists for legal weapons if they are properly stored and locked within a privately owned vehicle. Any visitor observed to have a weapon on Facility premises, except for law enforcement officers acting in their official capacity, should be reported to management immediately.

The Facility must be safe and secure for all. Searches may be conducted of a resident's person, personal property or locker where there is reason to suspect a violation of Facility policies. The Facility will not conduct a search without a resident's consent; however, a resident should not have any expectation of privacy, so consent to a search is a condition of continued employment.

Disaster or Emergency Call

In case of disaster or emergency, all Residents will be called and will be expected to work as scheduled, until the emergency is under control and declared so by the attending staff. Staff in-house will be notified by audible page ("Code Orange") and/or by pager with the same message. Off-duty House Staff are notified by the Command Center and are to report to the hospital as assigned. Upon notification, all Residents on in-house duty are to report to the Labor pool for assignment to treatment areas. You must always have your identification badge with you, but in this instance, it is particularly important.

Professional Appearance

Dress Code

For safety considerations and to enhance communication and cultural sensitivity, Residents are required to place a high value on personal appearance, including appropriate attire. Patient trust and confidence in the health care provider are essential to successful treatment experiences and outcomes. Professional dress and appearance plays a fundamental role in establishing trust and confidence and in considering the cultural sensitivities of patients and co-workers.

Hair should be neat, clean, and of a natural human color. Hair should be styled off the face and out of the eyes. Shoulder length hair must be secured, away from the face, to avoid interference with patients and the resident's work. Avoid scarves or ribbons (unless culturally appropriate). Beards/mustaches must be neatly trimmed.

Keep jewelry at a minimum (represents potential for cross-infection). The following are permitted: a watch, up to four rings, small earrings, academic pins, badges, or insignias which represent an award, modest bracelets, and necklace chains. An appropriate holiday pin during the holiday is suitable. Clothing should be clean, professionally styled and in good repair. Women should wear skirts of medium or knee length, or tailored slacks. Men should wear tailored slacks and a dress shirt that is tucked in. All Residents should wear a clean, white coat over their clothing. Shoes must be closed toe and comfortable, clean and in good repair. Shoes should be worn with socks when appropriate. Fingernails should be clean and extend no further than one quarter inch in length from fingertips. Nail polish is appropriate for women. Artificial nails are not permitted in clinical areas. These are to be worn in specified patient care areas only or as required by your program or as defined by Jackson. They are property of the hospital and are not to be defaced, altered, or removed from the hospital premises. If a scrub suit must be worn outside clinical areas, it must be clean and then covered with a clean, white lab coat. Should a scrub suit be worn outside of a surgical suite, the scrub suit must be removed and replaced with a clean set upon re-entering the surgical clean operation area. Shoe covers, masks, hair covers, and beard covers must be removed before leaving the clinical area. Stained or soiled scrub suits must be changed as soon as possible (source of contamination). The following items are specifically prohibited in any hospital or clinical facility/location: blue jeans (except when permissible by hospital administration), regardless of color, or pants of a blue jean style; shorts, open-toed, high-heeled or canvas shoes (this is to prevent blood or needles from penetrating the fabric); midriff tops, tee shirts, halters, translucent or transparent tops, shirts or tops with plunging necklines, tank tops or sweatshirts; buttons or large pins that could interfere with work functions, transmit disease or be grabbed by a patient; visible body tattoos or visible body piercings, other than one in each ear. The program director or hospital administration may at any time prohibit a Resident from any location based on appropriate and professional dress code and standards.

Non-Clinical Assignments

Time spent in lectures or other activities that do not involve patients, attire should be comfortable and not detracting from the academic atmosphere. When on assignment at any public location, residents should wear neat, clean, and professional attire, and avoid dress or attire that could be potentially offensive to the public, your peers, patients, faculty, and co-workers. ID badges must always be worn while on assignment.

Clinical Assignments

Time spent within patient care and surgical areas; attire should be suitable for the rotation. When in a clinic, hospital setting or at a participating site, attire should be neat, clean, and professional. When in surgical areas, hospital issued scrubs are acceptable. White lab coats are to be worn over scrub attire when rounding in patient rooms or spending time with faculty members.

General Requirements

Jackson ID Badges are to be worn at all times, above the waist in view. If a resident fails to bring his/her identification badge to the Facility, the resident must make arrangements with his/her supervisor to obtain the badge or a replacement. Any loss or theft of an identification badge must be immediately reported to the Human Resources Department.

Good personal hygiene is to be always maintained. This includes regular bathing, use of deodorants/antiperspirants, and regular dental hygiene. Avoid distracting perfumes or colognes. They may precipitate allergies or sensitivities.

Hair Maintenance

Hair should be neat, clean, and of a natural human color. Hair should be styled off the face and out of the eyes. Shoulder length hair must be secured, away from the face, to avoid interference with patients and the resident's work. Avoid scarves or ribbons (unless culturally appropriate). Beards/mustaches must be neatly trimmed.

Jewelry

Keep jewelry at a minimum (represents potential for cross-infection). The following are permitted: a watch, up to four rings, small earrings, academic pins, badges, or insignias which represent an award, modest bracelets, and necklace chains. An appropriate holiday pin during the holiday is suitable.

Dress, Shoes, and Hand Care

Clothing should be clean, professionally styled and in good repair. Women should wear skirts of medium or knee length, or tailored slacks. Men should wear tailored slacks and a dress shirt that is tucked in. All Residents should wear a clean, white coat over their clothing. Shoes must be closed toe and comfortable, clean and in good repair. Shoes should be worn with socks when appropriate. Fingernails should be clean and extend no further than one quarter inch in length from fingertips. Nail polish is appropriate for women. Artificial nails are not permitted in clinical areas.

Scrub Suits

These are to be worn in specified patient care areas only or as required by your program or as defined by Jackson. They are property of the hospital and are not to be defaced, altered, or removed from the hospital premises. If a scrub suit must be worn outside clinical areas, it must be clean and then covered with a clean, white lab coat. Should a scrub suit be worn outside of a surgical suite, the scrub suit must be removed and replaced with a clean set upon re-entering the surgical clean operation area. Shoe covers, masks, hair covers, and beard covers must be removed before leaving the clinical area. Stained or soiled scrub suits must be changed as soon as possible (source of contamination).

The following items are specifically prohibited in any hospital or clinical facility/location: blue jeans (except when permissible by hospital administration), regardless of color, or pants of a blue jean style; shorts, open-toed, high-heeled or canvas shoes (this is to prevent blood or needles from penetrating the fabric); midriff tops, tee shirts, halters, translucent or transparent tops, shirts or tops with plunging necklines, tank tops or sweatshirts; buttons or large pins that could interfere with work functions, transmit disease or be grabbed by a patient; visible body tattoos or visible body piercings, other than one in each ear.

The program director or hospital administration may at any time prohibit a Resident from any location based on appropriate and professional dress code and standards.

Hospital Emergency Responses

Emergency Phone Number

Dial “0” from any phone for immediate access to Facility’s switchboard.

RACE

- **Emergency Fire Procedures R – *Rescue***- Remove patients and other persons from immediate danger.
- **A – *Alarm***- Go to the nearest fire alarm pull box. Report Code Red (fire in the department) to switchboard. Give location, size, extent of fire, and material burning if known.
- **C – *Contain***- Close all doors. Once the door is closed in the room or area of fire, no one except the fire department should enter. Feel any door for heat before opening it. If it is warm, do not open the door.
- **E – *Extinguish***- If it is safe, use a fire extinguisher to attempt to bring fire under control using the PASS method (**P**ull pin, **A**im fire extinguisher, **S**queeze handle, **S**weep at the base of the fire). If a fire is out of control, close door to room/area.

Emergency Codes

Code Pink	Infant or Child Abduction
MR. RED	Fire
Code 3	Security Situation
Code 99	Cardiac Arrest
Code Silver	Hostage Situation
Code 1	Bomb Threat
Code 66	Disaster-External or Internal
Code Silver	Facility Lockdown
Active Silver	Active Shooter
Code 77	Contaminated Patient
Code 33	Severe Weather
All Clear MR. RED	Fire is under control, end of drill

Fire Alarms

The paging operator announces all fire drills and fire alarms as “MR. RED.” This designation was implemented to standardize announcements at all divisions in compliance with the Fire Safety Policy.

Compliance Training and Principles

The goal of the Compliance Training Program is to educate residents on appropriate policies, practices and procedures that comply with all applicable laws and regulations. The Program includes on-line training that is to be completed within the first 30 days of employment and annually thereafter. (Note that any Facility-mandated online training is to be completed during regularly scheduled hours of work.) Additionally, each

resident must read and acknowledge the Code of Conduct booklet each year. Depending upon their duties, certain residents must complete an additional four-hour compliance training program.

The following summarizes the principles included in the Compliance Training Program. Please refer to the Code of Conduct for more detail.

Confidentiality of Patient Information: Patient information is highly confidential. Residents are not to seek access to or use patient information except as permitted and necessary to perform their job duties.

Conflicts of Interest: No resident, or a member of the resident's family, may have an interest in an entity that has a business relationship with or competes with this Facility or an affiliated entity.

Vendors and Suppliers: Residents must maintain impartial relationships with Facility vendors and suppliers.

Gifts, Gratuities, and Rebates: No resident, or family of a resident, may accept gifts, special discounts, loans entertainment or substantial favors from any entity or person seeking to do, or doing, business with the Facility.

Facility Property: Improper or unauthorized use or removal of Facility property (including information, equipment, tools, or materials) is prohibited. All property must be immediately returned upon separation.

Training and Equipment Use: Residents must be properly trained to operate equipment and they should ask their supervisor for any additional instruction; report damaged or malfunctioning equipment to a supervisor right away.

Illegal Activities: All residents must comply with the Compliance Program. No resident may intentionally deceive or misrepresent information (e.g., billing or business arrangements) to influence any entitlement or payment under any governmental (e.g., Medicare, Medicaid) or other benefit payer program.

Confidential Disclosure Program Hotline

A Confidential Disclosure Reporting Program Hotline exists for reporting any known or suspected violations of:

- Any federal, state, or local laws, regulations, or rules.
- Any Compliance Manual Policy, or
- The Code of Conduct

Residents are expected to immediately report any violations or suspected violation of these standards by calling the 24/7 Confidential Disclosure Reporting Program Hotline at 334.293.8578.

A resident is not required to identify him/herself when reporting alleged or suspected violations. No effort will be made to determine the resident's identity unless the resident admits to engaging in improper conduct. If a resident chooses to remain anonymous, the resident must describe the conduct or incident in sufficient detail to enable Jackson to investigate the matter.

Disciplinary Action

The principal objective of the Facility's guidelines is to develop a goal-oriented workforce that efficiently and effectively provides a high level of service and care to our patients. Deviations from the Facility's guidelines may adversely affect patient care. To maintain a safe and effective workplace, the Facility has a corrective disciplinary process with the goal of ensuring a resident is aware of a concern and potential solutions before the

concern becomes too serious or adversely affects the residents' position. The intent of the disciplinary process is to effect positive change to a resident's performance at the early stages rather than taking corrective action later when the concern becomes serious. Disciplinary action may take the form of counseling, separation of employment, written warnings, suspension, or verbal warnings. However, the Facility reserves the right to take the corrective action it deems appropriate in any given situation, up to and including separation.

It is not possible to list all conduct that may result in disciplinary action. The following list is merely a guideline of some of the conduct which may result in separation or other disciplinary action:

Examples of conduct that may result in immediate separation:

- Possession of illegal drugs, weapons, firearms, or incendiary devices on Facility premises
- Theft or attempted theft of Facility, resident, patient, or visitor property
- Patient abuse or neglect
- Falsification or omission of pertinent information and/or records
- "No Call, No Show" absence (when possible, to call)
- Deliberate destruction or misuse of any Facility property
- Violation of patient confidentiality or privacy
- Refusal to submit to Substance screening.
- Sleeping while on duty
- Failure to maintain a required license, certification, registration, or accreditation.

Examples of other behavior that may result in disciplinary action, up to and including separation:

- Unsatisfactory work performance
- Disorderly conduct that may endanger the security/safety of any person on Facility premises.
- Violation of the Substance Policy
- Abuse of property of patients, visitors, or residents
- Threatening, intimidating, coercing, abusive language, or other interference with patient care
- Insubordination or refusal to comply with instructions or failure to perform assigned tasks.
- Use of Facility time or equipment for personal use or unauthorized purposes
- Discrimination/Harassment of residents, patients, or Facility visitors
- Disruptive and Intimidating Behavior
- Unprofessional or unethical conduct
- Persistent Absenteeism or Tardiness
- Gambling or playing games of chance on Facility property.
- Failure to complete a required orientation or refusal to complete mandatory re-orientation.
- Violation of the Compliance Program, including the Code of Conduct and duty to report
- Unauthorized absence from the Facility during working time.
- Noncompliance with OSHA standards (e.g., not wearing personal protective equipment).

Grievance Resolution

The Facility continually strives for a productive working environment, which integrates challenges, opportunities, and personal respect. A resident with a problem or conflict should seek an informal resolution whenever possible; after 90 days of employment, the grievance process may also be used.

The Human Resources Department can provide a grievance resolution form for personal use by an individual resident. Information concerning a resident grievance is to be held in confidence, as practicable. Supervisors, department heads, and other members of management who investigate a grievance may discuss it only with those individuals who have a need to know or who supply necessary background information or advice.

This process provides five steps, or opportunities, for the grievance to be resolved.

- **Step One:** The resident must complete and give the Resident Grievance Form (See Human Resources or the Intranet) to his/her Program Director or Director of Medical Education no later than 30 days after the circumstances or situation giving rise to the grievance. However, if the grievance involves suspension or separation, it must be submitted within five (5) days of the suspension or separation. (If the grievance involves the resident's supervisor, then the resident may proceed directly to Step Two.) Upon receiving a grievance, the resident's supervisor must investigate the grievance and provide a proposed written solution/resolution within five (5) working days.
- **Step Two:** If the resident bypasses Step One or is dissatisfied with the program director's solution/resolution, he/she may appeal to the department Chair. If Step Two is used for the initial grievance, the time frame outlined in Step One applies. If the grievance involves the resident's department head, the resident may proceed directly to Step Three. If the resident appeals the decision from Step One, the department head will (i) confer with the resident, the program director, and other appropriate members of management; (ii) investigate the concerns; and (iii) communicate a decision in writing to all parties involved within five (5) working days.
- **Step Three:** If the resident is not satisfied with the department head's decision and wishes to pursue the grievance further, he/she may appeal to the Facility's President within 10 working days of receiving the written Step Two decision. The Facility's President will review and investigate the grievance and issue a written decision within five (5) working days.
- **Step Four:** If the resident is not satisfied with the Facility's President and wishes to pursue the grievance further, he/she may appeal.

Failure to appeal from any step in the process within five (5) calendar days of receiving a written response will result in the last decision becoming final.

The grievance process offers a resident the opportunity to resolve employment concerns within an internal employment framework. While each resident is encouraged to utilize the Facility's grievance resolution process, filing a grievance does not prevent the Facility from making an employment-related decision at any time. The grievance process is not available to a current or former resident who chooses, for example, to retain outside legal counsel for participation in grievance resolution. Any collective bargaining agreement grievance process supersedes this process for covered residents.

[Discipline Policy](#)

Jackson has established a disciplinary procedure to use when a resident fails to observe established rules and regulations or when a resident's conduct is unacceptable. These guidelines do not limit Jackson's right to dismiss or otherwise discipline residents for cause or for no cause.

In general, offenses for which residents can be disciplined are grouped into three categories: simple misconduct, serious misconduct, and gross misconduct. The five forms of discipline are as follows: oral warning, written warning, probation, suspension, and dismissal. After review of the facts and circumstances surrounding an incident or offense, a determination will be made to ensure the appropriate disciplinary action will be taken. Program Directors are encouraged to contact a Human Resources representative to discuss the appropriateness of various disciplinary actions, prior to taking the action, except in cases of "suspension pending investigation". The Program Director, or any responsible administrative official will have the right to "suspend without pay pending investigation" any Resident who, in their judgment, requires immediate discipline, which could result in dismissal.

Jackson could never list all acts, omissions, and behaviors that a resident is expected to avoid. The guidelines for disciplinary action are similar for all Jackson and Jackson residents.

Suspensions without pay will not be less than one (1) full day and will require the approval of the DIO or the Human Resources Director. In some instances where discipline might result in dismissal, the Resident will be indefinitely suspended pending complete review of the facts. The Resident will be notified in writing as soon as a decision is reached, and the appropriate form of discipline will be applied.

No resident is to be discharged without the approval of the Program Director and the Director of Medical Education in consultation with Human Resources.

Educational Program

Postgraduate Training

Residents will be assigned a level of PGY1, PGY2, etc., or in the appropriate training program. The postgraduate level determines, among other things, a resident's salary, duty hours and level of responsibilities. Overall evaluation and assessment of the resident's performance, rotation schedules and supervision of the first postgraduate year will be under the direction of the Program Director. PGY-1's is expected to fulfill certain duties and responsibilities, which are defined by the program requirements. These duties and responsibilities are in accordance with the specific requirements listed in the essentials of ACGME.

Resident Agreement

Unless otherwise specified in the Resident Agreement, each resident agreement will be for a one (1) year term.

Evaluation of Performance

The Program Directors' decisions to offer a Resident Agreement to a resident for the next academic year must be based upon evidence of progressive scholarship and professional growth of the Resident as demonstrated

by his/her ability to assume increasing responsibility for patient care. This determination is the responsibility of the Program Director, with advice from members of his/her faculty, and cannot be delegated to a professional or non-professional staff member.

The Program Director will assure the professional performance of each resident employed pursuant to a Resident Agreement with Jackson must be evaluated in writing at least semi-annually during the period of each such Resident Agreement.

Each resident will have access to written evaluations of his/her professional performance during the period of his/her employment with Jackson. A resident desiring to review the written evaluations of his/her performance will direct a written request to his/her Program Director specifying the evaluation or evaluations desired for review. Within five (5) days after receipt of such request, such records as specified therein will be made available for review to the resident at a location designated by his/her Program Director and upon such other reasonable conditions the Program Director may deem appropriate.

The Program Director will confer with each resident on at least two occasions annually to review the resident's professional performance.

Performance Evaluation and Management—Remediation, Probation and Dismissal Policy

Stage 1: Informal Discussions and Supervision

The goal of the training program evaluation is to identify areas of improvement in resident's performance and education. Faculty, through educational supervision, will identify performance issues and provide communication and teaching through positive reinforcement. Residents must engage in a variety of clinical and educational experiences that will be supervised by clinical faculty affiliated with Jackson. In addition to personal discussions, Residents will receive at least quarterly evaluations. Residents will be allowed the opportunity to review written evaluation summary documents and provide a written response if desired.

Additionally, residents are expected to be involved in the evaluation of their training experience at Jackson. Evaluations will be conducted according to program, institutional and accreditation requirements. Residents will be provided with the opportunity annually to prepare a written, confidential evaluation of the program, faculty and other factors involved in the residency program.

Procedures must include supervision by designated full-time or clinical faculty as may be defined by the program requirements or as may be individually specified by the program director or training committee.

Stage 2: Formal Consideration by the Graduate Medical Education Committee

The GMEC or other formally recognized Committee may informally discuss a resident at any time, such informal discussions will neither lead to any formal action, nor will there be a written record of such discussions placed in the resident's permanent record. However, if there is a serious concern regarding the clinical or educational

performance or a concern as to whether the resident should require probation, remediation or continue training in the program, there will be a formal consideration by the GMEC to evaluate and take action.

When the question is raised by the Graduate Medical Education Committee regarding the adequacy of a resident's performance, the Program Director will discuss these concerns with the resident. The Program Director will also discuss these issues with the Department Chair and each relevant faculty member who has had experience with the Resident. The resident's faculty advisor can discuss the resident's situation with the Program Director and/or with the other members of the Graduate Medical Education Committee. The Program Director will identify and communicate specific problems the resident may be having, as well as to make recommendations and implement corrective plans that deal with each identified problem (e.g., additional supervision of a specific type, greater review of clinical work, and occasionally recommendations for personal therapy, if there is reason to suspect that the work-related problems might benefit from such action, etc.).

When a service attending physician or responsible administrative official feels that patient welfare is jeopardized because of a resident's performance, the service attending physician, or responsible administrative official, can temporarily suspend the resident's clinical activities on the service. This is with the proviso that the case will be taken up no later than the next regularly scheduled meeting of the Graduate Medical Education Committee. The resident will be informed in writing of the nature of concerns that caused the temporary suspension of his/her clinical privileges and will be given clear information that he/she has the right to invite any members of the faculty, staff, or peers to participate fully in the discussion at the Graduate Medical Education committee meeting. The resident's advisor will also be notified of such actions.

Stage 3: Consideration of Probation or Dismissal

When the Graduate Medical Education committee recommends that a resident be placed on probation, these procedures will be followed:

1. The resident in question will be given written notice by the Committee Chairman (or designee) of the concerns in advance of his/her appearance before the Committee, will be given an opportunity to appear before the Committee to present additional information or to take issue with the Committee's recommendations, and can bring to the Committee's attention any available information or opinion the Resident feels was not sufficiently or accurately considered in the Committee's previous deliberations.
2. The reasons for action taken will be specified in writing, i.e., the resident's specific actions or deficiencies which may lead to a recommendation of probation. The conditions of probation will be specified including a summary of improvement requirements and expectations, specific measures taken by the department and/or Resident to help the resident achieve the goals, and the methods of evaluation. A copy of this statement will be provided to the resident, who may at his/her discretion share the information with faculty, advisors, or others.
3. The length of probation will be specified, together with the various options that can occur following the completion of the probationary period: A period of probation will usually be from 3-to-6 months but may occasionally be for the whole academic year. At the end of a probation period, the following may occur:
 - a. Termination of probation, with a statement in the resident's record citing the probation was satisfactorily resolved, and the issues are no longer considered a problem.

- b. Continuation of probation for an additional specified period, up to six (6) months per occurrence, and a redefining of the problems and procedures to be followed as just reviewed.
 - c. Termination of the resident's employment, and/or notification of non-renewal of appointment at the end of the postgraduate year together with immediate suspension of any clinical activities, which could jeopardize patient care or welfare.
4. The probation length of time status may result in a recommended extension of the residency training program as may be determined by the residency program director and approved by the institution.
 5. All recommendations for probation, dismissal, or non-renewal of contract are subject to review by the Program Chair, the Jackson Human Resources Director and will require administrative approval by the Director of Medical Education.

Residents may activate the Grievance Procedure based on any action taken that may threaten the resident's continuation of residency or career.

Promotion

All first-year residents/interns must sit for and successfully pass the COMLEX-USA/USMLE Part III examination prior to promotion to a second-year position. Each resident/intern is responsible for contacting the appropriate board to register for the COMLEX-USA/USMLE Part III within the first three (3) months of the PGY1 year. The results of the first attempt must be made available to the Program Director prior to completion of the ninth (9th) month of PGY1 training. If the resident/intern was unsuccessful on the first attempt, this will allow time for a second attempt. Currently, the COMLEX-USA/USMLE Part III exam may be taken up to three (3) times in a 12-month period with a 90-day waiting period between each exam. The resident/intern MUST provide a copy of the scores of each exam to the Program Director.

A resident/intern may only be given a contingent PGY1 contract extension up to a maximum of six (6) months under the following conditions:

The resident/intern first attempted, but failed, the COMLEX-USA/USMLE Part III during the first nine (9) months of the PGY1 year and has taken or registered to take the exam for a second time. The COMLEX-USA/USMLE Part III results will be available no later than two (2) months after the contract start date.

The Program Director has presented evidence to the Graduate Medical Education Committee (GMEC) demonstrating the resident has otherwise fulfilled all the requirements for progression.

Residents who fail to adhere to all aspects including the time frames outlined within this policy may not be given a contingent contract and may risk dismissal from the program. Failure to pass the COMLEX-USA/USMLE Part III exam on a third attempt may result in dismissal. Failure to pass the COMLEX-USA/USMLE Part III exam in 18 months will result in immediate dismissal.

Each department's program director determines the program curriculum in accordance with the specific requirements for training as outlined by the accrediting body. These requirements are available through the Program Director's office.

Appointment and promotion of House Staff will depend on performance as determined by the Graduate Medical Education Committee and the Program Director. Such evaluation shall be based on resident meeting program requirements as defined by the program curriculum and accreditation requirements.

Non-Renewal of Agreement of Appointment or Non-Promotion of Resident

In instances where a Resident's agreement is not going to be renewed or a resident is not going to be promoted, the Program Director shall make a good faith effort to provide a written notification of intent to resident no later than 90-days prior to the end of the resident's current agreement. However, if the primary reason(s) for the non-renewal or non-promotion occurs within 90-days prior to the end of the Resident's current agreement, the resident will receive as much written notice of the intent not to renew the agreement or not to promote as the circumstances will reasonably allow. The Program Director will provide the resident with a written notice of intent when one of the following occurs the resident: (1) will not have their contract renewed, or (2) when they will not be promoted to the next level of training or (3) when they will be dismissed.

Residents will be allowed to implement the institution's grievance procedures if they have received a written notice of intent for the following actions: suspension, non-renewal, non-promotion, or dismissal.

Transfer

Prior to accepting a resident who is transferring from another program, the Program Director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring resident. A Program Director must provide timely verification of residency education and summative performance evaluations for residents who leave the program prior to completion.

Definition of a Transfer Resident

Residents are considered as transfer residents under several conditions including: moving from one program to another within the same or different sponsoring institution; when entering a PGY2 program requiring a preliminary year even if the resident was simultaneously accepted into the preliminary PGY1 program and the PGY2 program as part of the match (e.g., accepted to both programs right out of medical school). Before accepting a transfer resident, the Program Director of the 'receiving program' must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation from the residents current Program Director. The term 'transfer resident' and the responsibilities of the two Program Directors noted above do not apply to a resident who has successfully completed a residency and then is accepted into a subsequent residency or fellowship program. ACGME rules for advanced standing, when applicable, will be followed.

Resident Transfer into Jackson's Residency Program

Prior to the anticipated transfer, a statement must be obtained regarding the resident's current standing and an indication of when the summative competency-based performance evaluation will be completed.

Obtain written or electronic verification of previous educational experiences, including rotations completed and procedural/operative experience.

Obtain a written or electronic summative competency-based performance evaluation from the resident's/fellow's current program director.

Discuss the results of the summative evaluation with the current program director in person or via telephone and keep written documentation of this discussion along with the training verification and summative evaluation in the resident's permanent file.

Determine the appropriate PG year of the incoming resident and the amount of "credit", if any, will be awarded for prior training. This decision should be consistent with the policies and requirements of the respective RRC. Written documentation from the appropriate specialty board must be provided to the Jackson GME office before a contract is presented to the transferring resident.

Resident Transfer from Jackson's Residency Program

For a resident transferring out of a Jackson's residency program prior to completion of the program, the Jackson program director must provide timely verification of previous educational experiences and a summative performance evaluation to the program director of the program into which the resident is transferring.

For residents completing a preliminary program, osteopathic internship residency program, or in a Jackson training program and moving into another Jackson training program, the program director of the preliminary program/osteopathic internship must provide timely verification of previous educational experiences and a summative performance evaluation to the Jackson program director of the program into which the resident is transferring.

Resident Supervision

The purpose of this Supervision Policy is to initiate institution-wide, general standards regarding resident supervision in post-graduate medical education programs at Jackson and to outline essential guidelines for program-specific supervision policies to meet. Basic principles of supervision among all Jackson residency programs are patient safety, education, quality patient care, communication, and documentation.

Licensed independent practitioners including full-time and part-time clinical attending physicians or off-site approved attending physicians of the program provide ultimate supervision. Each program will develop and maintain program-specific policies consistent with the principles set forth in this policy and according to guidelines established by their respective Residency Review Committee (RRC) or residency accreditation standards.

Accountability

It is the responsibility of program directors, attending physicians, supervising independent practitioners, and senior residents involved in the supervision and education of residents at Jackson and other training sites to act in accordance with this policy.

Responsibilities of Institution/GMEC

Jackson GMEC is responsible for resident supervision in the following capacities:

- Monitor programs' supervision of residents and ensure that supervision is consistent with:
- Provision of safe and effective patient care
- Educational needs of residents
- Progressive responsibility appropriate to residents' level of education, competence, and experience
- Other applicable Common and Specialty/subspecialty-specific Program Requirements

Responsibilities of Residency Program

The graduate training programs of Jackson will afford each resident appropriate and sufficient supervision for all activities involved in patient care to help ensure patient safety as a priority. The following guidelines describe standards and responsibilities for residency training programs in supervision of their residents:

- Each program must share their policy with residents and attending physician on an annual basis.
- The program must demonstrate the appropriate level of supervision is in place for all residents who care for patients.
- Each program must ensure residents will perform under the supervision of attending physicians or licensed independent practitioners who hold appropriate appointments and have been credentialed at the specific training site.
- Each program is responsible for setting guidelines for circumstances and events where residents must communicate with appropriate licensed independent practitioner/senior resident.
- A supervision plan must include actions to be taken in the event the supervising physician or independent practitioner is unavailable or cannot be reached.
- The program's policy should include procedures for providing feedback and notification in the event a supervising physician/licensed independent practitioner or resident identifies issues with supervision. Each program will establish methods for monitoring compliance with its supervision policies. Examples of processes used to monitor this include duty hour log reports, procedure logs, resident and attending physician feedback, evaluation questions regarding adequacy of supervision and quality improvement reports.

Responsibilities of Residents/Supervisees

Clinical activities and procedures are conducted only by residents with the necessary knowledge, skill, and judgment, and only under proper supervision. Residents are responsible for performing their duties to the best of their abilities under the guidance and instruction of their supervisors and for promoting behaviors that lead to patient safety.

The following standards summarize the roles and responsibilities of residents regarding supervision in their training program.

- Residents will ask for supervision from an attending physician or licensed independent practitioner if the resident has insufficient experience with the procedure and/or skill.
- The resident will inform each patient under his/her care of their trainee status and the name of the licensed independent practitioner physician who is supervising him/her.
- The resident will notify their supervisor if for any reason he/she is not able to carry out any assigned duties. The resident will also immediately report any concerns or issues he/she has regarding adequacy of supervision.
- Residents should aim to develop understanding and awareness of their limitations and areas of improvement and to request assistance when appropriate.

Responsibilities of Supervisors

When residents are involved in the care of patients, the ultimate responsibility for these patients lies with the supervising resident or fellow, attending physician, or licensed independent practitioner. The following are general responsibilities and expectations of attending physicians and licensed independent practitioners:

- In the clinical learning environment, each patient must have an identifiable, appropriately credentialed, and privileged attending physician or licensed independent practitioner who is ultimately responsible for the patient's care.
- The supervising physician or licensed independent practitioner will maintain the appropriate level of privileges at each clinical site.
- The supervisor should make every effort to recognize signs of fatigue and sleep deprivation, and aid residents in avoiding and counteracting the negative effects of these. Each supervising physician or licensed independent practitioner supervisor will comply with the requirements of Jackson for supervision and documentation of activities.
- Licensed independent practitioner supervisors will be knowledgeable of Jackson policies.
- At the outset of each rotation, the supervisor should set expectations for circumstances and events in which residents must communicate with appropriate supervisors, such as the transfer of a patient to an intensive care unit or end of life decisions.
- The supervisor should recognize when a resident is not fit for duty and when the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider.
- The supervisor will inform patients of their role in the patient's care.

Graduated Levels of Responsibility:

As residents advance in their training program, they will be given progressive responsibility for care of patients. Residents are supervised by attending physicians and licensed independent practitioners in order for residents to assume progressively increasing levels of authority and responsibility, conditional independence, and the role of supervisor in patient care consistent with their level of education, ability, and experience.

The program should be organized in a way that promotes and allows residents to assume increasing levels of responsibility consistent with their individual progress in their training program. Each program director will delineate the levels of progressive responsibility for each year of residency training. The amount of supervision will vary with the clinical circumstances and the training level of the resident. Objective criteria used to assess a resident's aptitude to function independently in particular skill areas will be created and clearly described in the program's policy. When appropriate, the program will set specific expectations for non-supervised clinical activity. The program will communicate the defined levels of responsibility to each resident.

Faculty members functioning as supervising physicians should delegate portions of care to residents, based on the needs of the patient and the skills of the resident. Senior residents or fellows will serve in a supervisory role of junior residents in recognition of their progress toward independence.

Each resident must know the limits of his/her scope of authority and circumstances under which he/she is permitted to act with conditional independence.

Direct and Indirect Supervision

Unless specified further by the program's residency accreditation requirements, PGY1 residents must have either Direct Supervision or Indirect Supervision in which the supervisor is immediately available and within the confines of the site of patient care. The residency Review Committee will describe the achieved competencies under which PGY-1 residents' progress to be supervised indirectly, with direct supervision available.

Direct Supervision

When the resident receives direct supervision, the supervising physician or licensed independent practitioner supervisor must be physically present with the resident and patient.

Indirect Supervision

When the resident receives indirect supervision, the licensed independent practitioner supervisor must be immediately available to the resident either in person or via telephone or pager. With direct supervision immediately available – the supervising physician is physically within the hospital or other site of patient care and is immediately available to provide Direct Supervision.

With direct supervision available – the supervising physician is not physically present within the hospital or other site of patient care but is immediately available by means of telephonic and/or electronic modalities and is available to provide direct supervision. The supervisor must also be capable of being physically present within a suitable time frame (within 30 minutes of being contacted by the resident), if necessary.

If supervision is being provided via oversight, the supervisor is available to provide review of procedures/encounters with feedback provided after care is delivered.

Documentation of Supervision

Documentation is a crucial element of the exchange of information between residents and supervising attending physicians. Supervision of resident activities must be always documented appropriately and accurately in the patient record. This guideline includes, but is not limited to, documentation of consultations, admitting notes, procedural activity, continuing care and progress notes, and discharge summaries for patient encounters.

The medical record must clearly indicate the involvement of the supervising physician in resident care of the patient. Supervising attending physician's documentation must comply with standards mandated by Jackson and The Joint Commission requirements.

Policy on Clinical and Educational Work Hours

REQUIREMENTS:

This policy addresses Accreditation Council for Graduate Medical Education (ACGME) *Institutional Requirement IV.J. Clinical and Educational Work Hours*:

The Sponsoring Institution must maintain a clinical and educational work hour policy that ensures effective oversight of institutional and program-level compliance with ACGME clinical and educational work hour requirements.

Common Program Requirements VI.F. Clinical Experience and Education:

Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide residents with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.

Work Hours: *The Sponsoring Institution must maintain a work hour policy that ensures effective oversight of institutional and program-level compliance with ACGME work hour standards. (Core)*

IV.J.1. Moonlighting: The Sponsoring Institution must maintain a policy on moonlighting that includes the following:

- *residents/fellows must not be required to engage in moonlighting; (Core)*
- *residents/fellows must have written permission from their program director to moonlight; (Core)*
- *an ACGME-accredited program will monitor the effect of moonlighting activities on a resident's/fellow's performance in the program, including those adverse effects may lead to withdrawal of permission to moonlight; and (Core)*
- *the Sponsoring Institution or individual ACGME-accredited programs may prohibit moonlighting by residents/fellows. (Core)*

Definitions:

See the *ACGME Glossary of Terms*; as well as the *Common Acronyms/Abbreviations Used in Graduate Medical Education*

Background:

It is recognized that excessive numbers of hours worked by interns, residents, and fellow physicians can lead to errors in judgment and clinical decision-making. This can have an impact on patient safety through medical errors, as well as the safety of the physician trainees through increased motor vehicle accidents, stress, depression, and illness related complications. There will be a high degree of sensitivity to the physical and mental well-being of interns/residents/fellows and every attempt will be made to avoid scheduling excessive work hours leading to sleep deprivation. The following work hours apply to all interns/residents/fellows in all specialties.

Policy:

The work hours policy of Jackson Hospital & Clinic Family Medicine Residency Program will mirror those specified in the ACGME Common Program Requirements and specific guidelines of the individual specialty review committees. The program's leadership should be familiar and fully comply with these requirements. Work Hours will be monitored by the Program Coordinators and Program Director using MedHub program management application. Work assignments will be reviewed monthly for compliance with the ACGME.

requirements. Work hours will be monitored continuously. Noncompliance will be reported directly to the GMEC, along with the explanation with each infraction. Should trends be identified, an action plan for correction will be implemented. Work hours must be limited to 80 hours per week, averaged over a four- week period, inclusive of all in-house call activities and all moonlighting. Programs with trainees not in compliance with the Common and specialty/subspecialty-specific Program Requirements will be required to submit an action plan addressing the areas of non-compliance. Repeated non-compliance with work hour restrictions will subject the offending program to the Special Review Protocol.

End of rotation evaluations and annual surveys by the program and ACGME, will assess overall compliance with work hours and fatigue management. End of rotation evaluations will also inquire about whether the training site provides adequate patient safety procedures and fatigue mitigation for its staff. Work hour compliance will be a standing agenda item at the monthly GMEC meetings. The program director will report how violations are addressed. Additional action plans will be developed if needed to resolve issues.

Resident Work Hours

Maximum Hours of Work per Week. Work hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting. (Core)

Each Program Director will submit a work hour report monthly to the DIO and the GMEC

Programs with trainees not in compliance with the Common and specialty/subspecialty- specific Program Requirements will be required to submit an action plan addressing the areas of non-compliance.

Repeated non-compliance with work hour restrictions will subject the offending program to the Special Review Protocol.

80-Hour Maximum Weekly Limit

The intern/resident/fellow shall not be assigned to work physically on work more than eighty hours (80) per week averaged over a four (4) week period, inclusive of all in-house call activities and all moonlighting.

Moonlighting

Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program. (Core)

Time spent by residents in Internal and External Moonlighting (as defined in the ACGME Glossary of Terms) must be counted towards the 80-hour Maximum Weekly Hour Limit. (Core)

PGY-1 residents are not permitted to moonlight. (Core) Please see JHCFMR Policy on Moonlighting for further detail.

VI.G.2. Mandatory Time Free of Work. Residents must be scheduled for a minimum of one day free of work every week (when averaged over four weeks). At-home call duty cannot be assigned on these free days. (Core)

Maximum Work Period Length

Work periods may be scheduled to a maximum of 24 hours of continuous work in the hospital. (Core)

- Programs must encourage residents to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous work and between the hours of 10:00 p.m. and 8:00 a.m., is strongly recommended. (Detail)

- It is essential for patient safety and resident education that effective transitions in care occur. Residents may be allowed to remain on-site to accomplish these tasks; however, this period must be no longer than an additional four hours. (Core)
- Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-housework. (Core)

In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled period of work to continue to provide care to a single patient. Justifications for such extensions of work are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family. (Detail)

Under those circumstances, the resident must:

- appropriately hand over the care of all other patients to the team responsible for their continuing care; and (Detail)
- document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director. (Detail)

The program director must review each submission of additional service, and track both individual residents and program-wide episodes of additional work. (Detail)

Minimum Time Off between Scheduled Work Periods

Residents should have 10 hours free of work and must have eight hours between scheduled work periods. They must have at least 14 hours free of work after 24 hours of in-house duty. (Core)

Residents in the final years of education [as defined by the Review Committee] must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods. (Outcome)

This preparation must occur within the context of the 80-hour, maximum work period length, and one-day-off-in-seven standards. While it is desirable that residents in their final years of education have eight hours free of work between scheduled work periods, there may be circumstances [as defined by the Review Committee] when these residents must stay on work to care for their patients or return to the hospital with fewer than eight hours free of work. (Detail)

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

Hours of Duty

The resident duty hour policy is structured to ensure that resident duty hours and the resident work environment provide optimal resident education and patient care. The overarching goals of the duty hour requirements are to:

- Promote and support the physical and emotional well-being of all residents in Jackson sponsored residency programs.

- Promote a strong educational environment for our residency programs.
- Ensure a focus on the safety and needs of our patients and the continuity of their care.

All Jackson residency training programs must adhere to all applicable accreditation requirements on duty hour regulations as expressed in Common Program Requirements and/or specialty specific Program Requirements. The Institution and the Graduate Medical Education Committee (GMEC) will monitor program and individual resident compliance with duty hour requirements with a frequency sufficient to ensure compliance with the requirements. Each program must have written policies and procedures (see Residency Manual) consistent with the Institution's policy and with their respective accreditation requirements for resident duty hours and the working environment including moonlighting. These policies must be distributed to the residents and the faculty.

Maximum Duty Hour Requirements

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

Mandatory Free Time

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

Maximum Duty Period Length

Duty periods of residents must not exceed 24 hours of continuous duty in the hospital. Programs must encourage residents to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m., is strongly suggested.

It is essential for patient safety and resident education that effective transitions in care occur. Residents may be allowed to remain on-site to accomplish these tasks; however, this period must be no longer than an additional four (4) hours.

Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.

In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family.

Under those circumstances, the resident must appropriately hand over the care of all other patients to the team responsible for their continuing care; and document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director. The program director must review each submission of additional service, and track both individual resident and program-wide episodes of additional duty.

Minimum Time-Off Between Scheduled Duty Periods

PGY-1 residents should have ten (10) hours, but must have at least eight (8) hours, free of duty between scheduled duty periods. Intermediate-level residents [as defined by the Review Committee] should have ten (10) hours free of duty but must have at least eight (8) hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty. Residents in the final years of education [as defined by the Review Committee] must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods of time.

This preparation must occur within the context of the 80-hour, maximum duty period length, and one-day-off-in-seven standards. While it is desirable for residents in their final years of education have eight (8) hours free of duty between scheduled duty periods, there may be circumstances [as defined by the Review Committee] when these residents must stay on duty to care for their patients or return to the hospital with fewer than eight (8) hours free of duty. Circumstances of return-to-hospital activities with fewer than eight hours away from the hospital by residents in their final years of education must be monitored by the program director.

Maximum Frequency of In-House Night Float

Residents must not be scheduled for more than six (6) consecutive nights of night float.

Maximum In-House On-Call Frequency

PGY-2 residents and above must be scheduled for in-house call no more than every-third night (when averaged over a four-week period).

At-Home Call

Time spent in the hospital by residents on at-home call must count towards the 80-hour maximum weekly hour limit. The frequency of at-home call duty is not subject to the every-third night limitation but must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks.

At-home call duty must not be as frequent or taxing as to preclude rest or reasonable personal time for each resident. Residents are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new “off-duty period”.

Duty Hour Monitoring Requirements

Duty hour policies and procedures must be distributed annually to all program candidates, residents, and faculty. Faculty and residents must be trained in the duty hour policies. Call schedules for residents and faculty must be always maintained and available.

All Jackson residency programs are required to use MedHub for the scheduling and reporting of duty hours. All residents are required to record duty hours into MedHub at a minimum of every 72 hours. Program

coordinators will maintain resident time off due to vacation and leave time as recorded in the program. For purposes of duty hour requirements, residents will follow the duty hour guidelines for the PG level to which they are assigned by their current program as specified in the resident contract.

The Program must monitor resident duty hours with a frequency sufficient to ensure compliance with the requirements. The Program must adjust schedules as necessary to mitigate excessive service demands and/or fatigue and, when applicable, must monitor the demands of at-home call and adjust schedules as necessary to mitigate excessive service demands and/or fatigue. The program must monitor the needs for and ensure the provision of back up support systems when patient care responsibilities are unusually difficult or prolonged.

The GMEC may implement monitoring mechanisms to assess program and/or resident compliance to duty hour requirements and program-level oversight. The GMEC may monitor compliance of duty hour requirements through several various methods, which may include, but are not limited to, audits, internal reviews, resident surveys, or interviews. The GMEC may, at any time, require enhanced or more frequent monitoring of the duty hour requirements for programs and/or residents. Individual residents who fail to maintain compliance with duty hours requirements are subject to disciplinary action.

Fatigue Management

Residents must complete the HealthStream online modules on sleep and sleep deprivation at the beginning of each academic year. Faculty members, residents and staff receive training in the recognition of resident fatigue and are ready to counsel residents as necessary. If a resident is deemed incapable of performing his duties due to fatigue, they are immediately removed from the service (with no change in standing within the program) to ensure patient safety. The program provides adequate sleep rooms and appropriate transportation options (free of charge) for residents who may be suffering from excessive fatigue.

Transitions of Care

The responsibility of the GMEC is to ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety. The ACGME has charged the institution and the programs with designing clinical assignments to minimize the number of transitions in patient care, ensuring residents are competent in communicating with team members in the hand-over process, and ensuring the availability of schedules which inform all members of the health care team of attending physicians and residents currently responsible for each patient's care.

Definition of Transitions of Care

The transfer of information, authority, and responsibility during transitions in care across the continuum is for the purpose of ensuring the continuity and safety of the patient's care. Hand-off communication is a real time, active process of passing patient-specific information from one caregiver to another, generally conducted face-to-face, or from one team of caregivers to another for the purpose of ensuring the continuity and safety of the patient's care. Hand-offs should occur at a fixed time and place each day and use a standard verbal or written template.

Procedure

- The program will be responsible for adhering to a standardized approach to hand-offs and a hand-off template as directed by the Institution and GMEC policy.
- When possible, residents and faculty will identify a quiet area to give a report that is conducive to transferring information with few interruptions.
- Off-going residents will have at hand any supporting documentation or tools used to convey information and immediate access to the patients' records.
- All communication and transfers of information will be provided in a manner consistent with protecting patient confidentiality.
- Residents will afford each other the opportunity to ask or answer questions and read or repeat back information as needed. If the contact is not made directly (face-to-face or by telephone), the resident must provide documentation of name and contact information (extension, pager, or email address) to provide opportunity for follow-up calls or inquiries.
- The patient will be informed of any transfer of care or responsibility, when possible.

Monitoring

The DIO and GMEC will review each departments approach to hand-offs at least annually when the department submits its annual report/program director checklist.

It is strongly suggested that residents reside within the geographic service area of Jackson, close enough to fulfill their resident responsibilities and to provide timely care for their patients for the duration of their residency period. When on-call a Jackson resident maybe required to report physically to the hospital grounds. Residents requested to return to the hospital must be able to return within thirty minutes of the request

Paging and On-Call Duties

Residents are assigned a cell phone to use as a call phone while on JCFMR in-patient and call duty. When a resident is on duty, he/she is expected to return all pages/calls within 15 minutes. Those persons assigned to the cardiac arrest call schedule will respond to the Code Blue immediately. Residents must be prompt in their response to calls. When a call is received from the nursing unit involving an emergency, it is imperative the resident go to the patient area as quickly as possible to see the situation rather than depend on telephone impressions. This is important to protect the welfare of the patient. On-call duties are considered residency training, as well as clinical responsibility.

Residents may not at their discretion reassign these responsibilities without permission of the residency program director or his/her designee. In extenuating circumstances where a change in call schedules would be necessary, Residents must follow institutional policies defined by the institution and the program requirements.

Professional Activities During Residency Period

Residents in good academic standing are encouraged but not required to be involved in voluntary professional activities related to their chosen specialty or as a physician professional. These activities include membership or leadership roles in professional societies, association committees, community forums and other activities that are voluntary or non-patient care activities that are not specified as residency or accreditation requirements. Such activities should not interfere with board eligibility requirements, patient care assignments or other requirements of the residency.

With approval of the program director, residents may be able to recognize these efforts as part of meeting the ACGME core competency requirements as may be appropriate. Residents should provide such documentation as may be necessary to the program director or program training committee who will provide a determination of how such activity might contribute to the Resident's portfolio or other requirements established by the program.

Residents who are not in good academic standing and who have been officially placed on a status of "proposed probation" or "probation" by the program or other administrative officials are discouraged from engaging in professional activities that may distract or place time pressures on the Resident from meeting program requirements or the requirements specified by the remediation plan. The program director has the discretion to curtail or prohibit such activities as part of the overall remediation plan imposed on the Resident.

Moonlighting

Jackson strives to ensure a sound academic and clinical education carefully balanced with concerns for patient safety and overall resident well-being. Administration, faculty, and residents collectively have responsibility for ensuring the safety and welfare of patients and the adherence to duty hours and moonlighting policies.

Moonlighting:

A term used to refer collectively to both External Moonlighting and Internal Moonlighting.

External Moonlighting:

Voluntary, compensated, medically related work performed outside the institution where the resident is in training or at any of its related participating sites.

Internal Moonlighting:

Voluntary, compensated, medically related work (not related to training requirements) performed within the institution in which the resident is in training or at any of its related participating sites. Compensated employment of residents for non-patient care services performed outside the scope of residency program duties and performed at Jackson Health System facilities or on behalf of Jackson Health System facilities shall also be considered Internal Moonlighting and is subject to all provisions set forth in this policy.

Residents must not be required to engage in moonlighting. Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program. Time engaged by residents in moonlighting must be counted as duty hours for purposes of meeting all work and duty hour requirements as defined by accreditation standards, institutional or program requirements and policies. This provision applies to all moonlighting.

“Sunlighting” (working for income during hours when an individual has duties and responsibilities to the service on which he/she is training) is not permitted at any time.

Individual residency programs must adhere to program-level and institutional-level requirements specific to their accrediting institution (i.e., ACGME). The Graduate Medical Education Committee (GMEC) or Jackson may monitor policy compliance at any time.

The primary responsibility of the resident is to the service or activity to which the resident is assigned. Residents who choose to engage in moonlighting of any type shall do so outside the scope of their residency program. Jackson shall not be responsible or liable for the consequences of a resident's moonlighting activity unless otherwise agreed to in writing.

Moonlighting must not interfere with clinical and educational performance. The resident must obtain permission from the program director for moonlighting and adhere to criteria for moonlighting that is set forth in this policy and by the residency program director. The residency program director has authority to restrict moonlighting at any time and may establish more stringent reporting requirements than outlined in this handbook. Permission will be based on individual academic, clinical and professional performance. An adverse effect on performance may lead to withdrawal of permission.

The following requirements must be met and maintained before moonlighting permission can be granted:

- PGY1 level physician residents are not permitted to engage in moonlighting.
- Residents must be in good academic standing within their residency training program demonstrating overall satisfactory performance.
- Residents must demonstrate in-training exam scores at the national median or 50th percentile for residents in training at the comparable training level in order to be granted permission to moonlight.
- Residents must accurately report and document moonlighting hours through MedHub or through other recording methods as defined by the institution and program.
- Residents are solely responsible for securing confirmation of malpractice coverage for patient care services provided outside the scope of the residency training assignment. Such confirmation shall be required in writing prior to obtaining permission to moonlight.
- Residents who moonlight must be licensed for independent medical practice or obtain any other license/certification that may be required in the state where the moonlighting occurs. The program director shall not approve moonlighting for any resident who does not meet state licensing/certification requirements.

- Residents must obtain a separate Drug Enforcement Administration (DEA) certificate for use in prescribing medications while moonlighting.
- Residents must understand that all moonlighting time is part of the residency duty hours and must be logged and accounted for.

Process for Requesting Permission to Moonlight

A resident desiring to moonlight must complete a “Request for Permission to Moonlight” Form prior to moonlighting. It is the responsibility of the individual resident to provide all additional information and documents required by the program director, coordinator, or institution.

Permission to moonlight will be granted for a maximum period of six (6) months and be approved for effective time periods from January 1 through June 30 and from July 1 through December 31 of each academic year. Permission cannot extend beyond June 30 or December 31 within each six (6) month period without completion of and approval of a new request form.

Interim reporting may be required by the program director, coordinator, or institution at any time. A request form is required for each employer of a moonlighting resident. Multiple sites staffed by the same employer may be listed on one request form and may be updated at any time prior to the resident performing services at a new location.

A copy of the resident’s license or certification requirements, DEA certificate in his/her name and confirmation of malpractice insurance at the moonlighting institution must be submitted with the request form. Upon approval by the program director, the program shall provide a copy of the approved request form and all attachments to the Graduate Medical Education (GME) office. Originals will be placed in the resident’s permanent program file.

Program Director Responsibilities

The program director is responsible for monitoring and determining the potential and actual impact of moonlighting on the clinical or educational performance of resident, program, accreditation status or impact on patient care, patient quality and safety requirements of Jackson and the residency program.

The Program Director must:

- Inform and communicate policies, requirements or updates as may be required to residents who seek approval to moonlight.

- Support and enforce applicable policies and procedures regarding moonlighting.
- Monitor the resident’s eligibility to moonlight as defined by this policy as well as accreditation standards, institutional and program requirements.
- Establish appropriate mechanisms for continuous monitoring of overall duty hours including the number of hours and the workload of residents who moonlight.
- Review and approve the resident’s “Request for Permission to Moonlight” form and ensure that resident has submitted all required paperwork and documentation.
- Consider and approve a maximum number of hours per week specified by location. Any change that results in additional Moonlighting hours or changes in locations will require an updated application and approval by the program director.
- Forward a copy of the completed and approved permission form and all required attachments to the GME office prior to resident engagement in moonlighting activity.
- Provide summary reports or respond to requests for reports/information from the GMEC or the DIO at any time.

Institutional Oversight Responsibilities

The GMEC shall monitor program compliance to policies and procedures and have authority to revoke moonlighting privileges at the program or individual level. Jackson and/or the DIO have ultimate authority to permit, restrict or withdraw permission to moonlight or to revoke moonlighting privileges at the program or individual level.

Residents are professionally responsible for compliance to moonlighting policies, accurate completion of moonlighting requests, accurate reporting of moonlighting experiences/ requirements and for compliance with duty hour requirements. Failure to comply with the moonlighting policy requirements will result in revocation of moonlighting privileges.

Reporting of false information when requesting permission to moonlight or when reporting moonlighting information or hours will result in disciplinary action including potential dismissal/termination. Engaging in moonlighting without obtaining permission as outlined per policy will result in immediate termination.

Off-Site Rotations

Jackson supports residents’ rotation to off-site locations to gain additional, specific education experiences needed for future career development, fellowship positions, and/or educational opportunities not offered at Jackson facilities. Residents interested in rotating with an offsite location must first obtain approval by their respective program director. Program directors are required to send a written request using the “Request for

Off-Site Rotation” form to the designated institutional official for his/her approval. A copy of the request should be sent to the GME office.

Residents interested in a rotation to an off-site location must obtain approval from their respective program directors. Program directors should notify the GME office using the “Request for Off Site Rotation” form when seeking to establish an off-site experience. Requests for such rotations should be received a minimum of ninety (90) days before the anticipated start of the rotation due to the time it takes to establish rotation agreements and obtain proper medical licensure.

Upon approval of the off-site rotation by the Program Director and GMEC, residents will be responsible for working with the GME office and off-site location to ensure that an agreement between the institutions is in place and that they have properly submitted all required documentation to the site including the proper medical license for the state in which they will rotate. The Graduate Medical Education office will draft a rotation agreement with the off-site location and provide a final copy to the resident prior to the start of the rotation. This agreement will be such that the off-site rotations will not impact either CMS funding or continuity clinics. Residents rotating off-site must be sure to check with the GME office before departing for the start of a rotation to be certain all requirements and agreements have been met and all paperwork submitted.

During the off-site rotation, residents are responsible for complying with all policies/procedures at the off-site location, including all HIPAA regulations and resident health responsibilities. Residents are responsible for their own transportation, parking, housing, meals, and other personal needs while completing the off-site rotation, unless otherwise approved. Further details and responsibilities are outlined in the rotation agreement.

Participation in Research

Learning about research and research regulatory processes is considered an important part of residency training experiences. Residents may be required to participate in research as deemed appropriate by the program. Fellows may serve as principal investigators on research programs. Residents who are not fellows may serve as an investigator but not as principal investigator on research projects. Residents must coordinate potential research study ideas through the Program Director and/or a designated attending physician who shall serve as Resident’s research supervising physician. Residents are subject to all institutional research requirements as established by the Jackson. Residents conducting research will need to work with the Institution Review Board for clarification of requirements and to assure that research regulatory requirements are met.

Federal regulations require all research to be approved by the Jackson Institutional Review Board (IRB) prior to initiating a research study. Approval will not be granted after research has been initiated. Findings from research that has not been approved by the Institution and the IRB may not be submitted for presentation or publication under any circumstances. Residents should be aware that the review process could take several weeks to complete. Individuals engaged in research at Jackson are required to complete an online human subjects training course.

Presentation or Publication of Scientific Papers

Papers submitted to journals or programs for presentation must be approved for submission by the supervising research faculty/investigator and the program director and follow institutional guidelines and policy. Such submissions shall follow guidelines for appropriate designation of research co-authorship and institutional designation. If a resident authors a scientific paper, which is accepted for oral or poster presentation at a plenary session or workshop at regional, national, or international meeting, he/she may request financial support for travel expenses related to this meeting. If travel is approved by the Program Director, the conference participation time must be counted as assigned/scheduled duty hours. Special grant funds may be available for this purpose but may be limited. Residents should contact the Graduate Medical Education Office for assistance as soon as notification of acceptance for presentation is received. Jackson or departments may be unable to approve all requests or to support the total meeting expense.

Extreme Emergency Situation and Disaster Response Policy

Jackson and its training programs must have a policy that addresses administrative support for GME programs and residents in the event of a disaster or interruption in patient care.

Definition of a Local Extreme Situation

A local extreme emergent situation is an event that affects resident education or the work environment but does not rise to the level of an ACGME or other accrediting institution's declared disaster, which could impact an entire community or region for an extended period. The activation of the disaster response is at the discretion of Jackson.

Example: a hospital-declared disaster for an epidemic. An extreme emergent situation is localized to one sponsoring institution, a participating institution, or another clinical setting.

Duties of Residents during Local Extreme Emergent Situations

1. Residents are first and foremost physicians, whether they are acting under normal circumstances or in extreme emergent situations. Residents must be expected to perform according to society's expectations as professionals and leaders in health care delivery, considering their degree of competence, their specialty training, and the context of the specific situation. Many residents at an advanced level of training may even be fully licensed in the state and therefore may be able to provide care independent of supervision.
2. Residents are trainees. Residents should not be first-line responders without appropriate supervision given the clinical situation at hand and their level of training and competence. If a resident is working under a training license from a state licensing board, they must work under supervision. Resident performance in extreme emergent situations should not exceed expectations for their scope of competence as judged by program directors and other supervisors. Residents should not be expected to perform beyond the limits of self-confidence in their own abilities. In addition, a resident must not be expected to perform in any situations outside of the scope of their individual license. Expectations for performance under extreme circumstances must be qualified by the scope of licensure.

3. Decisions regarding a resident's involvement in local extreme emergent situations must consider the following aspects of his/her multiple roles as a student; a physician, pharmacist, or psychologist; and a resident:
4. The nature of the health care and clinical work that a resident will be expected to deliver.
5. The resident's level of post-graduate education specifically regarding specialty preparedness.
6. Resident safety, considering their level of post-graduate training, associated professional judgment capacity, and the nature of the disaster at hand.
7. Board certification eligibility during or after a prolonged extreme emergent situation.
8. Reasonable expectations for duration of engagement in the extreme emergent situation.
9. Self-limitations according to the resident's maturity to act under significant stress or even duress.
10. In case of local extreme emergent situation or disaster, all residents may be called and will be expected to work as scheduled, until the emergency is under control and declared so by the attending staff. Scheduling during an emergency will be done in collaboration with the Jackson Incident Command staff. Staff in-house will be notified by audible page ("Code Orange is now in effect") and/or by pager with the same message. Off-duty House Staff is notified by the Command Center and are to report to the hospital as assigned. Upon notification, all residents on in-house duty are to report to the Labor Pool for assignment to treatment areas. You must always have your identification badge with you, but in this instance, it is particularly important.

Defined Responsibilities Concerning a Local Extreme Emergent Situation

Responsibilities of the Jackson- DIO:

1. Serve as the point of contact for the Program Director for answers to questions.
2. The DIO should contact the Executive Director, Institutional Review Committee (ED-IRC) via telephone only if an extreme emergent situation causes serious, extended disruption to resident assignments, educational infrastructure or clinical operations that might affect Jackson or any of its programs' ability to conduct resident education in substantial compliance with ACGME, or other accrediting bodies, Institutional, Common, and individual Program Requirements. On behalf of Jackson, the DIO will provide information to the ED-IRC regarding the extreme emergent situation and status of the educational environment for its accredited programs resulting from the emergency. The DIO will stay in contact with the Jackson Incident Command Center to obtain information on emergent situations and to continue to monitor the situation during extended situations.
3. At the ED-IRC's request, the DIO will submit a written description of the disruption to the institution and provide details regarding activities undertaken in response. The DIO will provide updates as requested.

4. The DIO will receive electronic confirmation of this communication with the ED-IRC, which will include copies of all EDs of Residency Review Committees (RRCs). The DIO will distribute this confirmation to the Program Director (PD).
5. The DIO will notify the ACGME or other accrediting institution when the extreme emergent situation has been resolved.

Responsibilities of the Program Directors:

1. Upon receipt of the electronic confirmation of the correspondence between the DIO and ED-IRC, the PD may contact their ED-RRC if necessary to discuss any specialty-specific concerns regarding interruptions to resident education or effect on the educational environment.
2. The PD are expected to follow their institutional disaster policies regarding communication processes to update the DIO on the results of conversations with ED-RRC regarding any program specific issues.

Other Responsibilities Related to Local Extreme Emergent Situation:

1. The ED-IRC will alert the ED-RRC when Jackson reports an extreme emergent situation. These communications will be included as interim correspondence in institutional and program files.
2. The PD from the affected institution may communicate directly regarding specialty-specific concerns once local extreme situations have been confirmed through the ED-IRC.
3. After communication between a PD and an ED-RRC, the ED-RRC will notify the ED-IRC if there is a perception of substantive institutional accreditation issues occurring within Jackson during the event.
4. The ED-IRC will notify the ED-RRC when institutional extreme emergent situations have been resolved.

Extraordinary Circumstances- Interruption of Training Policy

Purpose

To define the basic procedures and responsibilities necessary to effectively reconstitute or restructure resident training experiences following extraordinary circumstances including the assistance necessary for the continuation of resident assignments.

Policy

Jackson and its training programs must have a policy that addresses administrative support for GME programs and residents in the event of extraordinary circumstances.

Definition of an Extraordinary Circumstance

An extraordinary circumstance is an event or set of events causing significant alteration to the residency and/or fellowship experience at one or more residency and/or fellowship programs. Examples of extraordinary circumstances include abrupt hospital closures, natural disasters, or a catastrophic loss of funding.

Procedures

In the event of extraordinary circumstances impacting the graduate medical education programs sponsored by Jackson, the GMEC establishes this policy to protect the well-being, safety and educational experience of residents enrolled in our training programs.

The definition of extraordinary circumstances will be determined by ACGME, or other accrediting institution as defined in their published policies and procedures. Following declaration of an extraordinary circumstance, the DIO and other sponsoring institution leadership will strive to restructure or reconstitute the educational experience as quickly as possible following the event.

When the accrediting institution deems that a sponsoring institution's ability to support resident education has been significantly altered, the sponsoring institution must:

- a. Revise its educational program to comply with the applicable Common, specialty specific Program and Institutional Requirements within 30 days of the invocation of the policy; and,
- b. Arrange temporary transfers to other programs or institutions until such time as the program(s) can provide an adequate educational experience for each of its residents and/or fellows; or,
- c. Assist the residents and/or fellows in permanent transfers to other ACGME-accredited programs in which they can continue their education.

If more than one program or institution is available for temporary or permanent transfer of a particular resident or fellow, the preferences of the resident or fellow must be considered by the transferring program or institution. Programs must expeditiously make the decision to reconstitute the program and/or arrange for temporary or permanent transfers of the residents and/or fellows to maximize the likelihood that each resident or fellow will complete the academic year with the least disruption to her or his education. Jackson will provide information to displaced residents regarding the continuation of their salary, benefits, and program assignment in the event of a disaster.

At the outset of a temporary resident or fellow transfer, programs must inform each transferred resident or fellow of the estimated duration of his or her temporary transfer. When a program determines that a temporary transfer will continue through the end of the academic year, it must promptly notify each transferred resident or fellow.

Upon invocation of the Extraordinary Circumstances policy, the accrediting institution may determine that one or more site visits is required. Prior to the visit(s), the designated institutional official will receive notification of the information that will be required. This information, as well as information received by the accrediting institution during these site visits, may be used for accreditation purposes. Site visits that were scheduled prior to the extraordinary circumstances may be postponed.

Jackson or Program Closure/Program Reduction

In the event of a closure of Jackson's hospitals, institutional closure of GME/withdrawal of institutional accreditation and/or intent to reduce or discontinue a residency Program, Jackson administration will:

1. Inform the resident (s), DIO, and the GMEC of action to be taken and of projected timelines. Upon request of the DIO and the GMEC, Jackson will evaluate the institutional and accreditation issues and make efforts to allow currently enrolled residents to complete their education at Jackson if possible. In the event residents cannot complete their education at Jackson, Jackson will make best effort to assist residents in securing a position as appropriate in an accredited program in the same specialty at the appropriate PGY level.
2. In the event of an institutional closure or withdrawal of institutional accreditation or involvement in GME, Jackson will make an effort to address the transfer of cap for the purpose of reimbursement as may be allowed under CMS or regulatory requirements. In the event of intent to discontinue a residency program that does not allow for continuation of training of existing residents, Jackson may consider the option to seek a temporary transfer of residency cap as may be allowed under CME or regulatory requirements for the duration of time to complete resident training periods.
3. Exercise proper care, custody and disposition of Resident's education and program records, and appropriately notify accreditation, regulatory entities including licensure and specialty boards; and
4. In the event the closure of Jackson's hospitals or an institutional closure of GME programs/ withdrawal of accreditation constitutes a "plant closing" or "mass layoff," Jackson shall comply with the Worker Adjustment and Retraining Notification Act, if required by law.

Appendix A

Mission Statement

- Our mission is LIFE—Leadership, Integrity, Family, Excellent Service.

Appendix B

Jackson Residency Program Statement of Core Values

Quality

We strive for excellence in our performance. We believe that continuous improvement will lead to performance excellence and that we each have an individual responsibility to understand and act on the needs and expectations of our patients and customers.

We recognize the importance of continuous improvement and our individual responsibility to demonstrate this by the following:

1. I will listen to the voice of my customers in an effort to meet their personal needs. Personal needs include the need to be treated with respect and dignity, the need to feel valued and unique, and the need to be listened to and involved.
2. I will identify opportunities to continuously improve my workplace and participate in our quality improvement structure and process.
3. I will use my performance feedback and we will welcome constructive feedback from my managers and peers to build on my areas of strength and to work on areas for improving my performance.
4. I will accept responsibility for my work performance and participate in education and training that will improve my ability to serve patients and customers.

Service with Compassion

We provide care with concern, compassion, courtesy, and skill. This requires us to understand and act on the needs of our patients and customers to protect and promote their rights and to recognize their cultural differences.

We are committed to exceptional patient and customer service and will demonstrate this by the following:

1. I will meet my customers' personal needs by maintaining or enhancing their self-esteem, listening, and responding to them with empathy, and involving them whenever possible.
2. I will greet people with a smile, make eye contact and speak in a pleasant tone of voice.
3. I will wear my nametag, knock before entering, introduce myself and explain my role and purpose.
4. I will ask for and address patients and visitors as Mr., Mrs., Ms., or Dr. unless directed otherwise.
5. I will explain the plan of care and treatments in understandable language.
6. I will inform my customers of any delay and apologize for any inconvenience it causes.
7. I will ask my customer if there is anything else I can do for them and state that I have time.
8. I will answer the telephone with a pleasant voice and return calls promptly.
9. I will escort lost patients and visitors to the appropriate areas.
10. If I can't meet someone's needs, I will find someone who can.
11. When a problem arises, I will hear out my customer, empathize and apologize for the situation, and take responsibility for action. (From Service Recovery, this is referred to as taking the HEAT (hear them out, empathize, apologize, take responsibility for action))

12. At discharge, I will thank the patient for choosing Jackson for their health care needs.

Respect

We believe that each person has dignity, and we value the contribution each individual brings to Jackson. We are committed to the principles of fairness.

We will demonstrate positive attitudes through our behaviors and demonstrate this by the following:

1. I will meet the practical needs of my customers by acknowledging them, clarifying to make sure I understand their need, meeting or exceeding their need, and confirming their satisfaction.
2. I will recognize the positive contributions of others and myself.
3. I will listen to and respect customers' opinions.
4. I will acknowledge the beliefs, spiritual needs, and concerns of my customers.
5. I will show genuine concern and care for others.
6. I will respond to others' needs for information in a timely manner.
7. I will dress and act professionally when I am at work.
8. I will strive to manage my personal stress and emotions, so they do not interfere with my interactions with others.
9. I will not disturb others by talking quietly in shared areas, limiting group conversations in public areas and being aware of where personal conversations take place.

Integrity

We are honest in our dealings. We ensure confidentiality and privacy for our patients and our behaviors are consistent with our thoughts, feelings, and values.

We will always maintain the highest ethical standards and will demonstrate this by the following:

1. I will actively protect and safeguard confidential, sensitive, and proprietary customer information.
2. I will not solicit personal gifts, tips or gratuities from my customers including vendors.
3. I will not take part in harassment or discrimination of any kind.
4. I will not use the company's equipment, supplies, materials, or services for personal benefit.

Stewardship

We are committed to the wise use of our resources to achieve our mission and to responsibly meet our community's healthcare needs. We will protect our community resources and leave Jackson a better organization than we found it.

We understand our responsibility as a non-profit health care provider and will demonstrate this by the following:

1. I will use our resources wisely.
2. I will take care of property and equipment.
3. I will strive for efficiency, eliminate re-work, and reduce supply waste.
4. I will speak positively about Jackson in the community.

Safety

We are devoted to the provision of a safe environment for patients, staff, medical staff, residents, students, and visitors. We promote safety as a primary component of decision-making; support non-punitive reporting of errors; require the use of safe devices and equipment in daily practice; recognize and correct unsafe practices; and share lessons learned throughout the organization.

We are committed to the implementation of processes, systems and environments of care that reduce the risk of harm and will demonstrate this by:

1. When caring for patients, I will wash my hands.
2. I will double-check medications before giving them.
3. I will use safety devices as provided.
4. I will wear personal protective equipment when required.
5. I will maintain a clean environment.
6. I will make recommendations to improve safety in my work.
7. I will complete a Safety Report on-line immediately after an event.
8. I will contact the Sentinel Event Team if a serious patient event occurs.
9. I will work safely to avoid injuries.

Appendix C

PROFESSIONAL PRACTICE CONTRACT:

COMMITMENT TO PROFESSIONALISM, PERSONAL RESPONSIBILITY AND PATIENT SAFETY JACKSON

APPLICABLE TO

Interns and Residents in the Jackson work environment

INTRODUCTION

As an intern or resident at Jackson, I commit to the highest standard of professional practice in all clinical and educational experiences and interactions with other learners, medical staff, clinical and non-clinical staff, patients, families, and the generalized community. I understand that my responsibilities for the highest standard of professional practice extend to all assignments of duty and may extend to behaviors outside of duty.

As an Intern or Resident in the environment, I understand that Jackson has a Compliance Program applicable to all residents and medical staff that is founded on corporate values and principles of ethical conduct that are defined in the documents listed below. I understand that my responsibilities include, but are not limited to, compliance with these rules and standards.

Statement of Corporate Values Jackson Code of Ethical Conduct Jackson Medical Staff

Principles and Expectations Resident Agreement (Contract) GME Policies and Procedures Manual

As a learner, I understand that I have additional roles and responsibilities to commit to standards of professionalism, personal responsibility and patient safety as may be defined by accreditation, regulatory or institutional requirements. I understand that these standards represent obligations necessary to meet requirements of my program and the institution and that failure to meet such obligations represents a violation of the PROFESSIONAL PRACTICE CONTRACT and may be subject to disciplinary action including potential adverse action/dismissal. As such, I understand and agree to commit to the following standards throughout my appointment (or assignment) as an intern, resident or fellow at Jackson:

PROFESSIONALISM

1. Through my actions and communications, I will promote a culture of professionalism that supports patient safety and personal responsibility in the environment.
2. Through my actions and communications, I will promote an environment of learning that recognizes that I am both a learner and teacher. I am obligated to assist others in their learning as part of my program requirements.
3. I accept responsibility for my role as a member of an inter-professional health care team. I will perform my duties working collaboratively and respect the roles of each member of my team.
4. I will not abuse privileges, including supervising privileges with junior level learners in the environment. I will treat learners of all levels and disciplines with respect and dignity with a focus on promoting positive teaching and learning relationships.

5. I will maintain a personal program of self-study and professional growth with guidance from faculty. It is my role as a professional to monitor my performance and to make a commitment to life-long learning.
6. I will participate fully in the educational and scholarly activities of my program.
7. I will fully engage and participate in institutional, department and other committees/ councils, especially those that relate to patient care and my education as assigned by my program.
8. When elected or appointed to committees/councils or other forums, I will maintain professional and ethical standards of service in representation of my colleagues, my institution, and my program.
9. I will extend the same professional and ethical standards beyond my workplace into the greater community. While in the public eye, I recognize that I represent my profession, my institution, my program, and my community and that my personal behavior may influence the ability to continue in a residency program. As physicians in the community, my personal behaviors can also affect licensure.

PERSONAL RESPONSIBILITY

1. I will accept responsibility for my own learning and for pursuing the requirements of my program. I will accept feedback from my teachers and take action to use feedback to improve my performance.
2. I will maintain personal honesty and integrity in all interactions.
3. I will be truthful in verbal and written communication including honest and accurate reporting of supervision, duty hours, patient outcomes, and clinical experience data.
4. I accept personal responsibility for management of my time before, during and after clinical assignments and for adhering to duty hours and moonlighting requirements as defined by accreditation standards, the program and/or the institution. I will be responsible for maintaining and adhering to an accurate schedule of duty so that my patients, supervisors, and members of my care team are informed of my availability for duty.
5. As a clinical learner, I accept responsibility for patients entrusted to my care under supervision of my faculty/attending that are ultimately responsible for my care to patients. I will inform patients of my status as a learner and will identify my role and those who will be supervising my care. I will seek appropriate levels of supervision and will not perform clinical duties or assignments without a level of supervision appropriate to my level of training or appropriate to my level of competency.
6. I will immediately communicate with supervisors, faculty, and others with authority when I do not feel fit for duty or when I believe that I am unable to safely perform my duty. If my supervisors, faculty, or others in authority believe I am unable to safely perform my duty, I will respectfully follow their guidance and direction.
7. It is my duty to report observations or concerns regarding individuals in the environment who I believe to be ill, impaired, or fatigued and unable /unfit to perform duties. I must report these observations immediately to my supervisors, faculty, program administrators or others in authority in the environment.
8. I will respect the right of others under my supervision to self-report their inability to perform duty without imposing judgment, retaliation, or adverse action.
9. I will immediately report observations or concerns of potential unsafe working conditions or practices to my supervisors, faculty, or others with authority. I will immediately report observations or concerns of behavior that I observe in the environment that do not adhere to standards of behaviors as outlined in corporate values and codes of conduct.
10. If I am uncomfortable reporting practices and observations directly to supervisors, faculty, or my program director, I will utilize other mechanisms available to me including confidential reporting "hot lines" and other mechanisms as defined in the GME Policies and Procedures Manual.

PATIENT SAFETY

1. It is my duty to respond to patient needs that supersede self-interest. I recognize that under certain circumstances, the best interests of the patient may be served by transitioning that patient’s care to another qualified and rested provider.
2. I will approach my clinical and educational assignments through provision of patient and family centered care.
3. 3. I will actively participate in interdisciplinary clinical quality and patient safety programs as assigned by my program. I will continuously monitor institutional communications regarding patient care. I will monitor my patient care practices assuring quality and safety.
4. I will appropriately recognize and pursue competencies of progressive and conditional independence. I will adhere to the limits of my scope of authority and supervision standards appropriate to my PG Level of learning and as defined by my program/institution. In my learning process, I will recognize my personal limitations and ask for assistance from supervisors, faculty, attending or other individuals that may be able to assist me.
5. When in a supervisory/educator role of other learners, I will provide supervision as defined by my level/skills and based on the needs of patients and the level /skills of the learner. I will adhere to communication standards as set by the program/institution.
6. As I engage in my clinical and learning assignments, I will self-assess my level of alertness and fatigue and adopt fatigue mitigation processes to manage potential negative impact. I will assess my fitness for duty and take steps to limit or eliminate risk by reporting my concerns immediately to my supervisor, faculty, or others in authority.
7. I understand that I can refuse to perform an assignment that I believe I cannot safely perform without fear of retaliation or consequences. I understand that I should report any retaliatory or perceived threats so that my program director or other individuals with authority may intervene.
8. I will practice safe transitions of care according to standard protocols as defined by my program, accreditation requirements or the institution.

I have read and understood the Professional Practice Contract:

Resident Signature

Date

GME POLICIES AND PROCEDURES HANDBOOK RECEIPT AND ACKNOWLEDGMENT

I have received the GME Policies and Procedures Handbook, and I agree to read and familiarize myself with it.

I understand that my employment with the Facility is on an at-will basis, and that either I can separate the relationship at any time, with notice or cause and that the Facility can do the same.

I further understand that the GME Policies and Procedures Handbook and other policy or procedures may be rescinded, modified, or withdrawn at any time by the Facility without notice.

Signature

Date